

# City of Porterdale

## Occupational Permit & Business License Renewal Application for Registration

City of Porterdale  
Attn: Megan Reid, City Clerk  
P.O. Box 667 / 2400 Main Street  
Porterdale, GA 30070

Business License Number: \_\_\_\_\_

Business License Name: \_\_\_\_\_

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

I, \_\_\_\_\_, hereby apply to the City of Porterdale to renew the  
Print Signatory's Name  
 2015 Occupational Permit/Business License for the business listed above.

**YOUR BUSINESS LICENSE EXPIRES DECEMBER 31. PLEASE RENEW IMMEDIATELY.**

There is/are \_\_\_\_\_ (#) of employee(s) (including owners) at this company location. I have detailed any changes from the information above in the space provided below my signature. I hereby attest that I either own the structure at the Business Address or have written permission from the property owner to operate the business there. I also attest that any additional required state or city permits, licenses or certificates have been obtained and/or updated in accordance with the applicable acts of law and have attached copies hereto.

\_\_\_\_\_  
Applicant's Signature Title Date

Please list any changes here. Please note change of address or name change may require additional info. Call our office at 770-786-2217.

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

**\*\*IF YOU OPERATE A STATE REGULATED BUSINESS OR YOUR PROFESSION IS STATE REGULATED, YOU MUST ATTACH A COPY OF YOUR STATE LICENSE OR YOUR BUSINESS LICENSE WILL NOT BE ISSUED\*\***

PRINT STATE LICENSE # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**IMPORTANT:** If the business is no longer in operation, check the box below & send this form back to our office.  
 Business is no longer in operation. Please Initial \_\_\_\_\_

**Your license will be mailed to you within 30 days of receipt of the renewal form.**

OCCUPATION TAX SCHEDULE	
NUMBER OF EMPLOYEES	TAX LIABILITY
1-4	\$100.00
5-20	\$20.00 per employee
21-75	\$420.00 plus \$15.00 for each employee over 21
76-175	\$1,245.00 plus \$13.00 for each employee over 76
176-UP	\$2,545.00 plus \$9.00 for each employee over 176

Example: A business has 385 employees; the occupation tax for this business is \$4,426.00. \$2545.00 for the first 176 employees plus \$1,881.00 for the other 209 employees (\$9.00 each) = \$4,426.00 occupation tax.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [name of government entity], 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.

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: