



# BUSINESS LICENSE RENEWAL APPLICATION

Avenu Account: \_\_\_\_\_

**\*\*REQUIRED\*\***

## Affidavit Verifying Status of Benefit Applicant

Pursuant to the Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1), effective July 1, 2007, every agency in **Fulton County** providing public benefits through any local program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application for benefits from Fulton County Government:

**Select one of the below.**

\_\_\_\_\_ I am a United States citizen 18 years of age or older;

\_\_\_\_\_ I am a legal permanent resident 18 years of age or older;

\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency is \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she 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: \_\_\_\_\_  
*(Please enclose legible copy of document with Affidavit.)*

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.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

**My Commission Expires:** \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies it's 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. § 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

**If your business employs less than ten (10) employees, please check this box  and sign below.**

*By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.*

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 of Authorized Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

**My Commission Expires:** \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**\*\*FORM REQUIRED\*\*** This form must be completed in full and returned with your Fulton County Occupational Tax Renewal and payment. Failure to return the completed Affidavit Verifying Status of Benefit Applicant, Verifiable and Secure Document, and the Private Employer Affidavit with your renewal and payment will delay the issuance of your occupational certificate.

**Avenu Account #** \_\_\_\_\_ **Business Name:** \_\_\_\_\_  
**NAIC No.:** \_\_\_\_\_ **Fee Class:** \_\_\_\_\_ **Rate:** \_\_\_\_\_ **State Sales Tax ID#** \_\_\_\_\_

Please provide Sales Tax ID #.

<b>Mailing Address</b> (Changed? Please provide correction below) NAME _____ ADDRESS _____	<b>Physical Address</b> (Changed? Please provide correction below) ADDRESS _____
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**BUSINESS TAX DIVISION RENEWAL WORKSHEET**

Failure to Submit Application, Affidavits, Certifications as needed, and Fees By March 31<sup>st</sup> of Each Year Will Result in Penalties, Interest and additional fees as applicable.  
**Note: \*(+ or -) means calculation could be positive or negative**

TABLE 1: PREVIOUS YEAR CALCULATIONS:	20_____	Complete the below as needed
<b>A. 20_____ Actual Gross Receipts</b> (If \$20,000 or less, put "20,000")	\$ _____	<b>Required: Is your business an adult entertainment establishment</b> (sexually oriented business) as defined by the Municipal Code, or does it offer any form of adult entertainment?  Yes: _____ No: _____
a. Sales, Use or Excise Tax		
b. Inter-organizational Sales		
c. Payments to Sub-Contractors or Independent Agents**		
d. Out of State Sales		
e. Sales Returns and Allowances		
<b>f. Total Deductions (add a through e)</b>		<b>Are you a professional practitioner electing to pay a flat fee of \$400 per practitioner?</b> Only Professional practitioners described in O.C.G.A. § 48-13-9(c)(1-18) can opt to pay the \$400 flat fee. <b># of Practitioners</b> _____ x \$400.00  <b>Total Due: \$</b> _____
<b>B. Subtract Deductions from Actual Gross Receipts (A&amp;F)</b> (Total cannot be less than \$20,000.00)	\$ _____	
<b>C. PRIOR YEAR Estimated Gross Receipts</b>	\$ _____	
<b>D. Gross Receipts Adjustment = Line B - Line C (+ or -)</b>		
<b>E. Tax Adjustment = Line D x RATE (+ or -)</b>		
<b>F. Prior Year Actual Employees (At least one)</b>	_____ <b>xx</b>	<b>**Payment to sub-contractors or Independent Agents</b> - Individuals or Companies who contribute to the gross receipts of the business. Examples: Salon/Barber Business, Construction Business, etc.
<b>G. Prior Year Estimated Employees</b>	_____ <b>xx</b>	
<b>H. Employee Adjustment = Line F – Line G (+ or -)</b>		
<b>I. Employee Fee Adjustment = Line H x Rate (+ or -)</b>		<b>Provide name, address, phone and dollar amount on a separate sheet of paper.</b>
<b>J. Total Adjustment = Line E + I (+ or -)</b>		
<b>TABLE 2: CURRENT YEAR ESTIMATES</b>	20_____	
<b>1. 20_____ Estimated Gross Receipts</b> (If \$20,000.00 or less, put "20,000")	\$ _____	<b>Business Closed or Moved?</b> Complete Table 1 to ensure no additional amount is due. Provide date business closed, sign and return with any additional amount owed. <b>Date Closed/Moved:</b> _____
a. Sales, Use or Excise Tax		
b. Inter-organizational Sales		
c. Payments to Sub-Contractors or Independent Agents**		
d. Out of State Sales		
e. Sales Returns and Allowances		
<b>f. Total Deductions (add a through e)</b>		Address Change: _____ _____ _____
<b>2. Subtract Deductions from Est. Gross Receipts (1&amp;F)</b> (Total cannot be less than \$20,000.00)	\$ _____	
<b>3. Standard Deduction</b>	\$20,000.00	
<b>4. Subtract Line 3 from Line 2 (use 0 if amount negative)</b>		
<b>5. Multiply Line 4 x RATE</b>		If the primary business activity has changed, enter the new business description below: _____ _____
<b>6. Est. Number of Employees _____ x RATE (At least one)</b>		
<b>7. Flat Fee</b>	\$50.00	
<b>8. Administrative Fee</b>	\$95.00	
<b>9. Previous Year Adjustment (Table 1 Line J) (+ or -)</b>		Return Completed Application with Check or Money Order Made Payable To: Tax Trust Account. Mail To: Avenu •BL Dept PO Box 830900 Birmingham, Alabama 35283-0900. For assistance call (800)556-7274, or email us at <a href="mailto:businesslicensesupport@avenuinsights.com">businesslicensesupport@avenuinsights.com</a>
<b>10. Subtotal – (Add Lines 5 through 9)</b>		
<b>11. Penalty (10% of Line 10) (If Paid After March 31<sup>st</sup>)</b>		
<b>12. Interest (1% of Line 10 - Per Month) (If Paid After March 31<sup>st</sup>)</b>		
<b>13. GRAND TOTAL DUE (add Lines 10 -12)</b>	\$ _____	

I do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application that I may be subject to criminal prosecution and/or immediate revocation of my business occupational tax certificate issued as a result of this application. I understand that I must comply with all city and state ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expire December 31 and must be renewed annually.

Printed Name _____	Date _____	Email Address _____
Signature _____	Title _____	
Business Name _____	FEIN _____	

**Failure to return all documentation including board certification and the affidavits can result in a delay of the issuance of the license.**