

**ATTACHED DOCUMENTS MUST BE COMPLETED AND RETURNED  
IN ORDER TO RECEIVE OCCUPATION TAX CERTIFICATE**

The City of Milledgeville Code of Ordinances requires that each city business owner complete the annual process of renewing the Occupation Tax License for the upcoming year by March of each year or when applying for a new Occupation Tax License.

If you held a 2013 Occupation Tax License within the City of Milledgeville, your Occupation Tax Renewal Notice for 2014 should arrive this week. Please complete the renewal notice and return it, along with the **attached documentation** to the City of Milledgeville. Likewise, if you are applying for a new City of Milledgeville Occupation Tax License, this documentation must also be submitted.

The Georgia Illegal Immigration Reform and Enforcement Act of 2011 that was adopted by the Georgia General Assembly requires that cities and counties verify the legal status of applicants for Georgia “public benefits.” Specifically, the City of Milledgeville must **“require every applicant for such benefit to execute a signed and sworn affidavit verifying the applicant's lawful presence in the United States” (OCGA § 50-36-1(e)). (Att “A”)** The State of Georgia has defined “public benefits” to include occupation tax licenses (business licenses), alcoholic beverage licenses and certain other government services. Further, **O.C.G.A. § 36-60-6(d) requires all applicants for renewals and new licenses to complete the Private Employer Affidavit (Att “B”)**

You may return the attached documentation as well as your 2014 Occupation Tax Renewal via:

- (a) scanned email to either [prushin@milledgevillega.us](mailto:prushin@milledgevillega.us) or [chightower@milledgevillega.us](mailto:chightower@milledgevillega.us), or
- (b) FAX to 478 414-4011, or
- (c) U S Mail to P O Box 1900 Milledgeville, GA 31059, or
- (d) by dropping them off at City Hall at either the drive-thru window or you may come inside to 119 E Hancock Street.

**Upon receipt of the required documentation, we will promptly remit a confirmation of receipt and invoice to you. We will be happy to utilize email if you will provide the address.**

**The City cannot issue an Occupation Tax License without first obtaining the attached required information. If your current 2014 occupation tax license is not posted within your business by the due date indicated on your 2014 renewal, you will be subject to penalty and fine. Any business owner who fails to submit this information must be reported as required by OCGA § 50-36-1(i) to the State Department of Community Affairs.**

The above requirements are mandated to the City of Milledgeville by the State of Georgia. If you have questions or concerns about Georgia’s Illegal Immigration Reform and Enforcement Act of 2011 or OCGA § 50-36-1, please contact your state legislator.

Pursuant to O.C.G.A. Section 48-14-20.1, please note that information provided by you on the City of Milledgeville Occupation Tax Application or Renewal will be provided to the Georgia Department of Revenue (DOR). **Additionally, notification will be provided to the DOR of refusal to provide all or part of the information required.**

Questions? Please contact us via email (listed above) or we can be reached at 478 414-4006 (Patti Rushin) or 478 414-4020 (Celeste Hightower).

### Affidavit Verifying Applicant Status for City of Milledgeville Public Benefit

By executing this affidavit under oath, as an applicant for a public benefit referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my City of Milledgeville, Georgia, application for: *(please check one)*

- Occupation Tax License
- Alcohol license
- Other public benefit Specify: \_\_\_\_\_
- Taxi permit
- Contract with City

If person is applying on behalf of a business, specify the **name and address** of the business:

\_\_\_\_\_

*I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under O.C.G.A. § 50-36-1 (e). Such documents are defined by O.C.G.A. § 50-36-2 and made available on the State Attorney General's website.*

- 1) \_\_\_\_\_ I am a United States citizen **OR**
- 2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am otherwise a 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.\*

***If #2 is selected above, a copy of one of the following documents must be attached to the affidavit:***

- 1. Unexpired foreign passport
- 2. Employment Authorization Card (I-766)
- 3. Refugee Travel Document (I-571)
- 4. Permanent Resident Card (I-551)
- 5. Reentry Permit (I-327)
- 6. Certificate of Citizenship
- 7. Naturalization Certificate
- 8. Machine Readable Immigrant Visa (with Temporary I-551 language)
- 9. Temporary I-551 Stamp (on passport or I-94)
- 10. I-94 (Arrival/Departure Record) in Unexpired foreign passport
- 11. Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)
- 12. Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)

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.

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

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

**My Commission Expires:**

\* \_\_\_\_\_  
**Alien registration number for non-citizens**

\* Note: O.C.G.A. § 5-36-1(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: \_\_\_\_\_

**APPLICANTS AND RENEWALS FOR  
BUSINESS LICENSES AS OF JULY 1, 2013 (for 2014)**

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

By executing this affidavit under oath, as an applicant for an occupational tax license (*business license, occupational tax certificate, or other document required to operate a business*) as referenced in O.C.G.A. § 36-60-6(d), from the City of Milledgeville, the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of business/private employer] verifies one of the following with respect to my application for the above mentioned document:

➡ **Complete this section (effective as of July 1, 2013). Check (A) or (B). Required.**

(A) \_\_\_\_\_ On **July 1st** of the below signed year the individual, firm, or corporation employed **more than ten (10) employees.**

(B) \_\_\_\_\_ On **July 1st** of the below signed year the individual, firm, or corporation employed **fewer than ten (10) employees.**

**COMPLETE THIS SECTION IF AND ONLY IF YOU CHECKED ITEM (A)**

**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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
**Federal Work Authorization User Identification Number                      Date of Authorization**

**ALL APPLICANTS MUST SIGN BELOW, NOTARIZE, AND RETURN WITH YOUR RENEWAL OR PAYMENT TO OBTAIN OR RENEW AN OCCUPATION TAX LICENSE**

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 allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

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

➡ **PRINT YOUR LOCAL BUSINESS NAME HERE:**

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

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

➡ **PRINT YOUR LOCAL BUSINESS ADDRESS HERE:**

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

\_\_\_\_\_