FOR OFFICE USE ONLY	
Application Date: _____	Total Fee: _____
Business No.:	Receipt No. & Date

NEW BUSINESS OCCUPATIONAL TAX CERTIFICATE

BUSINESS INFORMATION	
☐ **COMMERCIAL** ☐ **HOME BASED**	
ARE YOU A PAIN MANAGEMENT CLINIC ☐ **NO** ☐ **YES** If YES, complete the Checklist for Pain Clinic as well.	
Owner Name	Owner Phone
Corporate Name	Business Name
Street/Suite	City, State, Zip
EIN-Federal Tax ID/SSN	
Office Phone	Office Email
Local Business Contact Person Name & Home Address (For commercially located businesses only. Must be a Gwinnett County resident.)	
MAILING/CORPORATE INFORMATION	
☐ **SOLE PROPRIETORSHIP** ☐ **PARTNERSHIP** ☐ **CORPORATION** (Corporations be active, in compliance, and provide copy of Corporate Certificate.)	
Contact Name	
Street/Suite	City, State, Zip
Contact Email	Contact Phone
No. of Employees (Seasonal Included)	**E-VERIFY Number**
No. of Practitioners/Flat Fee $400 each	State/Federal License No.

In accord with Lilburn business occupation tax codes and ordinances, I the undersigned, certify that I am the person duly authorized by the business herein named to file this application; including the accompanying documentation and that the same are true, correct, and complete. I also understand that my business must be operated in compliance with all applicable state, federal, and local law, ordinances, and regulations; and that the granting of this license or payment of this occupation tax does not waive any rights of any state, federal, or local entity to regulate, and enforce such laws, ordinances, and regulations. In addition, I understand that my business must conform to all zoning rules and regulations.

Applicant Signature: _____ *Print Name:* _____ *Date:* _____

OCCUPATIONAL TAX CERTIFICATE

U.S. Citizen/Qualified Alien Affidavit for Public Benefit

By executing this affidavit under oath, as an applicant for a ***City of Lilburn Occupation Tax Certificate*** referenced in O.C.G.A Section 50-36-1, I am stating the following with respect to my application that

I, _____, on behalf of _____am a
(Person Applying for License) (Business Name)

Either: (Check (1) or (2))

(1) ____☐____a **United States Citizen**

-OR-

(2) ____☐____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.*

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

My Alien Registration Number issued by the Department of Homeland Security or other federal immigration agency is:

A front and back copy from the following list of documents **must** be attached to the Affidavit.

1. Valid **not expired** foreign passport with I-94.
2. Temporary Resident Alien Card (I-688).
3. Employment Authorization Card (I-766 or I-688A).
4. Employment Authorization Document (I-688B).
5. Refugee Travel Document (I-571).
6. U.S. Permanent Resident Card (I-551).

***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 here: _____, and submit a copy of the qualifying card with this Affidavit.**

SUBSCRIBED AND SWORN BEFORE ME ON
THIS _____DAY OF_____, 20_____.

_____ _____
(Signature of Applicant) **(Date)**

Notary Public _____ _____
(Printed Name)

My Commission Expires: _____

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.

OCCUPATIONAL TAX CERTIFICATE

FORM (1b)
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 **employees 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 application 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).

_____

Signature of Authorized Agent

_____

Printed Name and Title of Authorized Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____DAY OF _____, 20__.

_____

NOTARY PUBLIC

My Commission Expires:_____

OCCUPATIONAL TAX CERTIFICATE

Instructions: To be filled out and submitted with payment of Occupation Tax. If a section does not apply, enter N/A. All Administrative Fees are nonrefundable. There will be a transfer fee of $20 for a business that moves to a different location inside the city limits after paying the current years Occupation Tax.
Contact Kaleigh Frederick at 770-279-3708 or kfrederick@cityoflilburn.com with questions.

Business Name:

d/b/a: Year established:

Business Location:

If renewing, enter Gross Receipts for PREVIOUS YEAR:
Attach Schedule C/Form 1040 or Gross Receipts Affidavit. Per City Ordinance 419-11 (8)(a)

Enter estimated annual Gross Receipts for CURRENT YEAR:
OR – Enter total fee if paying per professional license $

Choose tax class based upon your NAICS Code/Business Class, and enter tax rate:
Research NAICS Code at www.census.gov/eos/www/naics.
See class descriptions at www.cityoflilburn.com on the "Business Licenses" page.

Class 1	0.0005	Class 4	0.0008
Class 2	0.0006	Class 5	0.0009
Class 3	0.0007	Class 6	0.0010

Multiply Line 4 by Line 5. Your Occupation Tax is ($25 minimum): $

Administrative Fee: $ 75.00

Late File Fee for Renewals filed after March 31 (10% of Occupation Tax):

May 1.5%	June 3%	July 4.5%	Aug. 6%
Sept. 7.5%	Oct. 9%	Nov. 10.5%	Dec. 12%

$

Additional charge of
1.5% per month(s) late, if Renewal filed after May 1:
Percentage charged on Occupation Tax per O.C.G.A. § 48-13-21

Professional License Fee ($400 per professional)**:** $

Total Amount Due: $

OCCUPATIONAL TAX CERTIFICATE

Ordinance 423-11- Alarm Registration Form

Registering your alarm online is FAST and EASY with credit card payment option! Visit us at www.lilburn.citysupoort.org.

To Mail in form: Send completed form along with registration fee of $15 check or money order, made payable to "City of Lilburn". Mail to, City of Lilburn PO Box 2604, Atlanta, GA 30301-2604

Alarm Site Address

STREET ADDRESS_____APT, STE, or BLDG # _____

CITY, STATE, ZIP CODE _____

Registration Holder Information (person responsible for operation & maintenance of alarm & payment of fees & fines)

NAME_____

ADDRESS _____

EMAIL ADDRESS_____

HOME PHONE_____ WORK PHONE_____CELL PHONE_____

Emergency Contacts Two persons who have agreed to: a) receive notification of activated alarm; b) respond to alarm site within 30 minutes; and c) grant access to alarm site and deactivate alarm, if necessary.

NAME_____

ADDRESS_____

HOME PHONE_____WORK PHONE_____ CELL PHONE_____

NAME_____

ADDRESS_____

HOME PHONE_____WORK PHONE_____ CELL PHONE_____

Any special or dangerous conditions at the alarm site _____

_____

ALARM SYSTEM INFORMATION

Alarm Site Classification

- ☐ Residential (house, duplex, condo)
- ☐ Apartment
- ☐ Commercial (retail store, bank, church, school, etc)

*Type of business:*_____

Alarm System Classification

- ☐ Burglary
- ☐ Holdup
- ☐ Duress
- ☐ Panic
- ☐ Audible
- ☐ Other: _____

Date of Installation (conversion or takeover):_____

Alarm Monitoring Company

Name_____

Phone_____

ALARM HOLDER SIGNATURE/DATE: _____

Alarm holder certifies: a) that a set of written operating instructions for the alarm system, including written guidelines on how to avoid false alarms, has been left with the applicant; and b) that the alarm company has trained the applicant in proper use of the alarm system, including instructions on how to avoid false alarms

UPDATING YOUR REGISTRATION INFORMATION

An alarm user shall inform the Alarm Administrator of any change that alters any information fisted on the alarm registration application within 30 business days of the change. Updating your alarm information online is FAST and EASY Visit us at www.lilburn.citysupport.org.