

CITY OF BUFORD

PROCESS FOR OBTAINING AN OCCUPATIONAL TAX CERTIFICATE - NEW

- _____ Verify that the business location (address) is within the Buford City limits.
- _____ Complete the application form.
- _____ Must obtain Federal Tax ID and/or Social Security Number before completing this application.
- _____ Complete the Affidavit Verifying Status Form and provide a copy of the secure and verifiable document. **(SAVE)**
- _____ Complete the Private Employer Affidavit of Compliance or Private Employer Exemption Affidavit. **(E-VERIFY)**
- _____ Copy of secure and verifiable document under O.C.G.A §50-36-2 (driver's license, passport, etc.)

If Gwinnett County:

- _____ **Schedule inspection by Fire Marshal for Certificate of Occupancy (CO).**
446 West Crogan Street, Suite 150 (Planning and Development)
Lawrenceville, GA 30046
(678) 518-6000
- _____ **For restaurants:** Schedule health inspection by Environmental Health Services (State agency).
455 Grayson Highway, Suite 600
Lawrenceville, GA 30046
(770) 963-5132

If Hall County:

- _____ **Schedule inspection by Fire Marshal for Certificate of Occupancy (CO).**
470 Crescent Drive
Gainesville, GA 30501
(770) 531-6838
- _____ **For restaurants:** Schedule health inspection by Environmental Health Services (State agency).
2875 Browns Bridge Road
Gainesville, GA 30504
(770) 531-3973
- _____ **Once these items have been received and forwarded to the building inspection department, schedule a final building inspection or compliance inspection for Certificate of Occupancy.**
- _____ **Once the final inspection is passed, pick up occupational tax certificate from the Business License department.**
- _____ **Please note: Building sign permits must be submitted separately and approved by Planning & Zoning.**

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND MAY BE RETURNED, DELAY THE ISSUANCE, AND SUBJECT YOUR APPLICATION TO LATE PENALTIES. PLEASE KEEP A COPY FOR YOUR RECORDS.

CONTACT AUTUMN COLE: ACOLE@CITYOFBUFORD.COM OR (678)889-4625

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

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), 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(g). 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.

- An unexpired United States passport or passport card [O.C.G.A. §50-36-2(b)(3); 8 CFR §274a.2]
- An unexpired United States military identification card [O.C.G.A. §50-36-2(B)(3); 8 CFR §274a.2]
- An unexpired 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]

COMPLIANT STATES

List of states that verify immigration status prior to issuance of a driver’s license or I.D. card and only issue to persons lawfully present in the United States, as required by O.C.G.A. Section 13-10-91(b)(5).

Alabama	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	Florida
Georgia	Hawaii	Indiana	Iowa	Kansas	Kentucky	Louisiana	
Maine	Michigan	Minnesota	Mississippi	Missouri	Montana	Nebraska	
Nevada	New Hampshire	North Carolina	North Dakota	Ohio	Oklahoma	Oregon	
Pennsylvania	South Carolina	South Dakota	Tennessee	Texas	Vermont	Virginia	West Virginia
Wisconsin	Wyoming						

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- An unexpired 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]
- An unexpired 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]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. §50-36-2(b)(3); 8 CFR §274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law¹ [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired 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]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired 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]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [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)]

¹ Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration

**CITY OF BUFORD
APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE - NEW**

New Business Date of Operation: ____ / ____ / ____ Active Building Permit? Yes No
 New Owner Date Purchased: ____ / ____ / ____ Business in Residence Yes No
 Name Change Previous Name: _____
 Location Change Previous Location: _____
Buford City Limits Yes No

BUSINESS / OWNER INFORMATION

Legal Business Name: _____ **FED ID NO. OR SS #** _____
Trade Name: _____ **Phone Number:** _____
Business Location Address: _____ **County:** _____
Mailing Address (if different from location address): _____
Total # of Employees: _____ **# of Employees at this location:** _____

For Office Use Only:
Parcel Number _____ Zoning _____ Special Use Permit # _____

Type of Ownership: Sole Ownership Public Held Corporation
 Partnership Public Held Corporation subject to SEC Regulations
 Private Held Corporation Other (please explain) _____

Owner / President / On-Site Manager:
Full Name: _____ **Phone Number:** _____
Home Address: _____
E-Mail Address: _____

DESCRIBE CHARACTER OF BUSINESS (be very specific about the nature of the business. Insufficient information may delay the approval of your application)

ENTER AMOUNT OF GROSS RECEIPTS FOR BUSINESS FOR PRECEDING CALENDAR YEAR. IF NEW BUSINESS, EXPECTED GROSS RECEIPTS. Please consult O.C.G.A. §48-13-5(2)(A) if you have any questions concerning what constitutes gross receipts. (e.g. Gross receipts from Income Tax Form – Schedule C; Profit/Loss Statement; Statement from external CPA Stating Gross Receipts From 2017).

GROSS RECEIPTS \$ _____

PRACTITIONERS OF PROFESSIONS

Certain Practitioners of Professions may elect to pay \$25.00 in lieu of paying a tax on gross receipts. If you are eligible, and you elect to pay the flat tax, check below.

I elect to pay a \$25.00 flat tax per practitioner in lieu of paying a tax based on gross receipts.
 # _____ of practitioner(s) x \$25.00 = \$ _____ 2018 tax amount due

Please indicate the appropriate type of professional:

- | | | |
|--|--|--|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Land Surveyor | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Counselor/Social Worker | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Practitioner of Physiotherapy |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Embalmer | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Public Accountant |
| <input type="checkbox"/> Engineers: Civil, Mech., Etc. | <input type="checkbox"/> Osteopath | <input type="checkbox"/> Veterinarian |

CERTIFICATION

I, _____ hereby certify that I have provided complete and accurate information above. I acknowledge that I am aware that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and/or zoning enforcement action under the Zoning Ordinance. Furthermore, it is my responsibility to apply for and maintain all required federal and state licenses. Failure to be properly licensed may result in substantial penalties.

Date: _____

Applicant Signature _____

PLANNING AND ZONING USE ONLY

BUILDING INSPECTION USE ONLY

Action:	Date:
Date:	Signature:
Signature:	Comments:
Checklist: Fire Marshall Certificate of Occupancy: _____ City of Buford Certificate of Occupancy: _____ Health Inspection Report: _____	
Comments:	
City Manager Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:	
Date:	

Form B: 10 OR FEWER EMPLOYEES

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 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 § 13-10-90

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

Sworn to and subscribed before me this ____ day of

_____, 20_____

Notary Public

Form A: MORE THAN 10 EMPLOYEES

By executing this affidavit, the undersigned private employer verifies that it is in compliance with O.C.G.A §36-60-6, stating affirmatively that the individual, firm or corporation employs more than 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

Date of Authorization

Name of Private Employer

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

Sworn to and subscribed before me this ____ day of

_____, 20_____

Notary Public

**CITY OF BUFORD
AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC
BENEFIT APPLICATION (SAVE)**

**PLEASE SIGN THE DOCUMENT ONLY IN THE PRESENCE OF THE NOTARY PUBLIC.
THIS AFFIDAVIT MUST BE EXECUTED ANNUALLY.**

By executing this affidavit under oath, as an applicant for a City of Buford, Georgia Occupational Tax Certificate, Alcohol License, or other public benefit as referred in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a public benefit:

- _____ Occupational Tax Certificate
- _____ Alcohol License
- _____ Other Public Benefit

Business Name: _____

- _____ I am a United States citizen. (Attach a copy of your driver's license)
- _____ I am a legal permanent resident of the United States.*
- _____ 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.*

*For legal permanent resident, qualified aliens, and non-immigrants, verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Permanent Resident Alien Card (I-551)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

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.

Must attach a copy of the secure and verifiable document.

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 in _____ (city), _____ (state).

Signature of Applicant

Print Name of Applicant

Sworn to and subscribed before me this _____
day of _____ 20____.

Notary Public