

CITY OF BUFORD
PROCESS FOR OBTAINING AN OCCUPATIONAL TAX CERTIFICATE - NEW

- _____ **Verify that the business location (address) is within the Buford City limits.**
- _____ **Complete the application form.**
- _____ **Must obtain Federal Tax ID and/or Social Security Number before completing this application.**
- _____ **Complete the Affidavit Verifying Status Form and provide a copy of the secure and verifiable document.**
- _____ **Copy of secure and verifiable document under O.C.G.A §50-36-2 (driver's license, passport, etc.)**

If Gwinnett County:

- _____ **Schedule inspection by Fire Marshal for Certificate of Occupancy (CO)- (678) 518-4980**
Submit an online request at:
<https://eddspermits.gwinnettcounty.com/citizenaccess/>
- _____ **For restaurants:** Schedule health inspection by Environmental Health Services (State agency).
455 Grayson Highway, Suite 600
Lawrenceville, GA 30046
(770) 963-5132

If Hall County:

- _____ **Schedule inspection by Fire Marshal for approved inspection report**
470 Crescent Drive
Gainesville, GA 30501
(770) 531-6838
- _____ **For restaurants:** Schedule health inspection by Environmental Health Services (State agency).
2875 Browns Bridge Road
Gainesville, GA 30504
(770) 531-3973
- _____ **Please note: Building sign permits must be submitted separately and approved by Planning & Zoning.**

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.

CONTACT AUTUMN COLE: ACOLE@CITYOFBUFORD.COM OR (678)889-4625

****ALL BUSINESSES IN THE CITY OF BUFORD MUST HAVE A DUMPSTER
WITH THE CITY OF BUFORD****

CITY OF BUFORD
APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE - NEW

Form section containing checkboxes for business type (New Business, New Owner, Name Change, Location Change), dates of operation/purchase, previous names/locations, and active building permit status.

BUSINESS / OWNER INFORMATION

Form section for business/owner information including legal business name, trade name, business location address, mailing address, and employee counts.

Form section titled 'For Office Use Only' containing fields for Parcel Number, Zoning, and Special Use Permit #.

Form section for 'Type of Ownership' with checkboxes for Sole Ownership, Partnership, Private Held Corporation, Public Held Corporation, and Public Held Corporation subject to SEC Regulations.

Form section for 'Owner / President / On-Site Manager' including fields for Full Name, Phone Number, Home Address, and E-Mail Address.

Form section titled 'DESCRIBE CHARACTER OF BUSINESS' with a descriptive paragraph and four horizontal lines for text entry.

Form section titled 'ENTER AMOUNT OF GEORGIA GROSS RECEIPTS' with a descriptive paragraph and a line for the amount.

Form section titled 'GROSS RECEIPTS' with a dollar sign and a line for the amount.

PRACTITIONERS OF PROFESSIONS

Certain Practitioners of Professions may elect to pay \$25.00 in lieu of paying a tax on gross receipts. If you are eligible, and you elect to pay the flat tax, check 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 = \$ _____ tax amount due

Please indicate the appropriate type of professional:

- ☐ Architect
☐ Chiropractor
☐ Counselor/Social Worker
☐ Dentist
☐ Embalmer
☐ Engineers: Civil, Mech., Etc.
- ☐ Funeral Director
☐ Land Surveyor
☐ Landscape Architect
☐ Lawyer
☐ Optometrist
☐ Osteopath
- ☐ Physician
☐ Podiatrist
☐ Practitioner of Physiotherapy
☐ Psychologist
☐ Public Accountant
☐ Veterinarian

CERTIFICATION

I, _____ hereby certify that I have provided complete and accurate information above. I acknowledge that I am aware that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and/or zoning enforcement action under the Zoning Ordinance. Furthermore, it is my responsibility to apply for and maintain all required federal and state licenses. Failure to be properly licensed may result in substantial penalties.

_____ Date: _____

Applicant Signature

OFFICE USE ONLY:

| | |
|--|--|
| LICENSING CLERK | BUILDING INSPECTION |
| Date: | Date: |
| | Signature: |
| Comments | Comments: |
| PLANNING AND ZONING APPROVAL: _____ Yes _____ No | CITY MANAGER APPROVAL: _____ Yes _____ No |
| Signature: | Signature: |
| Date: | Date: |
| Checklist: Fire Marshall Certificate of Occupancy: _____ City of Buford Certificate of Occupancy: _____ Health Inspection Report: _____ | Comments: |
| Comments: | |

(1) SAVE AFFIDAVIT – Affidavit Verifying Status for City Public Benefit Pursuant to O.C.G.A. § 50-36-1 (E)(2)

By executing this affidavit under oath, as an applicant for:

(Check all that apply) [type of public benefit]

____ Occupational Tax ____ Alcohol License ____ Other Public Benefit

as referenced in O.C.G.A. § 50-36-1, from the City of Buford, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) ____ I am a United States citizen.
- 2) ____ I am a legal permanent resident of the United States*
- 3) ____ 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.

You must submit a front and back copy of a Secure and Verifiable Document with this affidavit such as a copy of driver's license, and/or passport unless the same individual signed and submitted secure and verifiable document previously and copy already on file. A complete list of Secure and Verifiable Documents may be found at http://etax.dor.ga.gov/ctr/2013_Secure_andVerifiable_Document_Listing.pdf or on the Georgia Attorney General's website. For more information, please refer to https://etax.dor.ga.gov/ctr/Public_Benefits_FAQ.pdf.

(2) E-VERIFY AFFIDAVIT -- PRIVATE EMPLOYER AFFIDAVIT PURSUANT to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a (n) Occupational Tax and/or Alcohol License [occupational tax certificate or other document required to operate a business] As referenced in O.C.G.A. § 36-60-6(d), from **City of Buford**, the undersigned applicant representing the private employer known as (printed name of business) _____ verifies one of the following with respect to my application for the above mentioned document.

Please check only one:

(A) ____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

(B) ____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

***If the employers selected Section 2(A), please fill out Section 2 below.

Section 2

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

E-Verify Number (usually 4-7 digits) this is **NOT your Federal ID Number**
(Also called the Federal Work Authorization User Identification Number)

Date of Authorization
(Actual Date Company signed up to begin E-Verify use)

In making the above representation(s) 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)

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE _____ DAY OF _____, 20_____.

Signature of Authorized Officer or Agent Date

Printed Name and Title of Authorized Officer or Agent

Printed Name and Title of Officer or Agent

NOTARY PUBLIC SIGNATURE AND SEAL