



CITY OF FORT VALLEY
Occupational Tax Certificate Application



Legal Name of Business: \_\_\_\_\_

Any associated trade name for business: \_\_\_\_\_

Physical Address/Location of Business: \_\_\_\_\_

Mailing Address of Business (if different than physical address): \_\_\_\_\_

\_\_\_\_\_ # of Employees (Including managers): \_\_\_\_\_

Type Business: \_\_\_\_\_

Applicable North American Industry Classification System Code (NAICS): \_\_\_\_\_

Georgia Dept of Revenue Sales Tax Number (If required): \_\_\_\_\_
(This information will be provided to the Georgia Dept of Revenue (DOR). The City will notify DOR of any business who fails to provide said information.)

Owner/Manager/Agent's Legal Name: \_\_\_\_\_
[ ] Renewal [ ] Change of Ownership [ ] Relocation [ ] New Business

Social Security Number: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Emergency #: \_\_\_\_\_

I certify that the above information is true and correct. I understand that my being issued a tax certificate by the City of Fort Valley is a privilege and not a right. I agree to operate within any current or future Federal, State and Local rules, regulations, requirements and laws. I understand that failure to do so may result in the revocation and/or suspension of this privilege.

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Applicant Signature \_\_\_\_\_ Notary Public \_\_\_\_\_
\*\*\*\*\*
Zoning/Building Inspector APPROVED/DISAPPROVED \_\_\_\_\_
Fire Department APPROVED/DISAPPROVED \_\_\_\_\_
Main Street (If applicable) APPROVED/DISAPPROVED \_\_\_\_\_
Health Dept (If applicable) APPROVED/DISAPPROVED \_\_\_\_\_
Dept of Agriculture (If applicable) APPROVED/DISAPPROVED \_\_\_\_\_

Police Department \*Background History Must Be Provided\* (OVER)

**City of Fort Valley**  
**Affidavit Verifying Applicant's Lawful Immigration Status**

By executing this affidavit under oath, as an applicant for a City of Fort Valley, Georgia Business License or Occupation Tax Certificate, Alcohol License 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 Fort Valley, Business License or Georgia Occupational Tax Certificate, Alcohol License or other public benefit:

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

Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity: \_\_\_\_\_

- 1) \_\_\_\_\_ I am a United States citizen
  
- 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.\*

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.

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

Date: \_\_\_\_\_

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

**SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.**  
**Notary Public** \_\_\_\_\_  
**My Commission Expires:** \_\_\_\_\_

\*Note: O.C.G.A. Section 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:

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