



## Bulloch County

Board of Commissioners

County Clerk's Office

Physical Address: 115 N. Main Street Statesboro, GA 30458

Phone # 912-764-6245 / Fax # 912-764-8634

### Occupational Tax Certificate Guidelines

Individuals engaged in any business, trade, profession or occupation within the unincorporated area of Bulloch County, are required to obtain an Occupational Tax Certificate by **July 1<sup>st</sup>**. This is separate from other regulatory guidelines that may be required prior to opening a business within the County (e.g., alcohol license or other state issued licenses). The County will send the Occupational Tax Certificate by mail within one business week, once all the required information is submitted and approved.

#### Required Information:

1. Submit application to the Clerk of the Board. Photo ID required for original application.
2. Submit *Affidavit(s)* - If your business employs less than eleven (11) employees, you should complete and execute the enclosed "Private Employer Exemption Affidavit. If your business employs eleven (11) or more employees, you should complete and execute the enclosed "Private Employer Affidavit of Compliance." You will note that this affidavit requires you to provide your Federal Work Authorization Use Identification Number for using the federal work authorization program commonly known as E-Verify. The Public Benefit Affidavit verifies citizenship and must to be completed for every business.
3. Pay Occupational Tax - rate based on the number of employees (see below). Check and cash only.

**1-3** employees - \$50

**13-18** employees - \$200

**4-7** employees - \$100

**19-25** employees - \$250

**8-12** employees - \$150 **26 & above** - \$300 + \$1 per employee over 26

**Renewal:** Certificates expire **June 30<sup>th</sup>** of each year and must be renewed by July 31<sup>st</sup> to remain current and avoid any penalties. Renewal notices will be sent out each June.



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### Occupational Tax Certificate Guidelines Bulloch County Board of Commissioners

**Persons engaged in any business, trade, profession or occupation within the Unincorporated Bulloch County, shall pay an occupation tax. This is separate from other regulatory guidelines that may be required prior to opening a business within the County. Article V Chapter 12 of the Code of Ordinances of Bulloch County was ordained by the Bulloch County Board of Commissioners on April 20, 2010.**

**Requirements:** To obtain an Occupation Tax Certificate from Bulloch County the business must be physically located in the unincorporated Bulloch County. If your business is located within the city limits of Statesboro, Brooklet, Register or Portal you must contact the City Hall for that city.

**All requirements must be met to maintain a valid occupational tax certificate.**

1. **Complete Application & Submit to the County Clerk's Office.**
2. **Provide the following information if applicable:**
  - **State License:** Each person who is licensed by the Secretary of State pursuant to O.C.G.A Title 43 shall provide evidence of proper and current licensure before the county Occupational Tax Certificate may be issued.
  - **Health Department Permit:** 1 West Altman Street Statesboro (912) 764-5969
  - **Fire Marshall Inspection of commercial locations,** contact Fire & Emergency Services at (912) 764-1661.
  - **Affidavit verifying status for County Public Benefit Application:** complete, sign and obtain notarization of the enclosed affidavit as required for compliance with the Federal Systematic Alien Verification for Entitlements program. **Renewals cannot be issued until status is verified.**
3. Photo ID will be required when returning the application.
4. Fees can be paid by check, cash or credit card. Please reference the Occupational Tax Schedule.



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### Occupational Tax Certificate Application

Business Name: \_\_\_\_\_ Home Occupation? Yes / No

Business Owner: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Board Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dominant Line of Business: \_\_\_\_\_

*(Describe the nature of your business)*

Number of Employees: \_\_\_\_\_

Is or will business sell alcohol? \_\_\_\_\_ If yes, name on license? \_\_\_\_\_

*I certify that I have provided complete and accurate information. I understand that failure to comply with the occupation requirements may result in revocation of my Occupational Tax Certificate.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Zoning District: \_\_\_\_\_ Map / Parcel: \_\_\_\_\_

Use Permitted in Zoning District? Yes / No Property Taxes Paid? Yes / No

Current Alcohol License? Yes / No / NA Health Dept. Approval? Yes / No / NA

Public Benefit App.? Yes / No Sheriff Contact form? Yes / No

Fire Dept. Approval? Yes / No / NA License Approved? Yes / No

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_



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### Public Benefit Affidavit

**O.C.G.A. § 50-36-1(f) (2) Affidavit-**By executing this affidavit under oath, as an applicant for a (n) OTC \_\_\_\_\_ [type of public benefit, OTC, Alcohol License] for \_\_\_\_\_, (Name of Owner) as referenced in O.C.G.A.

§ 50-36-1, from Bulloch County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:  
\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(f)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

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 as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_, (state).

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

\_\_\_\_\_  
Printed Name of Applicant

Subscribed and sworn before me on this the \_\_\_\_\_ DAY \_\_\_\_\_ OF, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:



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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G. A. §36-60-6(d):

**Section 1 Please check only one:**

- A. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed more than ten (10) employees.

\*\*\* If you selected Section 1(A), please fill out Section 2 and then execute below.

- B. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed ten (10) Or fewer employees.

\*\*\* If you selected Section 1(B), please skip Section 2 and execute below

**Section 2**

The employer has registered with and utilizes the federal work authorization program in accordance with applicable provisions and deadlines established in O.C.G. A. §36-60-6(d). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

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

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city),  
\_\_\_\_\_ (state)

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

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

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

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

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