



**Glynn County Occupation Tax Registration**  
**1725 Reynolds St. Ste 200**  
**Brunswick, GA. 31520**  
**(912) 554-7122**

**COMMERCIAL BUSINESS REQUIREMENTS:**

- A)  APPLICATION MUST BE COMPLETED AND SIGNED.
- B)  SALES TAX NUMBER, IF APPLICABLE ([WWW.DOR.GA.GOV](http://WWW.DOR.GA.GOV))
- C)  FEDERAL TAX ID NUMBER (EIN) IF APPLICABLE ([WWW.IRS.GOV](http://WWW.IRS.GOV))
- D)  E-VERIFY NUMBER IF MORE THAN 10 EMPLOYEES ([E-VERIFY.GOV](http://E-VERIFY.GOV))
- E)  FIRE INSPECTION IS NEEDED FOR **ALL** COMMERCIAL LOCATIONS.  
CALL 912-554-7768 TO SCHEDULE AN INSPECTION.
- F)  AFFIDAVIT VERIFYING STATUS MUST BE COMPLETED, SIGNED AND NOTARIZED.
- G)  PRIVATE EMPLOYER AFFIDAVIT MUST BE SIGNED AND NOTARIZED.
- H)  ORIGINAL APPROPRIATE IDENTIFICATION MUST BE PROVIDED.
- I)  ATTACH COPY OF APPROPRIATE STATE AND/OR FEDERAL CERTIFICATION/LICENSE IF REQUIRED.
- J)  ENVIROMENTAL HEALTH FOOD SERVICE PERMIT (IF APPLICABLE)  
912-279-2940
- K)  DEPARTMENT OF AGRICULTURE PERMIT (IF APPLICABLE)  
855-424-5423 ([WWW.AGR.GEORGIA.GOV](http://WWW.AGR.GEORGIA.GOV))

**NOTE:** Please contact our office and complete a business closed form if you cease (close) the business. The business is **NOT** automatically closed by this department.

**By signing below, you certify that you are the person duly authorized to file this application, including all required schedules and statements and that the same is true, correct, and complete.**

\_\_\_\_\_  
Applicant's Printed Name and Signature

\_\_\_\_\_  
Date



**Glynn County Occupation Tax Registration**  
**1725 Reynolds St. Ste 200**  
**Brunswick, GA. 31520**  
**(912) 554-7122**  
**Email: [occupationtax@glynncounty-ga.gov](mailto:occupationtax@glynncounty-ga.gov)**

**FOR OFFICIAL USE ONLY**

LICENSE #	_____
TAX YR:	_____
ISS. DATE:	___/___/___
OCC TAX \$	_____
ADMIN FEE \$	_____
LOC CHGE FEE \$	_____
PENALTY/INT \$	_____
TOTAL DUE \$	_____
PAYMENT	_____
CK #	_____

**INDICATE PURPOSE OF APPLICATION: CHECK ALL THAT APPLY.**

NEW\_\_ RENEWAL\_\_ LOC. CHANGE\_\_ NEW OWNER\_\_ BUSINESS NAME CHANGE\_\_

**INDICATE BUSINESS OWNERSHIP TYPE: CHECK ONE.**

SOLE PROPRIETORSHIP\_\_ PARTNERSHIP\_\_ CORPORATION\_\_ LLC\_\_

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

Business Address: \_\_\_\_\_  
CITY STATE ZIP

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_  
CITY STATE ZIP

Mailing Address:(if diff. From business) \_\_\_\_\_  
CITY STATE ZIP

Business Owner(s): \_\_\_\_\_ **Number of Owners & employees** \_\_\_\_\_

Type of Business: \_\_\_\_\_ Email: \_\_\_\_\_

Business phn \_\_\_\_\_ Corp phn \_\_\_\_\_ HM/Cell \_\_\_\_\_

Ga Sales Tax# \_\_\_\_\_ Fed. Tax ID # \_\_\_\_\_ or SS#: \_\_\_\_\_

Everify # (req' if more than 10 employees) \_\_\_\_\_

Is Federal/State Board Certification Required? **Yes** \_\_\_ **No** \_\_\_ (if required please attach a copy. A copy is also required each year of renewal.)

Total number of Owners & Employees: Use the highest number of employees in the 4<sup>th</sup> quarter of the previous year. Independent Contractors **MUST** obtain individual occupation certificates if they file a 1099 at the end of the year.

Owner(s) + employees	Occ Tax	Admin fee	Total Due	<b>NOTE: Admin Fee For The Following:</b>
0-4	75.00	42.00	<b>117.00</b>	<b>Jewelers, Pawn Shops &amp; Antique Stores is \$100.00 plus The Occupation Tax.</b>
5-9	112.50	42.00	<b>154.50</b>	
10-19	150.00	42.00	<b>192.00</b>	
20-49	225.00	42.00	<b>267.00</b>	
50-99	300.00	42.00	<b>342.00</b>	
100-249	375.00	42.00	<b>417.00</b>	
250 & over	750.00	42.00	<b>792.00</b>	

\*\*\*If you have a location change. Please complete a new packet, available at [glynncounty.org/ot](http://glynncounty.org/ot). Check "renewal" (if renewing) and "loc change" on the packet. The Location change fee is \$42.00.

\*\*\*Contact our office and complete a business closed form if you cease (close) the business. The business is **NOT** automatically closed by this department.

\*\*\*Make checks payable to **Glynn County Board of Commissioners or GBCOC**. Money orders, credit cards, & cash are accepted in person.

**By signing below, you certify that you are the person duly authorized to file this application, including all required schedules and statements and that the same is true, correct, and complete.**

\_\_\_\_\_  
 Applicant's Printed Name and Signature

\_\_\_\_\_  
 Date



**GLYNN COUNTY COMMUNITY DEVELOPMENT AND  
PLANNING AND ZONING DEPARTMENTS  
REGISTRATION APPROVAL FORM**

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY**

**NOTE:** All signs must be permitted through the Community Development Department (912)-554-7428.

Indicate purpose of application: New \_\_\_ Location Change \_\_\_ New Owner \_\_\_

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

Name of Business:	
Location Address:	
Home Address:	
Business Owner(s):	Contact Number:
Authorized Agent's Name:	Contact Number:
Property Owner's Name:	
What will be Stored?	
Where will the items be stored?	
<b>PLEASE COMPLETE A FULL DESCRIPTION OF THE BUSINESS BELOW:</b>	

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**O.C.G.A § 50-36-1(e)(2) Affidavit**

**By executing this affidavit under oath, as an applicant for a Business Occupation Tax Certificate, Alcohol Beverage License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, from Glynn 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(e)(1), with this affidavit. Please see reverse side for a list of acceptable documents, for example, government issued picture id such as a driver’s license.**

**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

\_\_\_\_\_  
Print Name of Applicant

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

\_\_\_\_\_  
**NOTARY PUBLIC  
MY COMMISSION EXPIRES:**

**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 select 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 select 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 the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. 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 (E-Verify)

\_\_\_\_\_  
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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_

**1** To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.