



# City of Rockmart Occupation Tax License Checklist

## OCCUPATION TAX LICENSE

### DOCUMENTS REQUIRED TO OBTAIN OCCUPATION TAX LICENSE:

- DRIVER'S LICENSE (PERM RESIDENT CARD IF NON-CITIZEN)
- LEASE
- COMPLETED OCC. TAX APPLICATION

1. After submitting the Occ. Tax Application with all required documents, the building official will review and schedule an inspection.

**Building Official: Mike Cheeks**

**Phone Number: (770) 684-5454**

2. After the completed and approved inspection of the Building Official the application will undergo final approval. You will be contacted once the License has been approved and is ready to be issued.

**Licensing Clerk: Holly Langley**

**Director CD: Stacey Smith**

**Phone Number: (770) 684-5454**

**As always, if there are any further questions or concerns please contact the Community Development Department at 770-684-5454.**

### OFFICE USE ONLY

Completed Checklist: \_\_\_\_\_

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

Approved / Denied: \_\_\_\_\_

Customer ID: \_\_\_\_\_

Customer ID: \_\_\_\_\_

Year: \_\_\_\_\_

**City of Rockmart  
Registration for Annual  
Occupation Tax**

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

\_\_\_\_\_  
Sales Tax #

\_\_\_\_\_  
Address of Business

\_\_\_\_\_  
Federal ID# OR SSN

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
(Anticipated Opening Date)

\_\_\_\_\_  
Email Address

Individual ( ) Partnership ( ) Corporation ( ) ( ) LLC.

Name of Owners, Partners, or Officers of Corporation

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Number of Hours Considered a Work Week \_\_\_\_\_

Number of Full Time Employees \_\_\_\_\_ Part – Time \_\_\_\_\_ (20 hours or less)

Note any unusual configurations of employees and their time worked (include owners, partners, and officers who are active in the business):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If applicable, please attach a copy of any required certifications and state licenses.**

**Please Note: The City has a sign ordinance and a permit must be issued before any signage installed.**

**Within 24 hours of opening and periodically; the City of Rockmart may inspect premises to ensure compliance with public safety regulations, local, state, and federal laws. Failure to comply with regulations may result in revocation of business license.**

**It is unlawful to conduct a business within the City of Rockmart without a business license.**

I certify that the information given above as a basis for taxation is true and correct to the best of my knowledge. Signature acknowledges agreement to comply with all ordinances of the City of Rockmart.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

OFFICE USE ONLY:

City of Rockmart Approval City Clerk \_\_\_\_\_ Zoning \_\_\_\_\_ Building \_\_\_\_\_

Life Safety \_\_\_\_\_ State Licensing Required \_\_\_\_\_

**Please attach a copy of a Photo Identification Card and Social Security Card or equivalent when submitting.**

Customer ID: \_\_\_\_\_

Year: \_\_\_\_\_

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

By executing this affidavit under oath, as an applicant for a(n) Occupation Tax [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from

City of Rockmart [name of county or municipal corporation], the undersigned applicant representing the private employer known as

\_\_\_\_\_ [printed name of private employer] verifies one of the following with respect to my application for the above-mentioned document:

**1. Fill out this section if the current date is on or before June 30, 2013.**

- (a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
- (b) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

*If the employer selected 1(a) please fill out Section 3 below.*

**2. Fill out this section if the current date is after July 1, 2013.**

- (a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected 2(a) please fill out Section 3 below.*

**3. 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 also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_ Federal Work Authorization User Identification Number (E-VERIFY NUMBER)

\_\_\_\_\_ Date of Authorization

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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.

Executed on the \_\_\_ date of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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

## City of Rockmart Affidavit for Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Rockmart, 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 Rockmart, Business License or Georgia Occupational Tax Certificate, Alcohol License, or other public benefit (circle one) for

\_\_\_\_\_  
(Name of natural person applying on 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 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:

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\* \_\_\_\_\_  
Alien Registration number for non-citizens

\_\_\_\_\_  
Notary Public  
My Commission Expires:

\*Note: 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 below:

\_\_\_\_\_

Customer ID: \_\_\_\_\_

Year: \_\_\_\_\_



**ROCKMART POLICE DEPARTMENT**  
316 North Piedmont Avenue – BLDG. #200  
Rockmart, Georgia 30153  
770-684-6558



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

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

\_\_\_\_\_

CONTACT #1 NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALT: \_\_\_\_\_

CONTACT #2 NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALT: \_\_\_\_\_

CONTACT #3 NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALT: \_\_\_\_\_