



LAWRENCEVILLE

GEORGIA

BUSINESS LICENSE / OCCUPATIONAL TAX APPLICATION

The City of Lawrenceville appreciates your decision to operate your business in Lawrenceville, and we hope that you continue to select Lawrenceville for future years. To process your Occupation Tax, please complete the application, required forms and **remit payment**. This process is different than prior years, and will require you to complete the forms and submit payment at the same time. You will not receive a second notice, unless you fail to return the completed application and your payment in a timely manner.

Your Occupation Tax Certificate cannot be processed without these documents and your payment.

Please mail your completed application and payment to the following address:

**City of Lawrenceville
Occupation Tax
P O Box 2200
Lawrenceville, GA 30046-2200**

If you have questions, please contact the City at occupationtax@lawrencevillega.org. If you are no longer active or located within the city limits of Lawrenceville, please notify the City in writing.



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APPLICATION

(This form will serve as the application for renewal purposes.)

STATE REQUIREMENT: SIGNED AND NOTARIZED S.A.V.E. AFFIDAVIT VERIFYING PUBLIC BENEFIT APPLICATION:

As required by Official Code of Georgia §50-36-2, attach original notarized U.S. Citizen / Qualified Alien Affidavit with a front and back copy one secure and verifiable document for identification. (driver's license, passport, etc.). "Systematic Alien Verification for Entitlements" (S.A.V.E.) Program is an inter-governmental information sharing initiative designed to aid in determining immigration status.

STATE REQUIREMENT: COPY OF SECURE AND VERIFIABLE DOCUMENT:

As required by Official Code of Georgia §50-36-2 (driver's license, passport, etc.;;) Attach original notarized U.S. Citizen / Qualified Alien Affidavit with a front and back copy one secure and verifiable document for identification. You can find a list of secure and verifiable documents at www.law.ga.gov under the "Key Issues" tab.

STATE REQUIREMENT: SIGNED AND NOTARIZED PRIVATE EMPLOYER AFFIDAVIT:

- As of July 1, 2013 private employers with more than 10 employees are required to register for and use E-Verify and to sign an E-Verify affidavit attesting to such.
- Any employer with less than 11 employees is exempt from this requirement, but must complete an affidavit attesting that they are exempt.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED, MAY BE RETURNED, DELAY THE ISSUANCE OF YOUR TAX CERTIFICATE, AND SUBJECT YOUR APPLICATION TO LATE PENALTIES.

PLEASE KEEP A COPY FOR YOUR RECORDS.



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Instructions:

If your business is no longer active or has moved outside of the Lawrenceville city limits, sign and date this form and return to the address above.

Date business closed or moved: _____ Signature: _____

The City of Lawrenceville appreciates your decision to operate your business in Lawrenceville, and we hope that you continue to select Lawrenceville for future years. Please be aware that under State of Georgia Law, the City is required to comply with the Federal Systematic Alien Verification for Entitlements (S.A.V.E.) program and the E-Verify program, which includes completion of the enclosed affidavits. **If the information is incorrect, please provide the correct information in the space provided.**

1. Business Information:

- a. Business Name: _____
- b. DBA: _____
- c. Business Location: _____
- d. Mailing Address: _____
- e. Phone: _____
- f. Email: _____
- g. Contact Person: _____
- h. Contact Phone: _____
- i. Contact Email: _____



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2. **Federal Tax ID Number** _____ **(Corporation, Partnership, LLC)**
*Social Security Number for Sole Owner/Officer/Partner/Sole Member
3. **Professional Corporation? (Circle One)** **Yes / No**
4. **Number of professionals (if not a corporation) at this location:** _____
5. **Business License Fee:** \$ _____
(Please Review Business License Rates at the end of this packet)

I certify the above information is true and correct and contains no false or fraudulent information. In addition, I understand my business location must conform to all City of Lawrenceville ordinances, rules, and regulations. Furthermore, I understand non-compliance with any City of Lawrenceville ordinance, rule, or regulation will result in non-renewal of the Business/Occupation Certificate for this business.

Signature: _____ Date: _____

Printed Name: _____
Sole Owner/President/CEO/Managing Member/Majority Partner



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10 OR FEWER EMPLOYEES
(Not required if previously submitted)

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



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MORE THAN 10 EMPLOYEES
(Not required if previously submitted)

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



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AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION (S.A.V.E.)

**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 Lawrenceville, 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

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 residents, 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



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Business License Rates

Each person practicing one of the professions enumerated below and who maintains a principal office within the corporate limits of this City shall pay a professional occupation tax of **\$150.00** per calendar year. Professionals who have incorporated shall not be computed as set forth in this section; however, **the professional corporation(s) shall pay \$300.00.**