



OCCUPATIONAL TAX CERTIFICATE  
Information Sheet  
(229) 431-2118

1. All fees associated with Occupational Tax Certificate are due when application is submitted for processing. Make Checks or Money Orders payable to the City of Albany. Payment by credit card is available.
2. Corporations wishing to do business in Georgia must obtain certification as a corporation operating in Georgia from the Secretary of State.
3. A copy of the individual driver's license is required of the person applying for the Occupational Tax Certificate on behalf of the business or corporation.
4. An affidavit verifying status for City Public Benefit Application must be filled out, signed by the owner or officer of the corporation, and notarized when submitting your Occupational Tax application and renewal.
5. All businesses, except those registered or located outside of Dougherty County and are home-based, must be pre-approved by our Planning & Development Department located at 240 Pine Avenue in Room 300 to ensure the business activity proposed is appropriate for the location.
6. All businesses in commercial locations, the Fire Inspectors from the Albany Fire Department will check your place of business. You must have a Certificate of Occupancy (CO) before opening your business.
7. Applicants that are regulated by the State of Georgia must obtain a license from the State of Georgia and attach a copy of license or permit with application. This is not limited to the following: Electrician, Refrigeration, Heating/Cooling, Auto Dealers, Plumbing, Alarm Contractors, Barbers/Beauticians, etc.
8. Day Care Centers must be certified by the State of Georgia before obtaining an Occupational Tax Certificate.
9. Department of Agriculture approval is required for all convenience and grocery stores. Food permits are required for all restaurants and businesses that serve alcohol by the drink.
10. Your Occupational Tax Certificate is valid for only one year (calendar year). The Occupational Tax Certificate expires December 31<sup>st</sup> of each year, regardless of the date on which they are purchased. You must renew your Occupational Tax Certificate no later than January 31<sup>st</sup> for the current year to avoid penalty and interest fees. If your business did not generate any income, you are still required to renew your Occupational Tax Certificate if you do not intend to dissolve the business.
11. Occupational Tax Certificates can be renewed and updated online beginning December 1st by going to [www.albanyga.gov/renewal](http://www.albanyga.gov/renewal) then clicking on the "portal link" to access the Occupational Tax Certificate online module. You may update your mailing address, telephone & fax numbers, and email address online. The City of Albany accepts Visa and MasterCard for online filings (convenience fee applies).
12. If there is a change in the business, such as those listed below, please notify us immediately. If the changes are made after the renewal deadline of January 31<sup>st</sup>, an additional fee will be assessed to the business.
  - Change in Ownership
  - Change in Company Name
  - Change in the Federal ID Number
  - Change in the Location, or
  - Change in the Mailing Address
13. If you wish to dissolve the business, you must submit a notarized letter to our office informing us that your business is closed.
14. Contractors: Copy of current Certificate of Insurance depicting liability insurance of at least \$100,000.00 and the City of Albany as certificate holder. Upon any cancellation or expiration of the insurance coverage, your license is void and of no force and effect. Additionally, you may be summoned to Municipal Court as such conduct would be a violation of City Ordinance.

*Noncompliance with these instructions may result in a delay in processing your Occupational Tax Certificate application / renewal. Following the instructions carefully will assist our office in processing your Occupational Tax Certificate in a timely manner.*

**THANKYOU**

**APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE**  
 CITY OF ALBANY, TREASURER DIVISION,  
 240 PINE AVENUE, SUITE 150  
 ALBANY, GEORGIA 31702-0447  
**(229)431-2118**

**PLEASE TYPE OR PRINT WITH BALLPOINT PEN**

CHECK ONE:  NEW BUSINESS DATE OF APPLICATION: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MODIFY EXISTING CERTIFICATE

NAME:  ADDRESS:  OTHER:

**1. CHECK ONE:**

ALBANY  DOUGHERTY COUNTY  REMODEL/RENOVATE  USE OF LAND WITHOUT BUILDING

EXISTING BUILDING  NEW BUILDING  OTHER

**CHECK ONE:**

PARTNERSHIP  SOLE OWNER  CORPORATION  REGISTERED BUSINESS

HOME OCCUPATION  NON PROFIT

TAX EXEMPT: YES  NO

**2. BUSINESS NAME**

BUSINESS LOCATION (DO NOT USE P.O. BOX) \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**NEW NAME (NAME CHANGE ONLY)**

NEW ADDRESS (ADDRESS CHANGE ONLY) \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS, STREET OR P.O. BOX \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**3. CORPORATION NAME (IF DIFFERENT THAN BUSINESS NAME) (DOCUMENTATION REQUIRED)**

FEDERAL TAX NUMBER (REQUIRED INFORMATION): \_\_\_\_\_ E-VERIFY NUMBER \_\_\_\_\_

**4. SALES TAX NUMBER: (IF REQUIRED)** \_\_\_\_\_ STATE LICENSE NUMBER: (IF REQUIRED) \_\_\_\_\_

**5. WILL YOUR BUSINESS BE ENGAGED IN THE PROVISION OF ANY ADULT ENTERTAINMENT OR SERVICE TO INCLUDE, BUT NOT LIMITED TO, PARTIALLY CLAD DRESS, TOPLESS OR NUDE ENTERTAINMENT?**

YES OR  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**6. WILL YOUR BUSINESS SELL ANY ADULT NOVELTIES OR ANY ITEMS THAT WOULD NOT BE APPROPRIATE TO INDIVIDUALS UNDER THE AGE OF THE MAJORITY?**

YES OR  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**7. BUSINESS OWNER OR OFFICER:**

HOME ADDRESS OR P.O. BOX \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME ADDRESS OR P.O. BOX \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME ADDRESS OR P.O. BOX \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**8. BUSINESS TYPE:** \_\_\_\_\_ NO. OF EMPLOYEES \_\_\_\_\_ GROSS RECEIPTS \_\_\_\_\_ \*EMAIL ADDRESS \_\_\_\_\_

**A FALSE STATEMENT ON ANY PART OF MY OCCUPATIONAL TAX APPLICATION MAY BE GROUNDS FOR REVOKING OR SUSPENDING THE CERTIFICATE AFTER IT HAS BEEN ISSUED.**

**I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.**

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

FIRE MARSHAL APPROVAL: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_ CERTIFICATE OF OCCUPANCY ISSUED DATE: \_\_\_\_\_

LICENSE INSPECTOR: \_\_\_\_\_ INSPECTION TIME: \_\_\_\_\_ APPLICATION CHECKED BY: \_\_\_\_\_

APPLICATION RECEIVED BY: \_\_\_\_\_ DATE APPLICATION RECEIVED: \_\_\_\_\_ DATE APPLICATION CHECKED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_



OCCUPATIONAL TAX CERTIFICATE  
HOME OCCUPATION AFFIDAVIT

Title 1, Article 5 of the Albany Dougherty Zoning Ordinance defines a home occupation as:

**Any occupation or activity carried on within a dwelling by a member of the family residing on the premises.**

**All home occupations shall comply with the following standards:**

1. There is no group instruction, assembly, or activity of more than two (2) persons (except up to six (6) persons for a family day care operation).
2. No display is permitted, including merchandise commodity, other articles of any kind that will indicate from the exterior that the building is being utilized in part for any purpose other than that of a dwelling or advertise services or merchandise.
3. No signage is permitted to identify the home occupation unless required by state or federal licensing requirements in which case the sign shall be limited to one (1) square foot in size.
4. No use of chemicals, matter, or energy that may create or cause to be created noises, dust, or noxious odors, or hazards beyond the immediate premises; or that endanger the health, safety, or welfare of the community is permitted.
5. No person shall be employed other than members of the immediate family residing on the premises.
6. The use of the dwelling unit for the home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants. The floor area used in the conduct of the home occupation shall not exceed the lesser of either one-third (1/3) of the total square feet of floor area of the dwelling unit, or two thousand (2,000) square feet.
7. No traffic shall be generated by such home occupation in greater volumes than would normally be expected in a residential neighborhood (not to exceed ten (10) trips per day, or as defined in the latest edition of Trip Generation published by the Institute of Transportation Engineers).
8. Permitted home occupation uses include an office, studio, or workshop. Uses shall not include catering services; morticians; schools such as a dance studio or nursery school; animal services such as an animal hospital or boarding kennel; any eating or drinking establishment including restaurants and tea rooms; medical services such as clinics, nursing homes and medical offices including the office of a physician, dentist, or chiropractor; retail or trade business including displays or promotional events; or personal services such as barber shops and beauty shops.

I, \_\_\_\_\_, will operate a business from my residence at \_\_\_\_\_

I do attest that I have read and do fully understand the restrictions for home occupations listed above. I also attest that my home-based business will fully comply with all such restrictions. I understand that if, at any time, my business is found to be in violation of the restrictions, my business license may be revoked.

**Please briefly describe the details of the home occupation. This information is required.**

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

Applicant's Signature

Date



**Affidavit Verifying Status**  
*For City Public Benefit Application*

By executing this affidavit under oath, as an applicant for a City of Albany, Dougherty County, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract, or other public benefit as referenced in 8 U.S.C. Section 1621 and O.C.G.A. Section 50-36-2, I am aware that the City of Albany and Dougherty County will rely on the statements contained herein. With respect to my application for a City of Albany, Dougherty County, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit for, I swear or affirm

\_\_\_\_\_  
Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.

\_\_\_\_\_  
Name of business, corporation, partnership, or other private entity.

\_\_\_\_\_  
E-Verify User Number

**Check one of the following two options.**

1)  I am a united States citizen.

**OR**

2)  I am a legal permanent resident, eighteen (18) years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationally Act eighteen (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: \_\_\_\_\_

\* \_\_\_\_\_

Alien Registration Number for Non-Citizens

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

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

\*Note: O.C.G.A. § 50-36-1 (e) (2) requires that aliens under the Federal Immigration and Nationally Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definitions 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: \_\_\_\_\_



**Private Employer Affidavit  
Pursant 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 in the City of Albany/Dougherty County 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\*. Please fill out Section 2 and 3.
- (B) On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed less than ten (10) or fewer employees. Please skip Section 2 and complete Section 3.

**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 use identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer (Business Name)

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

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

**Section 3**

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

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

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

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

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS DAY \_\_\_\_\_20\_\_\_\_.

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

\*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.