



# 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](http://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

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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

<b>FOR OFFICE USE ONLY:</b>	<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 1<sup>st</sup> 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

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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: \_\_\_\_\_