

Please complete this application in full and return to:  
 City of Springfield \* PO Box 1 \* 130 S. Laurel St \* Springfield, GA 31329  
*Let us know if you have any questions. We will be happy to assist you*



## Occupation Tax Certificate (Business License) Application

Business Name: \_\_\_\_\_

Business Description: \_\_\_\_\_

Business Physical/Street Address: \_\_\_\_\_

Business Mailing Address (If different from above): \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Applicant/Business Owner Name(s): \_\_\_\_\_

Are you the owner of the property where this business is to be located? ( ) Yes ( ) No-Please attach copy of lease agreement

Is a state certification required for the type of business to be conducted? ( ) Yes-Certification #: \_\_\_\_\_ ( ) No

Applicant Home Mailing Address: \_\_\_\_\_

Applicant Personal Email: \_\_\_\_\_

Applicant Cell Phone #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_

Number of Employees (including business owner): \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

The applicant will be contacted after the application reviewal process. Payment, based on the below fee schedule, is not necessary at the time the application is submitted but is required before issuance of Occupation Tax (Business License).

### FEE SCHEDULE - BASED ON NUMBER OF EMPLOYEES INCLUDING OWNER/MANAGER

Number	Fee	Number	Fee	Number	Fee
0 - 3	\$ 90	10 - 19	\$220	30 - 39	\$420
4 - 9	\$120	20 - 29	\$320	40 Plus	\$520

*New Businesses opened after June 30<sup>th</sup> will be prorated at half the normal fee*

\*\* For Office Use Only \*\*

ZONING DEPARTMENT		CLERK	Payment Date: _____
Parcel#: _____	Does use require approval? Yes No	Amount Paid: _____	
Parcel Zoned: _____	HOC SE CU VR	Payment Method: ( ) Cash	
Is Use Prohibited? Yes No	BZO/CC Meeting Date: _____	( ) Check # _____	
Initials: _____ Date _____	Approved: Yes No	( ) Credit Card Approval # _____	Initials: _____

**(Print) BUSINESS NAME:** \_\_\_\_\_

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

By executing this affidavit under oath, as an applicant for Occupational Tax (Business License), as referenced in O.C.G.A. § 36-60-6(d), from the City of Springfield, the undersigned applicant representing the private employer known as \_\_\_\_\_

(Name of the business, individual, firm, or corporation)

Verifies one of the following with respect to application for Occupational Tax (Business License):

**1. Select one option below:**

**A.** \_\_\_ On January 1<sup>st</sup> of the below signed year the business, individual, firm, or corporation employed ten (10) or more employees.

**B.** \_\_\_ On January 1<sup>st</sup> of the below signed year the business, individual, firm, or corporation employed fewer than ten (10) employees.

***IF EMPLOYER SELECTED OPTION "A" PLEASE FILL OUT SECTION 2 BELOW.***

**2.** The employer has registered with and utilizes and 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 listed below:

\_\_\_\_\_  
E-verify Number (Federal Work Authorization User Identification Number)

\_\_\_\_\_  
Date of Authorization

-----  
In making the above representation 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 allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer of Agent

Subscribed and sworn before me on this \_\_\_ day of

\_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**For more information on E-verify:**  
[www.dhs.gov/E-verify](http://www.dhs.gov/E-verify)

**\*\*Note\*\* A City of Springfield Notary will notarize this Affidavit for you, at no charge, so long as you provide your photo identification and sign this Affidavit in front of the notary.**

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an **Occupational License (Business License)** , as referenced in O.C.G.A. § 50-36-1, from **THE CITY OF SPRINGFIELD**, 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.

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.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

**(On the line above: Please enter the name of the secure and verifiable document provided 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 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)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

Subscribed and Sworn before me on this  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**\*\*Note\*\* A City of Springfield Notary will notarize this form for you, at no charge, so long as you provide your photo identification and sign this Affidavit in front of the Notary.**

# SPRINGFIELD POLICE DEPARTMENT

## Emergency Contact Numbers

NAME OF BUSINESS \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_

OWNER OF BUSINESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE AN ALARM SYSTEM? (Circle Answer)    YES                      NO

NAME OF ALARM COMPANY \_\_\_\_\_

NAME AND PHONE NUMBER OF FIRST PERSON TO CONTACT \_\_\_\_\_

\_\_\_\_\_

NAME AND PHONE NUMBER OF SECOND PERSON TO CONTACT \_\_\_\_\_

\_\_\_\_\_

\*\*\*PLEASE FILL OUT COMPLETELY\*\*\*

City of Springfield  
PO Box 1  
Springfield, GA 31329  
912-754-7617



Please complete the below information if you wish your business to be listed on the City of Springfield Website. This form may be returned with the application or may be emailed to: [jsmithspringfieldga.org](mailto:jsmithspringfieldga.org)

Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

**Choose one of the below:**

Business Email: \_\_\_\_\_

**OR**

Business Website: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_