

4385 PecanStreet  
P.O. Box 39  
Loganville, GA 30052  
Tel: 770-466-2633  
Fax: 770-554-5556

## Commercial Occupational Tax Certificate Application Packet

Contents:

Occupational Tax Application -Complete Applications and Sign

Fire Department -Complete New Business Occupancy Application and Sign

**\*Contact Assistant Fire Marshal-Tim Johnson: 770-554-9693 to  
schedule Fire inspections within 10 days of this application.**

Affidavit Verifying Residency – (SAVE) Complete and have notarized.

Private Employer Affidavit – (E-Verify) Complete and have notarized.

- # of employees will include: Owner, Full Time and Part Time employees.

\* Notary on premises.

Attach:

Driver's License

State License # (if applicable)

Tax ID # (if applicable)

Applicable Tax Forms

Payment:

Forms of payment accepted:

- Cash
- Checks
- Money Orders

**Make payable to the "City of Loganville"**

**Please Note: Any outstanding utility and/or tax bill(s) must be paid in full to receive an  
Occupational Tax Certificate.**

# City of Loganville

## Commerical Occupational Tax Application

PO Box 39 • 4385 Pecan Street • Loganville, GA 30052 • (770) 466-2633 • Fax (770) 554-5556

This fee is required by all businesses listed in the City of Loganville Occupational Tax Ordinance. All businesses must follow the rules and fees as defined in the said Ordinance.

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

Is Business in Home?      Yes      No      County \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner of Business \_\_\_\_\_

Owner Address \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ E-Mail \_\_\_\_\_

Tax ID # \_\_\_\_\_ State License # (if applicable) \_\_\_\_\_

Type of Work/Business \_\_\_\_\_

**(Read before you sign)** Any false statement, misrepresentation of fact(s) or omission may be cause for criminal prosecution.  
O.C.G.A. 16-10-20

I certify that the above information is correct and true.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Amount Due \_\_\_\_\_ SIC Code \_\_\_\_\_ Account # \_\_\_\_\_ Class \_\_\_\_\_

Date Paid \_\_\_\_\_ Taken By \_\_\_\_\_ This certificate is good for 20 \_\_\_\_\_



City of Loganville Fire Department  
Fire Prevention & Inspection Office  
605 Tom Brewer Rd. • Loganville, GA 30052  
Office (770) 554-6900 • Fax (770) 554-6565

## New Commercial Business Occupancy Application

### Official Use Only

Permit # \_\_\_\_\_ P & D Project # \_\_\_\_\_ Date \_\_\_\_\_

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

Street Address \_\_\_\_\_

Suite \_\_\_\_\_ Phone \_\_\_\_\_ County \_\_\_\_\_

Owner/Representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell# \_\_\_\_\_

- This Application is subject to review and approval by the Authority Having Jurisdiction (The City of Loganville Fire Services).
- A Fire Prevention Inspection and Certificate of Occupancy, in compliance with the State Minimum Fire Safety Standards, shall be obtained from the City of Loganville Fire Services prior to occupancy of the building or facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fire Inspector \_\_\_\_\_ Date \_\_\_\_\_



# Affidavit Verifying Residency Status of an Applicant Required by the Georgia Security and Immigration Compliance Act

**This form is required to be filled out and notarized in order to receive an Occupational Tax License**

By executing this affidavit under oath, as an application for a City of Loganville Occupation Certificate or other benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), I am stating the following with respect to my application for a City of Loganville Occupational Certificate.

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 a false, fictitious, or fraudulent statement 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

\*Alien registration number for non-citizens \_\_\_\_\_

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

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

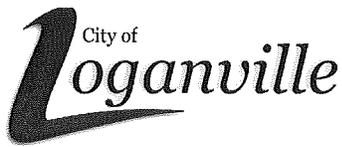
My Commission Expires: \_\_\_\_\_

\*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.

\*\*\*\*\*  
PLEASE INDICATE THE DOCUMENT VERIFYING YOUR RESIDENCY STATUS AND ATTACH A COPY OF THE DOCUMENT (front and back).

- |   |  |
|---|--|
| <input type="checkbox"/> I-327 (Reentry Permit)                     | <input type="checkbox"/> Machine Readable Immigrant Visa   |
| <input type="checkbox"/> I-551 (Permanent Resident Card)            | <input type="checkbox"/> Temporary I-551 Stamp (on passport or I-94)                             |
| <input type="checkbox"/> I-571 (Refugee Travel Document)            | <input type="checkbox"/> I-94 (Arrival/Departure Record)   |
| <input type="checkbox"/> I-688 (Temporary Resident Card)            | <input type="checkbox"/> Unexpired Foreign Passport  |
| <input type="checkbox"/> I-688A (Employment Authorization Card)     | <input type="checkbox"/> I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status) |
| <input type="checkbox"/> I-688B (Employment Authorization Document) | <input type="checkbox"/> DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)   |
| <input type="checkbox"/> I-766 (Employment Authorization Card)      | <input type="checkbox"/> Other (Use Document Description)  |
| <input type="checkbox"/> Certificate of Citizenship                 |  |
| <input type="checkbox"/> Naturalization Certificate                 |  |

\_\_\_\_\_  
Applying on Behalf of/Name of Associated Business



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

**Required by the State of Georgia**

By executing this affidavit under oath, as an applicant for an *occupational tax certificate* as referenced in O.C.G.A. § 36-60-6(d), from the City of Loganville, the undersigned applicant representing the private employer known as \_\_\_\_\_ one of the following with respect to my application for the above mentioned document:

(a) On January 1st of the below signed year the individual, firm, or corporation employed Eleven (11) or more employees. (Please fill out Section 2 and 3 below).

(b) On January 1st of the below signed year the individual, firm, or corporation employed Ten (10) or less employees. (Please fill out Section 3 below.)

**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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

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

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

**3. 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 of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

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

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

**LETTER OF CONSENT**

To whom it may concern,

I, \_\_\_\_\_, grant \_\_\_\_\_ full authority to sign  
(Name of owner) (Name of person signing)

all documents required for the 20\_\_\_\_ City of Loganville Occupational Tax Certificate application  
(Year)

and any other matters related to the 20\_\_\_\_ application of such license and full and legal operation of  
(Year)

\_\_\_\_\_ within the City limits. If you have any questions related to this  
(Name of business)  
matter, you may contact me using the information below.

Phone: \_\_\_\_\_

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

\_\_\_\_\_  
(Printed name of Owner)

\_\_\_\_\_  
(Signature of owner)

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

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

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(My commission expires)

**\* A copy of driver's license for each Owner and Signee must be attached and submitted with this form.**