

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.
- _____ 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)- (678) 518-4980
Submit an online request at:
<https://eddspermits.gwinnettcounty.com/citizenaccess/>
- _____ **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 approved inspection report
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

****ALL BUSINESSES IN THE CITY OF BUFORD MUST HAVE A DUMPSTER WITH THE CITY OF BUFORD****

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						

-
- 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 law I [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 Disabled Veteran? 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. §48-13-59(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 previous year).

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 = \$ _____ tax amount due

Please indicate the appropriate type of professional:

- | | | |
|-------------------------------------|---------------------------|-------------------------------------|
| _____ Architect | _____ Funeral Director | _____ Physician |
| _____ Chiropractor | _____ Land Surveyor | _____ Podiatrist |
| _____ Counselor/Social Worker | _____ Landscape Architect | _____ Practitioner of Physiotherapy |
| _____ Dentist | _____ Lawyer | _____ Psychologist |
| _____ Embalmer | _____ Optometrist | _____ Public Accountant |
| _____ Engineers: Civil, Mech., Etc. | _____ Osteopath | _____ 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 _____ Yes _____ No	
Signature:	
Date:	

SAVE AFFIDAVIT – Affidavit Verifying Status for City Public Benefit Pursuant to O.C.G.A. § 50-36-1 (E)(2)

By executing this affidavit under oath, as an applicant for:
(Check all that apply) [type of public benefit]

____ Occupational Tax ____ Alcohol License ____ Other Public Benefit

as referenced in O.C.G.A. § 50-36-1, from the City of Buford, 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: _____.

You must submit a front and back copy of a Secure and Verifiable Document with this affidavit such as a copy of driver’s license, and/or passport unless the same individual signed and submitted secure and verifiable document previously and copy already on file. A complete list of Secure and Verifiable Documents may be found at http://etax.dor.ga.gov/ctr/2013_Secure_andVerifiable_Document_Listing.pdf or on the Georgia Attorney General’s website. For more information, please refer to https://etax.dor.ga.gov/ctr/Public_Benefits_FAQ.pdf.

E-VERIFY AFFIDAVIT -- PRIVATE EMPLOYER AFFIDAVIT PURSUANT to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a (n) Occupational Tax and/or Alcohol License [occupational tax certificate or other document required to operate a business] As referenced in O.C.G.A. § 36-60-6(d), from **City of Buford**, 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 document.

Section 1

Please check only one:

- (A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.
- (B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

***If the employers selected Section 1(A), please fill out Section 2 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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

E-Verify Number (usually 4-6 digits) this is **NOT your Federal ID Number**
(Also called the Federal Work Authorization User Identification Number)

Date of Authorization
(Actual Date Company signed up to begin E-Verify use)

In making the above representation(s) 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 Authorized Officer or Agent Date

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

Printed Name and Title of Officer or Agent

Printed Name and Title of Authorized Officer or Agent

NOTARY PUBLIC SIGNATURE AND SEAL

My Commission Expires: _____