

**CITY OF NASHVILLE
OCCUPATION TAX RETURN**

DATE: _____

NAME OF BUSINESS:
PHYSICAL ADDRESS:
MAILING ADDRESS:

DATE STARTED: _____

TYPE OF BUSINESS: _____

OCCUPATION TAX (BUSINESS LICENSE)

A. Multiply total number of employees as of date times the per employee tax to calculate occupation tax. Should this number change, it will be adjusted on next year's occupational tax. (An employee is defined as any individual that exerts effort within the State of Georgia for the purpose of soliciting business or serving customers or clients. **Please include full and part-time employees. A minimum number of employees is one for owner/operators.** The City may request supporting information such as Wage and Tax Reports to determine the accuracy of information.)

FIRST 10 EMPLOYEES	_____ X	\$ 20.00 = \$	_____
NEXT 10 EMPLOYEES	_____ X	\$ 16.25 = \$	_____
NEXT 10 EMPLOYEES	_____ X	\$ 13.44 = \$	_____
NEXT 10 EMPLOYEES	_____ X	\$ 11.33 = \$	_____
NEXT 10 EMPLOYEES	_____ X	\$ 8.16 = \$	_____
REMAINING EMPLOYEES	_____ X	\$ 6.27 = \$	_____

B. Administrative fee \$ 25.00

C. Your Occupation Tax (Line A+B) \$ _____

I hereby certify that the information reported herein is true and correct.

(Signature of Authorized Person Reporting)

(Printed Name of Authorized Person Reporting)

Title of Authorized Person Reporting: _____

Please return completed form with a check or money order for the correct amount to the CITY CLERK'S OFFICE, P.O. BOX 495, NASHVILLE, GA 31639.

City of Nashville

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Nashville, Georgia Business License or Occupation Tax Certificate, Alcohol License, 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 Nashville, Business License or Georgia Occupational Tax Certificate, Alcohol License, or other public benefit.

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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

Signature of Applicant:

_____ Date

Printed Name:

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

*
_____ Alien Registration number for non-citizens

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 registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

(MUST BE SIGNED AND NOTARIZED)

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

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 less than ten (10) employees and therefore, 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.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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

Executed on _____, _____, 20____ in _____ (city),
_____ (state).

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

NOTARY PUBLIC

My Commission Expires:



City of Nashville
Licensed Business
After Hours / Emergency Contact (Key Holder)

The contact information provided will be used by the Nashville Police Department and The Berrien County E911 Central Dispatch Center should the need arise to contact you regarding your place of business during non-business hours.

Please report any changes as they occur to aid us in contacting the appropriate person(s) in a timely manner.

Thank you,

Chuck Edwards, Chief of Police

Business Name: _____

Business Address: _____

Business Phone: _____

After Hours Keyholder Information

NAME	Phone # 1	Phone #2