

**TO RENEW YOUR OCCUPATIONAL TAX CERTIFICATE, PLEASE SEND ALL OF THE FOLLOWING INFORMATION BY **FEBRUARY 15, 2017** TO:**

**City of Buford  
Attention: Occupational Tax Dept.  
2300 Buford Highway  
Buford, GA 30518**

**or via email: [businesslicense@cityofbuford.com](mailto:businesslicense@cityofbuford.com)**

**RENEWAL APPLICATION** (This form will serve as the application for renewal purposes.)

The paperwork is due by **February 15, 2017** regardless of whether or not you include payment at that time. The payment is due on **March 31, 2017**. If we do not receive the supporting documentation on time, we cannot guarantee that the business will receive an invoice before the due date. Please note that postmarks will not be accepted. The penalty for failure to make any payment required shall be assessed in the amount of not more than ten percent of the occupational tax determined to be due and owing for the first 30 days or fraction thereof of delinquency and an additional one percent of the occupation tax for each additional month or fraction thereof of delinquency. Failure to make application for and obtain an appropriate occupational tax certificate, or make estimated or final returns of gross receipts when due, shall incur a penalty of not more than \$25.00 for each month or fractional part thereof for which the return or application is overdue. Such penalties shall be in addition to all other penalties, civil and criminal herein provided; and may be collected by remedies herein provided for collection of the occupation tax and shall have the same lien and priority as the occupation tax to which the penalty is applied.

**DOCUMENTATION SUPPORTING GROSS RECEIPTS/SALES FOR JAN 1 – DEC 31, 2016**

The City will only accept ONE of the following documents listed below: (Please NO handwritten letters. Note that Bank Statements are not acceptable documentation for this requirement.) Provide via email or in-person.

- 2016 Profit/Loss Statement
- 2016 Sales Reports
- Signed Letter from Company's External CPA Stating Gross Receipts for 2016
- Copy of 2016 Income Tax Form (Such as Form 1120, Form 1120S, Form 1065, or Schedule C)

**STATE REQUIREMENT: SIGNED AND NOTARIZED S.A.V.E. AFFIDAVIT VERIFYING PUBLIC BENEFIT APPLICATION (form attached)**

As required by Official Code of Georgia §50-36-1(e), any applicant for the City of Buford Occupational Tax Certificate must execute an affidavit certifying legal presence in the United States. "Systematic Alien Verification for Entitlements" (S.A.V.E.) Program is an inter-governmental information sharing initiative designed to aid in determining immigration status. The SAVE Affidavit (also known as the U.S. Citizen/Qualified Alien affidavit) and the secure and verifiable documents for U.S. Citizens **are not required** to be submitted for renewal provided you supplied these documents during the 2016 renewal.

**STATE REQUIREMENT: COPY OF SECURE AND VERIFIABLE DOCUMENT UNDER O.C.G.A. §50-36-2 (driver's license, passport, etc.)**

Attach original notarized U.S. Citizen / Qualified Alien Affidavit with a front and back copy one secure and verifiable document for identification. You can find a list of secure and verifiable documents at [www.law.ga.gov](http://www.law.ga.gov) under the "Key Issues" tab.

**STATE REQUIREMENT: SIGNED AND NOTARIZED PRIVATE EMPLOYER AFFIDAVIT**

As of July 1, 2013 private employers with more than 10 employees are required to register for and use E-Verify and to sign an E-Verify affidavit attesting to such (FORM A). Any employer with less than 11 employees is exempt from this requirement, but must complete an affidavit attesting that they are exempt (FORM B). The affidavit requirement does not apply if the private employer has previously provided an E-Verify number AND the number of employees has not changed.

**BY SELECTING, YOU ARE CONFIRMING THAT THE E-VERIFY NUMBER WAS SUBMITTED WITH 2016 RENEWAL**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND MAY BE RETURNED, DELAY THE ISSUANCE, AND SUBJECT YOUR APPLICATION TO LATE PENALTIES. PLEASE KEEP A COPY FOR YOUR RECORDS.**

# CITY OF BUFORD OCCUPATIONAL TAX CERTIFICATE - RENEWAL

ACCOUNT # ON CURRENT LICENSE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

LOCATION ADDRESS CHANGE \_\_\_\_ YES \_\_\_\_ NO (if YES please contact the City of Buford)

MAILING ADDRESS (if different from location address): \_\_\_\_\_

BUFORD CITY LIMITS \_\_\_\_ YES \_\_\_\_ NO BUSINESS IN RESIDENCE \_\_\_\_ YES \_\_\_\_ NO

The City of Buford appreciates your decision to operate your business in Buford, and we hope that you continue to select Buford for future years. Please be aware that under State of Georgia law, the City is required to comply with the Federal Systematic Alien Verification for Entitlements (SAVE) program, and the E-Verify program.

E-VERIFY NUMBER: \_\_\_\_\_ Affidavit provided 2016? \_\_\_\_ YES \_\_\_\_ NO

### Please complete sections below:

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner/President/Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

FED ID NO. OR SS# \_\_\_\_\_ Business Location Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Total # of Employees: \_\_\_\_\_ # of Employees at this location: \_\_\_\_\_

### For Office Use Only:

Parcel Number \_\_\_\_\_ Zoning \_\_\_\_\_ Special Use Permit # \_\_\_\_\_

DESCRIBE CHARACTER OF BUSINESS (be very specific about the nature of the business. Insufficient information may delay the approval of your application)

ENTER AMOUNT OF GROSS RECEIPTS FOR BUSINESS FOR PRECEDING CALENDAR YEAR (e.g. Income Tax Form – Schedule C; Profit/Loss Statement; Statement from external CPA Stating Gross Receipts From 2016, if part year, project annualized 2017 Gross Receipts):

GROSS RECEIPTS: \$ \_\_\_\_\_ x Tax Rate ( ) + \$25 = Your Tax Due \_\_\_\_\_

IS THIS BUSINESS CLOSED? \_\_\_\_ YES \_\_\_\_ NO If yes, last date of operation \_\_\_\_\_

If the above business is no longer operating in the Buford City limits, please provide exact date the business was last in operation and send or fax this page to the City of Buford at (678) 889-4649. You will also need to contact Gwinnett County Tax Assessor's office at (770) 822-7220, to close the personal property tax account.

Good luck with your business this year. If you have any questions or comments, please contact **Autumn Cole** at (770) 945-6761 or [businesslicense@cityofbuford.com](mailto:businesslicense@cityofbuford.com).

## PROFESSIONALS

The State of Georgia allows for certain practitioners to have the option of paying a flat fee of \$25.00 instead of paying based on gross receipts. The following licensed professionals have this option. Please circle the applicable title.

Architects	Embalmers	Landscape Architects	Physicians	Veterinarian
Chiropractors	Engineers	Lawyers	Podiatrists	
Dentists	Funeral Directors	Optometrists	Practitioners of Physiotherapy	
Doctors	Land Surveyors	Osteopaths	Public Accountants	

Please indicate below:

**I elect to pay a \$25.00 flat tax per practitioner in lieu of paying a tax based on gross receipts.**  
# \_\_\_\_\_ of practitioner(s) x \$25.00 = \$ \_\_\_\_\_ 2017 tax amount due  
**(You must enter \$0 as your GROSS RECIEPTS)**

## NON-PROFIT ORGANIZATION

Please submit 2016 Form 990 from Internal Revenue Service with \$50 administration fee. Also, enclose all required documents from the front page except the documentation supporting gross receipts. **If the 2016 Form 990 has not been filed, please provide a letter stating that the business is a non-profit.**

## BANKING INSTITUTIONS

Banks pay as regulated by the State of Georgia, using the 2016 Form PT440. Also, enclose all required documents from the front page except the documentation supporting gross receipts.

### Secure and Verifiable Documents Under O.C.G.A. §50-36-2

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney general.” O.C.G.A. §50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. §50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. §50-36-2(b)(3); 8 CFR §274a.2]
- An unexpired United States military identification card [O.C.G.A §50-36-2(B)(3); 8 CFR §274a.2]
- An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A §50-36-2(b)(3); 8 CFR §274a.2]

Form B: 10 OR FEWER EMPLOYEES

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A §36-60-6, stating affirmatively that the individual, firm or corporation employs 10 or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A § 13-10-90

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_\_\_, in \_\_\_\_\_ (city) \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed name and Title of Authorized Officer or Agent

Sworn to and subscribed before me this \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Form A: MORE THAN 10 EMPLOYEES

By executing this affidavit, the undersigned private employer verifies that it is in compliance with O.C.G.A §36-60-6, stating affirmatively that the individual, firm or corporation employs more than 10 employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_\_\_, in \_\_\_\_\_ (city) \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed name and Title of Authorized Officer or Agent

Sworn to and subscribed before me this \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**CITY OF BUFORD  
AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC  
BENEFIT APPLICATION (SAVE)**

**PLEASE SIGN THE DOCUMENT ONLY IN THE PRESENCE OF THE NOTARY PUBLIC.  
THIS AFFIDAVIT MUST BE EXECUTED ANNUALLY.**

By executing this affidavit under oath, as an applicant for a City of Buford, Georgia Occupational Tax Certificate, Alcohol License, or other public benefit as referred in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a public benefit:

- \_\_\_\_\_ Occupational Tax Certificate
- \_\_\_\_\_ Alcohol License
- \_\_\_\_\_ Other Public Benefit

Business Name: \_\_\_\_\_

- \_\_\_\_\_ I am a United States citizen. (Attach a copy of your driver's license)
- \_\_\_\_\_ I am a legal permanent resident of the United States.\*
- \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by The Department of Homeland Security or other federal immigration agency.\*

\*For legal permanent resident, qualified aliens, and non-immigrants, verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Permanent Resident Alien Card (I-551)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

**Must attach a copy of the secure and verifiable document.**  
**The secure and verifiable document provided with this affidavit can best be classified as:** \_\_\_\_\_

**IN MAKING THE ABOVE REPRESENTATION UNDER OATH, I UNDERSTAND THAT ANY PERSON WHO KNOWINGLY AND WILLFULLY MAKES A FALSE, FICTITIOUS, OR FRAUDULENT STATEMENT OR REPRESENTATION IN AN AFFIDAVIT SHALL BE GUILTY OF A VIOLATION OF O.C.G.A. §16-10-20, AND FACE CRIMINAL PENALTIES AS ALLOWED BY SUCH CRIMINAL STATUTE.**

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public