



Occupational Tax Information

The City of Senolia collects Occupational Taxes from all businesses physically located within the city limits and issues a certificate; this is a non-regulatory tax.

Businesses paying Occupational Taxes to the City of Senolia do not need to obtain an additional business license from Coweta County. However, additional state requirements may apply depending on the type of business performed.

The forms located at www.senolia.com (under Forms/Applications) will begin your process to be able to operate a business in the City of Senolia. All businesses are required to complete an application form, SAVE and E-Verify affidavit, and the 911 Emergency Contact form (for home-based businesses, the 911 form is not required).

Fees

All businesses (including tax-exempt) pay a \$35 processing fee. Annual occupational tax fees are based on gross receipts of the business. **New** business fees are based on **estimated** gross receipts; then **renewals** are based on the **prior year gross receipts** of the business. Please see gross receipt chart for your bracket. Additional information may be required prior to issuing the certificate for the business. Examples include citizenship affidavits, state licenses, health department approval, professional licenses, etc. Payments for licenses may now be paid at www.senolia.com under Forms/Applications. If you would like to pay online and have your license(s) mailed to you please send an email to aedens@senolia.com and once the payment has been received your license will be mailed out. You may also pay and pickup your license(s) at City Hall.

Renewals

Renewal notices for the following year are sent out at the beginning of December. You may download the forms at www.senolia.com (located under Forms/Applications).

E-Verify and Affidavit of Residency (SAVE) forms must be notarized. We have notaries available at City Hall for these forms. All proper ID and ID numbers must be included with forms.

The Occupational Tax Application must be completed in its **entirety**. All necessary **current** licenses/certificates (ex: alcohol, environmental health, department of agriculture, live plant, medical professionals, insurance agents, massage therapists, estheticians, construction trades, cosmetology, etc.) associated with your business must be included with your application and submitted yearly. If your business is a 501(c), you **must** submit proof with your application every year. Applications **will not be accepted** without **ALL** proper documentation. If you have any questions please contact Amanda Edens at 770-599-3679 or aedens@senolia.com.

OCCUPATIONAL TAX RETURN

www.senoia.com
770-599-3679



City of Senoia
P.O. Box 310
Senoia, GA 30276

Please fill in all information applicable, type or print with ball point pen. Completion of this form does not guarantee issuance of Certificate.

- 1. **check** _____ renewal _____ new _____
one _____ amended _____
 _____ Yearly gross receipt bracket _____

- Home Based
- Non-Home Based
- Non-Profit/Exempt

Business Name	Address	City, State	Zip Code	Describe Business:

- 2. Mailing address (if different than above): Street or P. O. Box _____, City _____, State _____, Zip _____
 (Indicate State & Zip Code if not Senoia)

3. Phone Number: _____ Email:(required) _____

4. Check one: _____ partnership _____ corporation _____ sole owner

5. Name and Address of Owners: _____

6. Is business carried on under a trade name other than the one on line 2? _____ yes _____ no

7. Is business carried on at locations other than the one shown on line 2? _____ yes _____ no

- 8. In accord with Business Ordinance, City of Senoia, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct, and complete.

Applicant Signature _____ NAICS# _____ Tax Class _____ Occ. Tax _____ #Amount of Occ. Tax _____

FOR OFFICE USE ONLY

The _____ day of _____, 20_____.



E-Verify

(all businesses must complete this form)

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

By executing this affidavit under oath, as an applicant for the City of Senovia Occupational Tax Certificate.

Company Name: _____

Applicant Name: _____

Applicant verifies one of the following with respect to the application for the above-mentioned document:

Fill out this section:

1. _____ On January 1st of the below signed year the individual, firm, or corporation employed LESS than ten (10) employees.
2. _____ On January 1st of the below signed year the individual, firm, or corporation employed MORE than ten (10) employees.
 ***please input your e-verify # below, we must have this number if you have 10 or more employees. **



E-Verify Company ID Number (all numbers, no alpha)

Date of Authorization

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. § 36-606 (a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed above.

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 allowed by such statute.

Signature of Applicant/Representative (this must be signed in front of a notary) _____ Date

Printed Name and Title of Authorized Agent

Contact Phone Number

SUBSCRIBED AND SWORN
BEFORE ME ON THIS _____ DAY
OF _____, 20____.

Notary Public
My Commission Expires:



City of Senolia
Affidavit Verifying Status for Public Benefits

By executing this affidavit under oath, as an applicant/representative, for a City of Senolia, Georgia Occupational 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 Senolia, Occupational Tax Certificate, Alcohol License or other public benefit.

Company Name: _____

Applicant Name: _____

Choose Only One:

- 1. _____ I am a United States citizen.
2. _____ I am a legal permanent resident* of the United States 18 years of age or older, please include Alien Registration Number here:
3. _____ 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. Please record identifying number here:

*O.C.G.A. § 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.

In making the above statement 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 OCGA § Section 16-10-20, and face criminal penalties allowed by such statute.

Signature of Applicant/Representative _____ Date of Birth _____

Printed Name _____ Date _____

Contact Phone: _____

SUBSCRIBED AND SWORN BEFORE ME, ON THIS ____ DAY OF _____, 20____.
NOTARY PUBLIC
My Commission Expires: _____

GROSS RECEIPTS BRACKETS

Bracket	Range in dollars			
1	\$0.00	—	\$9,999.99	
2	10,000.00	—	24,999.99	
3	25,000.00	—	49,999.99	
4	50,000.00	—	74,999.99	
5	75,000.00	—	99,999.99	
6	100,000.00	—	149,999.99	
7	150,000.00	—	199,999.99	
8	200,000.00	—	249,999.99	
9	250,000.00	—	299,999.99	
10	300,000.00	—	349,999.99	
11	350,000.00	—	399,999.99	
12	400,000.00	—	499,999.99	
13	500,000.00	—	599,999.99	
14	600,000.00	—	699,999.99	
15	700,000.00	—	799,999.99	
16	800,000.00	—	899,999.99	
17	900,000.00	—	999,999.99	
18	1,000,000.00	—	1,249,999.99	
19	1,250,000.00	—	1,499,999.99	
20	1,500,000.00	—	1,749,999.99	
21	1,750,000.00	—	1,999,999.99	

GROSS RECEIPTS BRACKETS

22	2,000,000.00	—	2,249,999.99	
23	2,250,000.00	—	2,499,999.99	
24	2,500,000.00	—	2,749,999.99	
25	2,750,000.00	—	2,999,999.99	
26	3,000,000.00	—	3,249,999.99	
27	3,250,000.00	—	3,499,999.99	
28	3,500,000.00	—	3,749,999.99	
29	3,750,000.00	—	3,999,999.99	
30	4,000,000.00	—	4,249,999.99	
31	4,250,000.00	—	4,499,999.99	
32	4,500,000.00	—	4,749,999.99	
33	4,750,000.00	—	4,999,999.99	
34	5,000,000.00	—	5,499,999.99	
35	5,500,000.00	—	5,999,999.99	
36	6,000,000.00	—	6,499,999.99	
37	6,500,000.00	—	6,999,999.99	
38	7,000,000.00	—	7,499,999.99	
39	7,500,000.00	—	7,999,999.99	
40	8,000,000.00	—	8,499,999.99	
41	8,500,000.00	—	8,999,999.99	
42	9,000,000.00	—	9,499,999.99	
43	9,500,000.00	—	9,999,999.99	
44	10,000,000.00	—	14,999,999.99	

GROSS RECEIPTS BRACKETS

45	15,000,000.00	—	19,999,999.99	
46	20,000,000.00	—	29,999,999.99	
47	30,000,000.00	—	44,999,999.99	
48	45,000,000.00	—	69,999,999.99	
49	70,000,000.00	—	99,999,999.99	
50	100,000,000.00 and over			



COWETA COUNTY

E-911/EMA

195 International Park

Newnan, Ga 30265

Phone: 770-254-5809

Fax: 770-254-8533

TO: ALL BUSINESS OWNERS AND /OR MANAGERS

FROM: COWETA COUNTY E-911/EMA

SUBJECT: EMERGENCY INFORMATION FOR YOUR BUSINESS

ATTACHED IS A BUSINESS LISTING INFORMATION FORM. IT IS VERY IMPORTANT THAT WE HAVE THE CORRECT ADDRESS FOR YOUR BUSINESS, AS WELL AS ACCURATE CONTACT NAMES AND TELEPHONE NUMBER, IN THE EVENT OF AN EMERGENCY AFTER NORMAL BUSINESS HOURS.

PLEASE FILL OUT THE FORM INCLUDED WITH THIS LETTER. YOU CAN MAIL IT BACK TO THE ADDRESS OR FAX IT TO THE INFORMATION LISTED ABOVE, OR EMAIL IT TO NSTORM@COWETA.GA.US .

IF YOU HAVE ANY QUESTIONS, PLEASE GIVE US A CALL AT 770-254-5809.

THANK YOU FOR YOUR ASSISTANCE.

Coweta County 911/EMA
195 International Park
Newnan, Georgia 30265

Phone: 770-254-5809 Fax: 770-254-8533

EMERGENCY BUSINESS LISTING INFORMATION

(FORM MUST BE FILLED OUT COMPLETELY)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

BUSINESS CONTACT/MANAGER: _____ CONTACT NUMBER: _____

MAILING ADDRESS: _____

NAME AND TELEPHONE NUMBER OF ALARM COMPANY: _____

NORMAL HOURS OF OPERATION: _____

HOME OCCUPATION LICENSE COMMERCIAL LICENSE

Is there an Automatic External Defibrillator (AED)? YES NO If Yes:

Make: _____ Model: _____ Serial # _____

Location of AED: _____

IN CASE OF EMERGENCY CONTACT

(AT LEAST THREE PEOPLE AT DIFFERENT LOCATION WITH PHONE NUMBERS)

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ OTHER: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ OTHER: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ OTHER: _____

COMMENTS

