

BUSINESS AND OCCUPATION TAX RETURN  
CITY OF AMERICUS

101 W LAMAR ST, AMERICUS, GA 31709  
Calendar Year 2024

(See additional information on Back of application)

**NEW LICENSE APPLICATION**

CHECK HERE IF THERE ARE CHANGES TO THE FOLLOWING INFORMATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

OWNER/OPERATOR NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS TYPE \_\_\_\_\_

WILL THE BUSINESS NEED AN ALCOHOLIC BEVERAGE LICENSE? \_\_\_\_\_ WHAT TYPE? \_\_\_\_\_

WILL THE BUSINESS BE SERVING FOOD? \_\_\_\_\_

STATE LIC # \_\_\_\_\_ BUSINESS START UP DATE: \_\_\_\_\_

STATE SALES TAX #(required if applicable) \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY INFORMATION: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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ANTICIPATED GROSS RECEIPTS FOR 2024 \$ \_\_\_\_\_

(Certain occupations and practitioners have the option of paying \$400 per practitioner in lieu of reporting gross receipts. If you are eligible for this option and choose to do so, complete the following:)

PROFESSIONAL FLAT FEE OPTION \$400 \_\_\_\_\_.

NUMBER OF EMPLOYEES \_\_\_\_\_.

(Complete for both Gross Receipts and Professional flat fee options)

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I hereby certify that the above information is correct and furthermore, that the gross receipts figure includes the full and true amount of the gross sales, receipts, premiums, commissions or other income from the conduct of the business without any deductions whatsoever except sales and excise taxes. I do further certify that I am the person duly authorized by the business herein named to file this return.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

ACCOUNT NUMBER	SIC NO	TAX CLASS	LICENSE AMOUNT
Finance Approval _____			Date _____
BRM Inspection Approval _____			Date _____
BRM Zoning Approval _____			Date _____ Zoning District _____
Public Works _____			Date _____

If Alcoholic Beverage is required, Finance to Copy Police Department \_\_\_\_\_

**AFFIDAVIT VERIFYING STATUS  
FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Americus, Georgia Business License or Occupation Tax Certificate, Alcohol License, Housing Loan or Grant, Business Loan or Grant, or as an employee of the City of Americus, or as a contractor doing business with the City, or an applicant for other public as referenced in O.C.G.A Section 50-36-1, I am stating the following with respect to my application to the City of Americus:

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

1. \_\_\_\_\_ I am a United States citizen

Or

2. \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or 18 years of age or older and a non-immigrant under the Federal immigration and Nationality Act and I am 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 or affidavit shall be guilty of violation of Code Section 16-10-20 of the Official Code of Georgia.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Alien Registration Number for Non-citizens

**SUBSCRIBED AND SWORN**

**BEFORE ME OR THIS THE**

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

Notary Public: \_\_\_\_\_

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

\*\*\*\*\*ATTACH COPY OF REGISTRATION CARD OR I.D.\*\*\*\*\*

**E-VERIFY**

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-6(d)

By executing this affidavit under oath, as an applicant for a business license from the City of Americus,  
\_\_\_\_\_ (name of business) verifies that  
on January 1, \_\_\_\_\_ that.

1. The aforementioned business employs 10 or less employees (state wide) and is therefore exempt \_\_\_\_\_.
2. The aforementioned business employs more than 10 employees (state wide) and is therefore submitting its E-Verify account number \_\_\_\_\_  
The employer has registered with and utilizes the federal work authorization.

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in  
\_\_\_\_\_ (city) \_\_\_\_\_ (state)

Signature of authorized officer or agent \_\_\_\_\_

Printed name of authorize officer or agent \_\_\_\_\_

Sign and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_