

City of Camilla
P.O. Box 328
Camilla, Georgia 31730



Phone: (229) 336-2207
Fax: (229) 330-2230
www.camillaga.net

NAICS Code: _____

License Year: 2024

OCCUPATIONAL TAX APPLICATION

1. **NAME OF BUSINESS:** _____
2. **DOING BUSINESS AS** (if applicable): _____
3. **BUSINESS TYPE:** _____
4. **BUSINESS LOCATION:** _____

5. **MAILING/BILLING ADDRESS:** _____

6. **FEDERAL/STATE TAX IDENTIFICATION NUMBER:** _____
7. **SOCIAL SECURITY NUMBER** (if applicable): _____
8. **NUMBER OF EMPLOYEES:** _____ (10 or more employees requires E-Verification Number – Complete attached supplemental form)
9. **BUSINESS PHONE NUMBER:** _____
10. **BUSINESS FAX NUMBER:** _____
11. **BUSINESS EMAIL ADDRESS:** _____
12. **OWNER NAME:** _____
13. **PHYSICAL ADDRESS:** _____
14. **CELL NUMBER:** _____
15. **OWNER EMAIL ADDRESS:** _____
16. **MANAGER'S NAME:** _____
17. **PHONE NUMBER:** _____

I CERTIFY I HAVE EXAMINED THE INFORMATION CONTAINED IN THIS APPLICATION AND IT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND PROOF OF INCORPORATION OR LIMITED LIABILITY COMPANY DESIGNATION IS REQUIRED (IF APPLICABLE).

APPLICANT SIGNATURE

DATE

Attach required information below if applicable:

- Beauty/Barber Shop/Nail Salon/Day Care/Personal Care Home – Copy of State License
- Proof of Workmen's Compensation Insurance – May be required for businesses with 3 or more employees
- Restaurant/Quick Food services – Copy of Health Department Food Service Permit
- General Contractor/HVAC/Electrical/Plumbing – Copy of State License & Proof of \$100,000 Liability Insurance
- Pest Control – Copy of State License and Proof of \$100,000 Liability Insurance
- Grocery/Convenience Store – Copy of USDA Permit
- Pawn Broker - \$25,000 Bond (See Section 9-3-25)
- Tree Service – Proof of Liability Insurance

APPLICATION AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT (SAVE) O.C.G.A. 50-36-1 AND PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-6(d)

By executing this affidavit under oath as an applicant for:

- Occupational tax certificate
- Alcohol license
- Other document required to operate a business as referenced in O.C.G.A. 36-60-6(d), O.C.G.A. 50-36-1 from the City of Camilla, the undersigned applicant representing the private employer known as:

(Printed name of business/private employer)

- On January 1st of the below signed year the individual, firm, or corporation employed **10 or more employees**
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 attests that their E-Verify number and date of authorization are listed below:

E-Verification #

Date of Authorization

- On January 1st of the below signed year the individual, firm, or corporation employed **9 or less employees**
(exempt from E-Verify)

PLEASE PRINT:

Name of person applying on behalf of individual, business, corporation, partnership, or other private entity

- I am a United States Citizen **OR**
- I am a legal permanent resident 18 years of age or older or I am a 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

If applicable provide Alien Registration Number: _____

In making the above representation under oath I understand any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of O.C.G.A. 16-10-20 and face criminal penalties allowed by such statute.

Executed this _____ day of _____, 20_____ in _____, _____
City State

Signature of Applicant/Agent

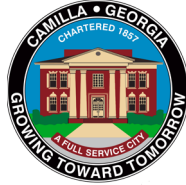
Printed name of Applicant and Title of Agent

SWORN AND SUBSCRIBED BEFORE ME THIS THIS _____ DAY OF _____, _____

Notary Public

My Commission Expires

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TO: All Commercial Development/New Business Applicants
FROM: City of Camilla Building Department and Fire Department
REF: Pre-Fire Plan Drawings

The Camilla Fire Department and the Building Department require a Pre-Fire Plan Drawing for all businesses in the City of Camilla. You may contact the Shift Supervisor at the Camilla Fire Department at (229) 336-2206 to make an appointment to complete this requirement.

Thank you in advance for your prompt attention to this matter.

Complete the following information and return with your Occupational Tax Application.

Physical Address: _____

Name of Business: _____

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____
