Jason Lary, Sr., Honorable Mayor
Jimmy Clanton Jr. District 1, Council Member
Rob Turner District 2, Council Member
Jazzmin Cobble District 3, Council Member
George Turner District 4, Council Member
Diana Adoma District 5, Council Member

_____
Date

Dear Business Owner,

RE: **2019 Renewal Application for Business License Occupational Tax Certificate**

THE CITY OF STONECREST WILL BEGIN ISSUING THE YEARLY BUSINESS LICENSE FOR 2019.

Documents required for renewal:

[ ] 1. Copy of 2018 City of Stonecrest Business License Certificate

[ ] 2. Copy of Government ID

[ ] 3. Current copy of Certificate of Organization for all LLC / INC

[ ] 4. Current state license for Boards and Licensed Professions

[ ] 5. Completed Application (signed and dated)

[ ] 6. Completed E-Verify and SAVE Affidavit Form (must be notorized)

[ ] 7. Full Payment Due
Make all checks and/or money order payable to The City of Stonecrest
We accept credit cards online and in-person, NO CASH ACCEPTED

Please note:

1. Pay on or before April 30, 2019 (Business License) to avoid paying penalty and interest.

2. Send all payment with your completed application and required documentation to:

City of Stonecrest City Hall
3120 Stonecrest Blvd Suite 190 1st Floor
Stonecrest, GA 30038

If you have questions about whether your business is located in the City of Stonecrest, please visit our website at www.stonecrestga.gov to view Stonecrest Boundries on the city map.

The City of Stonecrest looks forward to working with you. If you have any questions, please contact The City of Stonecrest Business License Department at www.stonecrestga.gov or 770-224-0200. Monday-Friday. 9:00AM-4:30PM.

We appreciate having your business in the City of Stonecrest. Best wishes to you for a successful new year!

Sincerely,
City of Stonecrest
Business License Department

Stonecrest NAICS Codes Table				
NAICS	**Business Description**	**Tax Class**	**Tax Rate**	**Employee Fee**
72	Accommodation, Food Services & Drinking Places	4	0.0009	$10.00
56	Administrative & Support & Waste Management & Remediation Services	2	0.0005	$6.00
11	Agriculture, Forestry, Hunting & fishing	4	0.0009	$10.00
71	Arts, Entertainment & Recreation	4	0.0009	$10.00
23	Construction	1	0.0003	$4.00
61	Educational Services	3	0.0007	$8.00
52	Finance & Insurance	6	0.0013	$14.00
62	Health Care & Social Assistance	3	0.0007	$8.00
51	Information	5	0.0011	$12.00
55	Management of Companies (Holding Companies)	6	0.0013	$14.00
31-33	Manufacturing	3	0.0007	$8.00
21	Mining	5	0.0011	$12.00
54	Professional, Scientific, & Technical Services	5	0.0011	$12.00
53	Real Estate & Rental & Leasing	6	0.0013	$14.00
48-49	Transportation & Warehousing	2	0.0005	$6.00
22	Utilities	1	0.0003	$4.00
42, 44-45	Wholesale Trade & Retail Trade	1	0.0003	$4.00
81	Other Services	2	0.0005	$6.00

*** Tax Classes are determined by the business's NAICS Code. The NAICS Code can be found on a federal tax return or online at www.naics.com/search.**

3120 Stonecrest Blvd, Stonecrest, GA 30038
1ST Floor, Suite 190 - Office: 770-224-0200
Website: www.stonecrestga.gov

Business Name and Mailing Address	Business Name and Physical Address

2019 RENEWAL APPLICATION FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE
DUE BY APRIL 30, 2019

BL #: _____ **TAX CLASS:** _____ **TAX RATE:** _____ **EMPLOYEE FEE RATE:** _____ **NAICS CODE:** _____

Email_____Contact Name_____Phone No._____

No. of Employees (Mandatory)_____ Federal Tax ID_____ Sales Tax ID_____

Please check box if the **Mailing** Address Changed? [ ]Yes or [ ]No

If **Yes**, please list new address_____

Please check box if the **Business** Address Changed? [ ]Yes or [ ]No If yes, ****PLEASE CONTACT OFFICE****

Has ownership changed? [ ]Yes or [ ]No If yes *NEW APPLICATION PROCESS MUST BE COMPLETED IN OUR OFFICE*

Has the Business Closed in the City of Stonecrest? [ ]Yes or [ ]No

Give brief description of the primary business activity: _____

IMPORTANT: APPLICATION WILL NOT BE CONSIDERED COMPLETE IF SECTION IS NOT FULLY COMPLETED

Do you have 11 or more employees? [ ]Yes or [ ]No

(If yes, it is required to provide E-verify Number if you have over 11 employees) _____
(O.C.G.A. 36-60-6(d))
To register for e-verify please go to www.dhs.gov/e-verify

Are you a United States citizen or legal permanent resident 18 years or older? [ ]Yes or [ ]No
(If No please complete the Affidavit Verifying Lawful Presence form which can be found on our website at www.stonecrestga.gov and include a copy of your verifiable documentation Ex. Permanent Resident Card, Visa, Foreign Passport)

Please send your completed and signed renewal application, payment, and a copy of your Govt Issued ID and City of Stonecrest 2018 Occupational Tax Certificate on or before April 30, 2019 to avoid paying penalty and interest. Make all checks and money orders payable to: City of Stonecrest.

City of Stonecrest

2019 RENEWAL APPLICATION FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE

DUE BY APRIL 30, 2019

BL#: _____
BUSINESS NAME: _____
NAICS CODE: _____
TAX CLASS: _____
TAX RATE: _____
EMPLOYEE FEE RATE: _____

PROFESSIONAL PRACTITIONERS ($400.00 PER PRACTITIONERS) AND INSURANCE COMPANIES ($150.00) DO NOT NEED TO COMPLETE THE CALCULATION WORKSHEET. PLEASE SIGN THE BOTTOM AND RETURN TO THE CITY OF STONECREST ALONG WITH PAYMENT. OCCUPATIONAL TAX RENEWAL MAY BE PAID ONLINE OR IN PERSON (BY CHECK, MONEY ORDER OR CREDIT CARDS), OR BY MAIL (BY CHECK OR MONEY ORDER) NO CASH ACCEPTED.

Previous Year Calculations:	**2018**	**Current Year Estimates:**	**2019**
A. Actual Gross Receipts **(must enter amount)**		1. Estimated Gross Receipts for Current Year **(must enter amount)**	
B. Estimate Gross Receipts from Previous Year **(must enter amount)**		2. Current Year Estimate (x) Times Tax Rate **(must enter amount)**	
C. Gross Receipts Adjustment **(Difference of Line A and Line B)**		3. Administrative Fee	**75.00**
D. Line C (x) Times Tax Rate **(must enter amount)**		4. Minimum Flat Tax	**50.00**
I hereby certify under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.		5. _____ **# Employee (x) Times Employee Fee Rate**	
		6. Subtotal **(Add Line 2, Line 3, Line 4, and Line 5)**	
		7. Previous Year Line D Total	
		8. TOTAL DUE	
Print Name & Title of Individual Authorized to Complete Return		9. Late Penalty Fee **(10% of Line 8) *on/after May 1st***	
		10. Late Interest Fee **(1% per month of Line 8) *on/after May 1st***	
		GRAND TOTAL DUE	
Signature _____ **Date** _____		**Please send your completed and signed renewal application, payment, and a copy of your Govt Issued ID and City of Stonecrest 2018 Occupational Tax Certificate on or before April 30, 2019 to avoid paying penalty and interest. Make all checks and money orders payable to: City of Stonecrest.** **NO CASH ACCEPTED**	

THE CITY OF
STONECREST
GEORGIA

S.A.V.E. Public Benefit Affidavit O.C.G.A. § 50-36-1

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(f)(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 license or Alcoholic Beverage license or any other Public benefit) as referenced in O.C.G.A. § 50-36-1, from the City of Stonecrest, 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 Department 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(f)(1) A complete list of secure and verifiable documents have been provided within application packet.

REQUIRES VERIFICATION AT SUBMISSION – Which type of secure and verifiable document was provided with this affidavit? _____.

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. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

THIS FORM MUST BE NOTARIZED AND SIGNED

I, _____ (representative for) _____
Applicant Printed Name **(Name of BUSINESS, corporation, partnership, etc.)**

_____ _____
Signature of Applicant **Date**

****

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____ ,20 _____

Executed in _____ (City), _____ (State)

_____ _____
NOTARY PUBLIC Signature My Commission Expires

THE CITY OF
STONECREST
GEORGIA

E-Verify Private Employer Affidavit O.C.G.A. § 36-60-6(d)

The e-verify private employer affidavit must be collected when applying for occupational tax certificates, business licenses and alcohol licenses. The City of Stonecrest will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a _____ (Occupational Tax Certificate, Business License, Alcohol License or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Stonecrest, 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 business document:

1. Choose ONE of the following:

(A) _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than 11 employees**. If the employer selected (A) please fill out section 2 below.

(B) _____ On January 1st of the below signed year the individual, firm, or corporation employed **11 or fewer employees**. If the employer selected (B) section 2 is not required.

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:

_____ _____

E-Verify # 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 of 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.

THIS FORM MUST BE NOTARIZED AND SIGNED

_____ _____ _____

Applicant Printed Name **Signature of Applicant** **Date**

****

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE_____ DAY OF _____ ,20 _____

Executed in _____ (City), _____ (State)

_____ _____

NOTARY PUBLIC Signature My Commission Expires