

CITY OF WOODBINE, GEORGIA

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

Date of Application: _____

Name of business: _____

Owner/Representative: _____

SSN#: _____ Date of Birth: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Fax #: _____ Email: _____

Other Partners: _____ Type of Business: _____

Date Business Opened: _____ Number of employees (not including owner): _____

Location of Business: _____

Federal ID #: _____ State ID #: _____

Health Dept. #: _____ Sales Tax ID: _____

Will This Business Sell Beer, Wine, and/or Alcohol? YES _____ NO _____

If YES, you must also apply for the appropriate alcohol license.

CERTIFICATION

_____, certify the above information to be true and accurate. I understand that the Federal agencies are met. I agree to abide by all building codes, including but not limited to American with Disabilities Act. I agree to secure any and all applicable required permits.

If this application is for a proposed business, the location of same will be in an area zoned for such business. If a suitable location is not found in a properly zoned area, the application shall become void unless the location is rezoned in accordance with the provisions of the Woodbine Zoning Ordinance.

I also understand that the certificate must be displayed in the place of business and that renewal must be paid prior to December 31 of each year.

I hereby agree and consent, pursuant to public law 93-579 of the Privacy Act of 1974 that the disclosure of information obtained in this application may be submitted to any agency of the City, County, State and Federal governments for the purposes of obtaining the necessary information to process this application.

I understand that in accordance with Georgia law O.C.G.A. Section 50-36-1 all cities must obtain an affidavit verifying citizenship status from any person or business who wishes to apply for a "Public Benefit" as that term is defined by Georgia Law. Business Licenses are included in this category.

I have read and understand the terms of this application.

Signature: _____

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SECTION II PERMITS
(TO BE COMPLETED BY THE BUILDING INSPECTOR)

Not Applicable

Certificate of Occupancy: _____

Building Permit Met: _____

Sign Permits: _____

Approval By: _____ Date: _____

Health Department Permit (if applicable): _____

Approved by: _____ Date: _____

SECTION III. ZONING
(TO BE COMPLETED BY THE PLANNING/ZONING DEPARTMENT)

Not Applicable

Current Zoning District: _____

Appropriate Zoning District: _____

Approved by: _____

Variances (if applicable): _____

Approved by: _____ Date: _____

SECTION IV, CERTIFICATE INFORMATION
(TO BE COMPLETED BY BUSINESS LICENSE OFFICE)

Certificate Issued: _____ Administrative Fee: \$ _____

Number of Employees: _____ Employee Fee: \$ _____

Business type Code: _____ Regulatory Fee: \$ _____

Total Fee for Certificate: \$ _____ Receipt #: _____

Date Business License Printed: _____ License #: _____

SAVE Affidavit Submitted: Yes No Date Save Verified (if applicable): _____

Approved by: _____ Date: _____