



FRANKLIN COUNTY

BOARD OF COMMISSIONERS

You Are Why We Are Here

141 Athens Street • PO Box 159 • Carnesville, GA 30521

(706) 384-2483 • Fax (706)-384-7089

www.franklincountyga.gov

Occupational Tax Checklist

1. Completed occupational tax application _____
2. Completed alarm system information if applicable _____
3. Completed E-Verify information (the one related to your business) _____
4. Copy of LLC paperwork if applicable _____
5. State license if applicable _____
6. Picture ID _____
7. Fee of \$35.00 _____



OCCUPATIONAL TAX APPLICATION
FRANKLIN COUNTY BOARD OF COMMISSIONERS
141 Athens Street • P.O. Box 159 • Carnesville, Georgia 30521
Phone: 706-384-2483 • Fax: 706-384-7089

Legal Business Name: _____

Trade Name : _____

Address: _____

Mailing Address (if different): _____

Telephone Number: _____

Email Address: _____

Federal ID#: _____ State ID#: _____

Total Employees: _____

Description of Business (ex. Building Contractor, Used Car Sales, Beauty Shop, etc., this will be printed on your certificate but is limited to 30 letters. **(Be very specific as to what your will be doing. May require additional information/paperwork):**

Zoning of Parcel: AB AG AI AR CG CI RM RS

Ownership: Sole Proprietor Partnership Corporation LLC

If corporation or LLC, please make sure above is the EXACT, complete name as it is registered with the Georgia Secretary of State's Office.

Owner's Name: _____

Owner's Home Address: _____

Owner's Home Telephone Number: _____

Owner's Social Security #: _____

This application is true and complete to the best of my knowledge and the proposed business meets all codes and ordinances of Franklin County.

OWNER'S SIGNATURE

DATE

Incorporated businesses **must** provide a copy of incorporation documents. All applications **must** be approved by our planning and zoning director before an occupation tax certificate can be issued. Along with this application, please bring a government issued photo ID of all owners/or presidents.

Occupation Tax Fee: \$35.00

FOR OFFICE USE ONLY:	<input type="checkbox"/> Approved	By: _____	Date: _____
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NOTES:



Occupational Tax Customer ID: _____

E-VERIFY FORM
FRANKLIN COUNTY BOARD OF COMMISSIONERS
141 Athens Street • P.O. Box 159 • Carnesville, Georgia 30521
Phone: 706-384-2483 • Fax: 706-384-7089

E-VERIFY

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check one:

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

*****If you select Section 1(A), please fill out Section 2, sign and execute below.**

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

*****If you select Section 1(B), please skip Section 2, sign and execute 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Authorization User Identification Number: *(Note: this number has at least 4 and no more than 6 digits.)*

Date of Authorization

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

Executed on _____, 20_____

in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

Commission Expires: _____



Occupational Tax Customer ID: _____

FRANKLIN COUNTY PUBLIC SAFETY FORM

Franklin County 911
7011 Highway 145 • GA 30521
706-384-7118 • Fax: 706-384-2289

This safety form provides our fire department and E911 Center with a brief summary of your business. This form is in an effort to provide you better service. We ask that you please take the time to complete the information below and return it with your application. We will forward this information to the 911 center. Thank you in advance for your cooperation.

Business Name: _____

Street Address: _____

Mailing Address: _____

Business Telephone Number: _____

(In Case of Emergency)
After hours Contacts or Keyholder Contacts

Contact Name: _____ Telephone Number: _____

Contact Name: _____ Telephone Number: _____

Contact Name: _____ Telephone Number: _____

Is this a home-based business? Yes No (please circle one)

If this is a home-based business, no further questions need to be answered

Hours of Operation: _____

Numbers of Employees: Daytime: _____ Night: _____

Alarm Company: _____ Alarm Phone Number: _____

Power Company: _____ Meter Location: _____

Gas Company: _____ Meter Location: _____

Please circle one: Natural Propane

Water- Public or Private: _____ Sprinkler System: Yes No

Square Footage of Building: _____

Hazardous Materials: Yes No (please circle one)

Authorized Signature: _____

Date: _____