

CITY OF THOMASTON

FINANCE DEPARTMENT

106 East Lee Street

P. O. Box 672

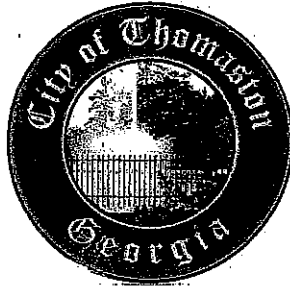
Thomaston, Georgia 30286-0009

706-647-6633

Telephone

706-647-6583

Fax



RETURN CHECKLIST

1. Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)
2. Affidavit Verifying Status for Thomaston Georgia
3. Application
4. Payment

**CITY OF THOMASTON
FINANCE DEPARTMENT
P.O.BOX 672
THOMASTON GA. 30286**

**706-647-6633
Telephone**

**706-647-6636
Fax**

January 1, 2020

**City Business Owners and Operators
Thomaston, Ga. 30286**

The state legislature passed legislation that requires city governments to obtain signed affidavits verifying that you are participating in the e-verify program. The requirements calls for business owners to obtain an e-verify number from the state. The state mandated this effectively July 1, 2013. We will need the form provided completed in full with your e-verify number identified and signed and sealed by a notary. We are required by the state to obtain this every year regardless if one was filed last year or earlier in 2016. We have a notary available at city hall if you do not have access to one. We apologize for any inconvenience.

Respectfully,


**Russell Thompson
City Manager**

**NOTE: Information on how to sign up for e-verify
1-888-464-4218
www.uscis.gov**

Private Employer Affidavit 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 a 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 only one:

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

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

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

*** If you select Section 1(B), please skip Section 2 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 Work Authorization User Identification Number

Date of Authorization

E-VERIFY NUMBER

*PROVIDE A COPY OF DRIVER'S LICENSE

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

Executed on _____, _____, 20____

City _____ State _____

Signature

Printed Name

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

NOTARY PUBLIC _____
My Commission Expires: _____

City of Thomaston

Office of City Manager

106 East Lee Street

P.O. Box 672

Thomaston, Georgia 30286

706-647-4242

Telephone

706-646-2653

Telefax

Affidavit Verifying Status for Thomaston, Georgia Public Benefit Application Pursuant to O.C.G.A. 50-36-1(e) (2)

By executing this affidavit under oath, as an applicant for a City of Thomaston, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. Section 50-36-1. I am stating the following with respect to my application for a City of Thomaston Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit (circle one) for

(Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity.)

- 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 of other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

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.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Executed, in Thomaston, Georgia on _____, 20_____.

Signature of Applicant:

Print Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20_____

Notary Public

My Commission Expires: _____

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

City of Thomaston
Finance Department
106 East Lee Street
P.O. Box 672
Thomaston, Georgia 30286

December, 2019

Dear Customer:

Your 2020 occupation tax is due. The tax amount is based on the number of regular fulltime and fulltime equivalent employees of your business.

For computing the number of employees, an employee who works forty (40) hours or more weekly shall be considered a fulltime employee. The average weekly hours of employees who work less than forty (40) hours per week should be totaled, with the sum divided by forty (40) to produce fulltime equivalents. For computing fulltime equivalents, a fractional employee will **not** be counted.

Occupation tax schedule:

Employees	Tax Liability	Employees	Tax Liability
1	\$50.00	51-100	\$250.00
2-5	75.00	101-200	300.00
6-10	100.00	201-500	350.00
11-30	150.00	501-1000	400.00
31-50	200.00	1001 and above	450.00

ALCOHOLIC BEVERAGE FEES

(1) MALT BEVERAGE LICENSE, PACKAGE	\$ 250.00
(2) MALT BEVERAGE LICENSE, POURING	\$ 250.00
(3) WINE LICENSE, PACKAGE	\$ 250.00
(4) WINE LICENSE, POURING	\$ 250.00
(5) DISTILLED SPIRITS	\$ 2000.00

These taxes will be for calendar year 2020.

Your Business License/Occupation tax year ends **December 31, 2019**. Please complete and return the enclosed registration form along with your payment to the City of Thomaston, Occupation Tax, and P. O. Box 672, Thomaston, GA 30286. You may also pay in person at the Thomaston-Upson County Government Administrative Complex, 106 East Lee Street, between the hours of 8:00AM and 4:45 PM, on Monday through Friday.

To avoid penalty assessments, your registration form and payment must be received prior to **January 31, 2020**.

Food Sales Establishments

Section 1 Chapter 2 of Title 26 of the Official Code of Georgia Annotated says that it shall be unlawful for any person to operate a food sales establishment without having first obtained a license from the Georgia Department of Agriculture. If you do not have this license, please contact Georgia Department of Agriculture-Licensing Division, at 855-424-5423 or 404-586-1411, or fax number 404-586-1126.

City Of Thomaston Code 90-137-9

All food service establishments are required to be in compliance with a Fats, Oil, & Grease Wastewater (FOG) discharge permit by the City of Thomaston and shall complete and file with the City of Thomaston prior to commencing or continuing discharges.

If your business discharges fats, oil, or grease, you are required to have a permit. Please contact the City of Thomaston Water/Sewer Department at 706-646-8031. Failure to obtain such permit prior to commencement of business may result in fees or utility disconnection.

So that we may process your business license in a timely manner, please send a copy of your license from the Georgia Department of Agriculture. If you have no food sales please note that on the enclosed business license application. Also, **write your business name on the application, sign it, and return the application with your payment and ID.**

Thank you for your cooperation.

City of Thomaston
Finance Department

CITY OF THOMASTON
FINANCE DEPARTMENT
P.O. BOX 672
THOMASTON GA. 30286
OCCUPATION TAX/BUSINESS LICENSE APPLICATION

706-647-6633
TELEPHONE

706-647-6636
FAX

NEW

RENEWAL

BUSINESS NAME _____

BUSINESS LOCATION _____

MAILING ADDRESS _____

TELEPHONE: BUSINESS _____ HOME _____

FAX _____ EMAIL _____

BUSINESS HOURS _____ AM UNTIL _____ PM DAYS OPEN _____

TYPE OF OWNERSHIP: _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION

TYPE OF BUSINESS (Please describe): _____

CHECK HERE FOR YOUR E-MAIL ADDRESS TO BE LINKED TO THE CITY OF THOMASTON WEB PAGE.

FOR BUSINESSES ZONED IN A RESIDENTIAL DISTRICT, ADVERTISING SIGNS ARE NOT PERMITTED.

WILL THERE BE AMUSEMENT OR GAMING DEVICES AT THIS LOCATION?

YES _____ NO _____

TOTAL NUMBER OF REGULAR FULL TIME AND REGULAR PART TIME EMPLOYEES AS OF JANUARY 1, OR DATE
BUSINESS WAS STARTED IF SUBSEQUENT TO JANUARY 1: _____

FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER OF OWNER _____

I ELECT TO BE TAXED BY NUMBER OF EMPLOYEES (_____).

I PERSONALLY CERTIFY THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND CORRECT THIS
_____ DAY OF _____, _____ (YEAR)

PRINT NAME OF OWNER OR LOCAL MANAGER _____

SIGNATURE OF OWNER OR LOCAL MANAGER _____

FOR CITY USE ONLY

APPROVED BY CITY CLERK/DESIGNEE

*** Notice: Void of extenuating circumstances, your license should be issued within seven (7) business days.

IMPORTANT INFORMATION

Attached is your Georgia Department of Revenue Sales Tax Certificate of Registration. This is an important document. This Certificate of Registration should be prominently in your place of business as provided by law.

The Georgia Department of Revenue must be contacted for correction, cancellation, or re-issuance of certificate as necessary if there are any changes relating to this business that include the following: (1) Business closed; (2) Change in ownership; (3) Change of physical location of business; (4) Change of mailing address; (5) Change of trade name and; (6) Change in business type or business function.

If any dealer liable for any tax, interest, or penalty, levied hereunder shall sell his business or stock of goods or shall quit the business, he shall make a final return and payment within fifteen (15) days after the date of selling or quitting business.

SUPPLEMENTAL INSTRUCTIONS TO FORM ST-3

FOR FILING YOUR SALES AND USE TAX RETURN

A report must be filed for the month you begin selling or purchasing items subject to sales and use tax (Section 2-1 on the Sales Tax Registration Application Form CRF-002). For your convenience we offer electronic tax management through the Georgia Tax Center (GTC) which is located at <https://gtc.dor.ga.gov>. Please visit this website for more details and instructions.

You must file a report monthly for the first six months of filing with the exception of identified Dealers and Contractors. Your payment must be received by the 20th of the month following the period for which the tax is due.

If you have received a new certificate for your business due to changes such as a change of address or request for a duplicate license, your filing status will not change.

State law requires that dealers and contractors must file timely returns, even if no tax is due.

If there are errors on your certificate or if there are any change to your business, please contact the Registration & Licensing Unit at (877)423-6711 or via e-mail at st-license@dor.ga.gov.

THIS CERTIFIED MUST BE PUBLICITY DISPLAYED AS PROVIDED BY LAW

SALES TAX CERTIFICATE OF REGISTRATION

**STATE OF GEORGIA
DEPARTMENT OF REVENUE
TAXPAYER SERVICES DIVISION**

Issued Pursuant to the Retailers and Consumers Sales and Use Tax Act of 1951, as Amended Said Person Named Hereon Is Authorized and Empowered to Collect Georgia Sales and Use Tax, Local Option, Special County, Motor Fuel, Homestead, Education, and MARTA.

STATE TAXPAYER IDENTIFIER:	EFFECTIVE DATE:	SALES TAX NUMBER:	COUNTY NAME
NAICS:	SECONDARY NAICS		