

**OCCUPATIONAL TAX CERTIFICATE (FORMERLY KNOWN AS BUSINESS LICENSE)  
APPLICATION INSTRUCTIONS**

When planning to begin a business in the City Limits of Blue Ridge at a commercially zoned location, you must first file an Occupational Tax Certificate application. **You must bring or mail the original application along with a copy of your picture ID and/or Driver's License, State Professional Licenses (if applicable), federal and state tax identification documents, commercial lease agreement and your check for the appropriate fees payable to the CITY OF BLUE RIDGE.**

- Restaurants are required to submit a copy of the Georgia Department of Public Health Food Service Permit for such restaurant before an occupational tax certificate will be issued. Information regarding food service permits can be obtained from the Fannin County Environmental Health Department at (706) 632-3024.
- The U.S. Internal Revenue Service issues an Identification Number (E.I.N.) to any business that: 1) has employees, and/or 2) plans to establish itself as a corporation, partnership, or sole proprietorship (some exceptions may apply). Provide the E.I.N. with your City of Blue Ridge Occupational Tax Application. The telephone number to call to obtain this number is (800) 829-4933 or online at [www.irs.gov](http://www.irs.gov).
- The State of Georgia levies a sales and use tax on the retail purchase, retail sale, rental, storage, use, or consumption of tangible personal property and on certain services described in the Georgia Code. It is the responsibility of any business owner making transactions subject to this tax to obtain a Georgia Sales and Use Tax Number. Provide the Georgia Sales Tax Number with your City of Blue Ridge Occupational Tax application. The telephone number to call to obtain this number is (706) 389-6977. The Internet Website is: [www.ntax.dor.ga.gov](http://www.ntax.dor.ga.gov). Select Business Taxes, Sales Tax, and then select On-line Business Registration.
- Certain professions are required to obtain professional licenses/certifications from the State of Georgia. A few examples of these professions are: Plumbers, Electricians, Heating/Air Conditioning Contractors, Attorneys, Physicians, Cosmetologists, and Salons. For more information on Georgia State professional licensing, call the Georgia Secretary of State Licensing Board at (478) 207-2440. Documentation of this certification must be provided with the City of Blue Ridge Occupational Tax application.
- **The City of Blue Ridge requires business owners to permit the signs for their business. Please contact the Blue Ridge Zoning Department at (706) 632-2091 for information regarding the number, size, and type of signage that is allowed for your business location.**

Please retain the enclosed copy of the Blue Ridge Occupational Tax Ordinance for your records, and return the Acknowledgement of Receipt with your application.

Occupational Tax Certificate fees are as follows:

**January through June**

1 to 50 Employees - \$250.00 - Plus \$25.00 Administration Fee = \$275.00  
Above 50 Employees - \$500.00 - Plus \$25.00 Administration Fee = \$525.00

Anyone who will be issued a W-2 form is considered an employee.

For Businesses who have contract workers, such as real estate agencies, hair salons, etc. - If a 1099 will be issued, each contract worker **MUST** apply for a separate Occupational Tax Certificate/Business License upon beginning work at such establishment.

**July through December 15<sup>th</sup>**

After July 1<sup>st</sup> Occupational Tax Certificates are half price but the \$25.00 Administration Fee still applies.

After December 15<sup>th</sup> Occupational Tax Certificates will be dated for the next year and full price will be charged.

**There will be a \$5.00 charge for the re-printing of any Occupational Tax Certificate.**

Application Process: To ensure that a business wishing to operate within the City of Blue Ridge is legal and the location is safe for public use and zoned appropriately for such use, a review process will be conducted before the issuance of an Occupational Tax Certificate. This process takes approximately 5-7 business days. **Before a business license will be issued, you must meet with the Zoning Department Inspector with the City of Blue Ridge regarding your sign permits for the business. The Inspector can be contacted at (706) 632-2091.**

**HOME BASED BUSINESS APPLICATION**

When wishing to operate a home-based business within the City of Blue Ridge, an Occupational Tax Certificate/Business License application must still be completed. You will need to provide proof of residency at your home location along with any state license that are required and corporation information, as well as any applicable federal and state tax identification documents. The same fee schedule applies. Please check with the City of Blue Ridge Zoning Department regarding the regulations for opening a home-based business.

**CITY OF BLUE RIDGE**  
480 West First Street  
Blue Ridge, GA 30513  
Phone (706) 632-2091 Fax (706) 632-3278

Today's Date: \_\_\_\_\_  
Application for Fiscal Year: \_\_\_\_\_

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**BUSINESS LICENSE APPLICATION**  
Please PRINT and fill out application completely

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Business Name : \_\_\_\_\_ ( d/b/a ) \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Business Contact Person: \_\_\_\_\_ Title (Owner/Officer/Agent) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

**BUILDING OWNERS NAME AND INFORMATION**

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

Address: \_\_\_\_\_

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

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

**TYPE OF BUSINESS**

Retail [  ] Wholesale [  ] Professional Services [  ] Manufacturing [  ] Contractor [  ] Restaurant [  ] Other [  ]

If a W2 is issued count as employee: Total Number of employees \_\_\_\_\_

Total Number of part-time employees \_\_\_\_\_ Full-time \_\_\_\_\_

**If 1099's are issued, each contract worker MUST apply for a separate Occupational Tax Certificate**

Federal ID # \_\_\_\_\_ State ID # \_\_\_\_\_  
(Please provide copies of both Federal and State Tax ID Documents with application)

**If business requires a state license to operate, please provide a copy of said state license.**

State License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**DETAILED BUSINESS INFORMATION**

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## Disclaimer and Signature

I have received and read a copy of the City of Blue Ridge Occupational Tax (Business License) Ordinance and understand that Occupational Tax Certificates (Business License) are to be renewed yearly.

I certify that the information provided above is true and correct to the best of my knowledge and records shall be available for inspection as specified in the City of Blue Ridge Occupational Tax (Business License) Ordinances.

By signing this application, I, \_\_\_\_\_, am acknowledging that I have read and will comply with all requirements of the City of Blue Ridge Occupational Tax (Business License) Ordinances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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### OFFICE USE ONLY

Occupational Tax Official's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Official's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning District Designation: \_\_\_\_\_ Tax Map & Parcel: \_\_\_\_\_

SAVE PUBLIC BENEFITS AFFIDAVIT  
O.C.G.A. 50-36-1 (e)(2)

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1(e)(2)). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for Occupational Tax/ Business License as referenced in O.C.G.A. 50-36-1, from the City of Blue Ridge, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

1) \_\_\_\_\_ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)

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 Dept. of Homeland Security  
Or other federal immigration agency is: \_\_\_\_\_

The undersigned applicant has 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 Georgia Law O.C.G.A 50-36-1(e)(1).

REQUIRES VERIFICATION AT SUBMISSION--Which type of secure and verifiable document was provided? :

\_\_\_\_\_ U.S. Driver's License    \_\_\_\_\_ U.S. Passport       U.S. Military ID    Other ID \_\_\_\_\_

===== MUST BE COMPLETED WITH A NOTARY =====

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of O.C.G.A 16-101-20, and face criminal penalties as allowed by such criminal statute.

I, \_\_\_\_\_ (representative for) \_\_\_\_\_  
(Printed NAME of individual and natural person)                      (Name of Business, corporation, partnership, etc.)

\_\_\_\_\_  
Signature of Applicant                      Print Name                      Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (State)

\_\_\_\_\_  
NOTARY PUBLIC (Signature)                      My Commission Expires

(Seal)

*This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D. C.*



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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs **more than ten employees** and has registered with and utilizes 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. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

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

\_\_\_\_\_   
Date E-Verify Number was issued

\_\_\_\_\_   
Name of Private Employer (Business)

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

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

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_   
NOTARY PUBLIC

**PLEASE COMPLETE THIS FORM IF YOU EMPLOY  
MORE THAN 10 EMPLOYEES**

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**Private Employer Exemption 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 ten (10) or fewer employees and 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. § 36-60-6.

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

Executed on \_\_\_\_\_, 201\_\_ in \_\_\_\_\_(City), \_\_\_\_\_(State).

\_\_\_\_\_  
Printed Name of Exempt Private Employer (Business name)

\_\_\_\_\_  
Signature of Exempt Private Employer or  
Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_\_\_.

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

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

\*This affidavit is for submissions made on or after July 1, 2013.

**PLEASE COMPLETE THIS FORM IF YOU EMPLOY  
TEN (10) OR LESS EMPLOYEES**