



We grow business sweeter

**CITY OF BYRON, GEORGIA**  
**APPLICATION FOR OCCUPATIONAL TAX LICENSE**

401 Main Street Byron, Georgia 31008  
Office 478-956-3600 Fax 478-956-5299  
[dthibodeaux@byronga.com](mailto:dthibodeaux@byronga.com)

**\*\*\*IMPORTANT\*\*\***

**Please note that a renewal application must be completed EACH YEAR even if all information remains the same.  
The Business License Division cannot process incomplete applications.  
If any items are missing, incomplete or incorrect your application will be returned.  
A new business application is required if business address changes.**

New  
 Renewal  
 Change  
(choose one)

State License Required:  Yes  No  
License number: \_\_\_\_\_

**SECTION 1: BUSINESS INFORMATION**

Federal Employer Identification # \_\_\_\_\_

Are you Exempt from E-Verify:  Yes  No  
\*E-Verify Number: \_\_\_\_\_

Business Name(DBA): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Type of Business: \_\_\_\_\_  
(Retail please provide merchandise detail)

State License Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**SECTION 2: CONTACT PERSON AND OWNER'S INFORMATION**

Ownership Status:  Sole Owner  Partnership  LLC  Corporation

**SOLE OWNERSHIP:**

Name of Owner: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PARTNERSHIP: Please provide information for all owners**

Name of Owner: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Co-owner: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Co-owner: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**LLC:**

Name of Owner: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**CORPORATION:**

Name of President: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

SECTION 3:

CERTIFICATION

I, the undersigned, do hereby register to operate said business within the City of Byron in accordance with the City of Byron business ordinance. I certify that I am the person duly authorized by the business herein named to file this return, including accompanying affidavit(s). In addition, I certify that all information provided is true and correct.

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

Applicant's Printed Name: \_\_\_\_\_ Applicants Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Date sent for approval: \_\_\_\_\_ EE initials: \_\_\_\_\_

Department Approval: PD \_\_\_\_\_ FD \_\_\_\_\_ P&Z \_\_\_\_\_ PWA \_\_\_\_\_  
Initial & Date Initial & Date Initial & Date Initial

Please approve and email this page within 3 to 5 business to [dthibodeaux@byronga.com](mailto:dthibodeaux@byronga.com)

License Number: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

**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<sup>1</sup>.

\*\*\* 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

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

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

Executed on \_\_\_\_\_, \_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.

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

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

\_\_\_\_\_  
<sup>1</sup> 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.

**AFFIDAVIT VERIFYING STATUS FOR  
CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Byron, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 Byron, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit 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:

\_\_\_\_\_