

# City of Lyons

161 NE Broad St  
Lyons, GA 30436  
Office (912) 526-3626  
Fax (912) 526-0607



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## Application For City Occupational Tax Certificate

**\*\* APPLICATION MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO SUBMITTING FOR APPROVAL\*\***  
**PLEASE READ AND TYPE OR PRINT WITH BALL POINT PEN**

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Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_ /Map Parcel No: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-VERIFY #: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Please list and describe the type of service(s) that will be offered by your business: \_\_\_\_\_

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**DOES YOUR BUSINESS HAVE MORE THAN 10 EMPLOYEES? \_\_\_\_\_ YES \_\_\_\_\_ NO**  
**IF YES, YOU MUST INCLUDE YOUR E-VERIFY NUMBER ABOVE.**

If this is your first time completing an Occupational Tax License and have 10 or more employees an Affidavit must be signed.

Have you filed a SAVE form previously? \_\_\_\_\_ YES \_\_\_\_\_ NO. You must file a new affidavit for every renewal if you are not a United States citizen. This is a state law.

**\*\* IF SERVICE REQUIRES STATE CERTIFICATION, PLEASE PROVIDE A COPY\*\***

Is this business a home business? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is there any land covenants or private restrictions relating to this property? \_\_\_\_\_ YES \_\_\_\_\_ NO

**\*\* IF YES, PLEASE PROVIDE A COPY\*\***

Have you been licensed in this city prior to this year in another business name? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, In what Name? \_\_\_\_\_ What Year? \_\_\_\_\_

**OWNER INFORMATION**

Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Street Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

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**FEE SCHEDULE:**

**Administrative Fee** **\$50.00**

**Per Employee** **\$15.00**

**\*\*\*\* \$500.00 – MAXIMUM AMOUNT LIMIT (Administrative Fee included) \*\*\*\***

**Administrative Fee:** \$ 50.00

**Number of Employees:** \_\_\_\_\_ x (\$15.00) = \$ \_\_\_\_\_

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

**I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS GROUNDS FOR FINE, REVOCATION OF CERTIFICATE, OR BOTH. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL.**

\_\_\_\_\_  
Owner/Manager Signature

\_\_\_\_\_  
Date

RETURN TO: CITY OF LYONS  
161 NE BROAD STREET  
LYONS, GA. 30436  
(912) 526-3626 (912) 526-0607 (fax)

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**FOR OFFICIAL USE ONLY:**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Zone Checked

\_\_\_\_\_  
Date Entered

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Checked By

\_\_\_\_\_  
Entered By

CITY OF LYONS POLICE DEPARTMENT  
BUSINESS/COMPANY CONTACT NUMBERS

(PLEASE PRINT CLEARLY)

BUSINESS/COMPANY NAME \_\_\_\_\_

1<sup>ST</sup> Contact. Name \_\_\_\_\_

Phone#1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

2nd Contact. Name \_\_\_\_\_

Phone#1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Remarks

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**O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT**

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, 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:

\_\_\_\_\_.

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 O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the \_\_\_ day of \_\_\_\_\_, 2012 in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
\*Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

\_\_\_\_\_

*\*This Affidavit must be signed by the same person who executes the Application Certification Form Letter*

## **Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

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**Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check only one:**

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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**I hereby declare under penalty of perjury that the foregoing is true and correct.**  
**Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).**

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> To determine the number of employees for purposes of this 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.