

2025 OCCUPATIONAL TAX CERTIFICATE RETURN

City Of Dalton, Georgia
 City Clerk's Office
 300 West Waugh Street #317
 Post Office Box 1205
 Dalton, Georgia 30722-1205
 Phone (706)529-2490 | Fax (706)529-2491



For Office Use Only

Customer Number: _____

ID Number: _____

• **SECTION I - PLEASE ANSWER QUESTIONS 1-3**

- (1) Is Business Located in the city limits? Yes No
- (2) The Business Classification is Regular (i.e. store) Professional (i.e. Doctor) Bank
- (3) If Professionals, Check the Appropriate Method of Payment Per Employee Method Per Practitioner Method

• **SECTION II - PLEASE COMPLETE THE FOLLOWING ACCORDINGLY**

PLEASE NOTE THERE IS A 40 CHARACTER LIMIT TO ALL FIELDS BELOW

OWNER NAME (Corporation or Sole Proprietorship):		
D/B/A (Name of business – If left blank, the above name will be used):		
STREET ADDRESS (Local address of business):		
MAILING ADDRESS: <input type="checkbox"/> Check if same as Street Address		
CITY:	STATE:	ZIP:
BUSINESS TELEPHONE:		FAX:
CONTACT PERSON:		CONTACT TELEPHONE:
E-Mail (REQUIRED):		

• **SECTION III - CHECK THE APPROPRIATE CATEGORY**

CHECK THE TYPE OF BUSINESS TO BE CONDUCTED AT THIS LOCATION, IF BUSINESS TYPE IS NOT LISTED PLEASE LIST:

- | | | | |
|--------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Beauty/Barber Shop | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Store/Merchant |
| <input type="checkbox"/> Auto Dealer | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Consultant | <input type="checkbox"/> Service | <input type="checkbox"/> Other _____ |

• **SECTION IV - LIST THE NUMBER OF EMPLOYEES**

NEW BUSINESSES ONLY
 Please List The Number of Employees Employed
 In The Business As Of The Date of This Return
 Employees = Persons on the payroll As of This Time

If There Are No Employees - List Zero In The Box

• **SECTION V - PROVIDE AS REQUIRED**

Georgia Sales Tax Number (If applicable): _____ NAICS Number (REQUIRED): _____

• **SECTION VI – READ CAREFULLY BEFORE SIGNING**

This Return Is Due In The Clerk's Office on or before the 15th of November of each year before a statement or certificate can be issued. Failure to File this Return by the 15th of November will result in penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

_____/_____/_____
Date

Signature

Continued. .

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT
APPLICATION
CITY OF DALTON, GEORGIA

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit As Referenced In O.C.G.A. Section 50-36-1, I Am Stating The Following With Respect To My Application For A City Of Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit For:

[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

1) _____ I Am A United States Citizen
OR

2) _____ I Am 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. *

2a) _____ DOB: ____ / ____ / ____
*Alien Registration Number For Non-Citizens

*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 below:

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.

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

** (Please submit a copy of the secure and verifiable document along with the application. E.g., Driver's License)

Signature of Applicant

Printed Name

**MUST BE AFFIXED WITH NOTARY SIGNATURE AND
SEAL**

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

Notary Public
My Commission Expires:

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A §
36-60-6(d)
CITY OF DALTON, GEORGIA

CHECK ONLY ONE:

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 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. § 36-60-6. 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 Company ID Number)

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

OR

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.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

**MUST BE AFFIXED WITH NOTARY SIGNATURE AND
SEAL**

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

Notary Public
My Commission Expires: