(Per Fire Code Official.) Submitting applicant is required to	pplicant is required to	00	OCCUPATION TAXATION R		ETURN	TO BE COM	TO BE COMPLETED BY CITY:	
submittal by calling (478) 410-5416. For verification of fire	ntion Division, Prior to or verification of fire		City of Dublin			TAX NUMBER	7	
code compliance. This section will be filled out by Fire	filled out by Fire		Occupational Tax Division	Tax Division		77.07	1	
Passed Inspection VES NO			Dublin, Georgia 31040	gia 31040		LATE PENALTY	TTY COLLE	
Date inspected						TOTAL		
Fire Inspector	ŕ					DATE PROCESSED	ESSED	
		Please type o	Please type or print with a ballpoint pen.	n. PENALTY FOR FAILURE TO FILE	AILURE TO FILE			
Check One Renewal New Amended	Business Start Date	Month D	Day Year	₽		Printed	E-VerifyS	Scanned
BUSINESS NAME (If other than printed below)					7.1	BOTSS Conf #	#	
(ii. outer clear hillinga bellow)	□ No Change	ge ·	BUSINESS LOCA	BUSINESS LOCATION (Not P.O. Box)	x) 🗆 No Change		CITY. STATE I No Change	ZIP CODE
Description of Work			MAILING ADDRESS:	ESS:			CITY. STATE No Change	ZIP CODE
Previous Rusiness Name and Location								
NAME			SIREEI OR P. O. BOX		□ No Change		CITY. STATE II No Change	ZIP CODE
Check One □Partnership □Corp	Corp. Name		STREET OR P. O. BOX	ВОХ			CITY. STATE	ZIP CODE
Listle Owner Liother					-		•	
ADDRESS	NAME	-	STREET		Cell#	. :	CITY. STATE	ZIP CODE
니	0.	D.O.B.						
T C	NAME		STREET		Cell#		CITY. STATE	ZIP CODE
	S. S. No.	р.о.в.						
C TREE	NAME		STREET		Cell#		CITY. STATE	ZIP CODE
٠,٠-	S. S. No.	D.O.B.						
X	NAME		STREET		Cell#		CITY. STATE	ZIP CODE
	S. S. No.	D.O.B.			~		-	
EMIERGENCY CONTACT NAME	Tage of the state	ADDRESS					PHONE#	
RETURN. LIST ON A SEPARATE SHEET OF PAPER THE NAME, ADDRESS, AND PHONE NUMBER OF THAT SUBCONTRACTOR OR INDEPENDENT AGENT. ENCLOSE THIS LISTING WITH YOUR RETURN.	R THE NAME, ADDRESS, AND NT. ENCLOSE THIS LISTING V	PHONE NUMBER -		R OF EMPLOYEES DI JUDING OWNER AND TOTAL ROUNDED UF	S DURING THE LAST 12 MOUNT! AND FAMILY MEMBERS WORKIN D UP TO NEXT WHOLE NUMBER.)	MOUNTHS FOR E WORKING IN BU JMBER.)	AVERAGE NUMBER OF EMPLOYEES DURING THE LAST 12 MOUNTHS FOR BUSINESS. AT THIS LOCATION. (FULL TIME EQUIVALENT INCLUDING OWNER AND FAMILY MEMBERS WORKING IN BUSINESS. PART-TIME EMPLOYEES COUNT AS 1/2 EMPLOYEE WITH TOTAL ROUNDED UP TO NEXT WHOLE NUMBER.)	ULL TIME COUNT AS 1/2
** CERTIFICATION ** I certify that the foregoing information is true and	e foregoing information	is true and						
penalty, denial, or closure of business.	of any part of this tax	return may caus	se Email Address:			Sales Tax#:	Гах#:	
			Federal ID:			NAICS#:	3#:	
APPLICANT SIGNATURE								

SAVE AFFIDAVIT - Affidavit Verifying Status for City Public Benefit Pursuant to O.C.G.A. § 50-36-1 (E)(2)

By executing this affidavit under oath, as an applicant for: (Check all that apply) [type of public benefit] Occupational Tax Alcohol License Peddler's Permit
as referenced in O.C.G.A. § 50-36-1, from the <u>City of Dublin, GA</u> , 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:
You must submit a front and back copy of a Secure and Verifiable Document with this affidavit such as a copy of driver's license, and/or passport unless the same individual signed and submitted secure and verifiable document previously and copy already on file. A complete list of Secure and Verifiable Documents may be found at http://etax.dor.ga.gov/ctr/2013 Secure and Vertifiable Document Listing.pdf or on the Georgia Attorney General's website. For more information, please refer to https://etax.dor.ga.gov/ctr/Public Benefits FAQ.pdf .
E-VERIFY AFFIDAVAIT PRIVATE EMPLOYER AFFIDAVIT PURSUANT to O.C.G.A. § 36-60-6(d)
By executing this affidavit under oath, as an applicant for a (n) Occupational Tax [occupational tax certificate or other document required to operate a business] As referenced in O.C.G.A. § 36-60-6(d), from City of Dublin, GA, the undersigned applicant representing the private employer known as [printed name of business] verifies one of the following with respect to my
application for the above mentioned document.
Section 1 Please check only one:
(A)On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees. 1
(B)On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.
***If the employers selected Section 1(A), please fill out Section 2 below.
Section 2 The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and 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 follows:
E-Verify Number (usually 4-6 digits) this is NOT your Federal ID Number (Also colled the Federal World Authorization Horn Identification Number) (Attack Date of Authorization (Attack Date of Authorization
(Also called the Federal Work Authorization User Identification Number) (Actual Date Company signed up to begin E-Verify use) In making the above representation(s) 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 Authorized Officer or Agent Date
SUBSCRIBED AND SWORN BEFORE ME ON
THIS THEDAY OF, 20 Printed Name and Title of Authorized Officer or Agent
NOTARY PUBLIC/SEAL
My Commission Expires:

¹ to determine the number of employees for purposes of the affidavit, a business must count its total number of employees' company-wide, regardless of the city state or country in which they are based, working at least 35 hours a week