

**DOUGLAS COUNTY OCCUPATIONAL TAX
BUSINESS LICENSE RENEWAL FORM**

8700 Hospital Drive, Douglasville, Georgia 30134

770.920.7351 or 770.920.7348

BUSINESS LICENSE ARE RENEWABLE YEARLY AND EXPIRE ON 12/31 EVERY YEAR

Registration# _____

Business Name _____

Address: _____

Form & Payment (NO COUNTER OR STARTER CHECKS PLEASE)

Payable to Douglas County **mail or bring** to:

Occupational Tax Department

8700 Hospital Dr., 1ST Floor

Douglasville, GA 30134

Your Occupational Tax Registration (business license) is due
12/31/2021 (PAYMENTS ACCEPTED 9 AM TO 3:45 PM MON - FRI)

NON-U.S. CITIZENS MUST SUBMIT A COPY OF IMMIGRATION CARD & I.D. PRIOR TO RECEIVING NEW REGISTRATION.

RENEWAL or
IF CLOSED
THEN
DATE CLOSED:
____/____/____

YEARLY GROSS RECEIPTS

\$ _____

Please complete the Affidavit of Exemption form if you have UNDER 11 EMPLOYEES: *EXEMPT* must be notarized (SEE PAGE 2)

If you have over 10 employees you must e-verify!
OVER 10 EMPLOYEES PLEASE LIST YOUR EVERIFY#

[_____]

PLEASE LIST ANY CHANGES:

NUMBER OF EMPLOYEE(S):

EMAIL ADDRESS:

Bracket	Gross Receipts		Tax Class 1	Tax Class 2	Tax Class 3
1	-	50,000	95.00	95.00	95.00
2	50,001	99,999	101.00	103.00	105.00
3	100,000	249,999	128.00	140.00	153.00
4	250,000	499,999	180.00	212.00	245.00
5	500,000	749,999	232.00	284.00	337.00
6	750,000	999,999	310.00	392.00	475.00
7	1,000,000	1,499,999	359.00	479.00	599.00
8	1,500,000	1,999,999	469.00	639.00	809.00
9	2,000,000	2,499,999	579.00	799.00	1,019.00
10	2,500,000	2,999,999	635.00	905.00	1,175.00
11	3,000,000	4,999,999	806.00	1,201.00	1,596.00
12	5,000,000	6,999,999	1,166.00	1,761.00	2,356.00
13	7,000,000	9,999,999	1,706.00	2,601.00	3,496.00
14	10,000,000	12,999,999	2,007.00	3,202.00	4,397.00
15	13,000,000	15,999,999	2,188.00	3,683.00	5,178.00
16	16,000,000	18,999,999	2,249.00	4,044.00	5,839.00
17	19,000,000	& up	2,490.00	4,885.00	7,280.00

(4) In accordance with the Occupation Tax ordinance, County of Douglas Georgia I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct and complete.

Applicant Signature _____ Title _____ Date _____

OFFICE ONLY

Registration #	Tax Class	NAICS	Paid By	AMOUNT	BY:
			Ck # <input type="checkbox"/> CC <input type="checkbox"/> CASH <input type="checkbox"/>		

(OVER)

IF YOU HAVE LESS THAN 10 EMPLOYEES SIGN BELOW

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 less 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 applicable 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 Officer or Agent

Printed Name and Title of Authorized Officer or Agent

TOTAL NUMBER OF EMPLOYEES: _____

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

NOTARY PUBLIC

My Commission Expires:

IF YOU HAVE MORE THAN 10 EMPLOYEES SIGN BELOW

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-(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 (10) 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 of Authorization

Name of 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 Officer or Agent

Printed Name and Title of Authorized Officer or Agent

TOTAL NUMBER OF EMPLOYEES: _____

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

NOTARY PUBLIC

My Commission Expires:
