



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 31st of each year, regardless of the date on which they are purchased. You must renew your Occupational Tax Certificate no later than January 31st 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 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 31st, 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



Fire Code
Check Sheet

Congratulations on the start of your new business! The Albany Fire Department is providing you with a list of possible fire code violations that you can check yourself before your scheduled inspection date to make sure that you don't have any violations that could possibly delay your ability to open for business. Please review these items closely and if you have any questions at all feel free to contact us at 229-431-3262. We're here to help.

| Building Power | YES | NO |
|--|------------|-----------|
| Does the building and/or business currently have power? | | |
| If an electrical inspection is required (if a building has not had power for 6 months, and electrical inspection is required) has this been done? | | |
| NOTE: THE BUILDING MUST HAVE POWER IN ORDER TO PERFORM AN INSPECTION | | |
| Address | | |
| Is the address of your new business clearly visible and marked so that it can be easily seen from the road? | | |
| Electrical Panels | | |
| Do the electrical panels have 3 feet of clearance for easy access? | | |
| Are the electrical panel circuit breakers properly identified? | | |
| Are all electrical boxes, switches, and outlets properly covered to protect the user and guests from shock? | | |
| Exits | | |
| Are the exits clearly identified with illuminated exit signs? | | |
| Are the exits clear of obstructions so that, during an emergency, people can exit quickly and safely? | | |
| Do you have an unapproved locking device on the exit doors (i.e. chains, padlock, slide bolts, and/or double keyed locks)? | | |
| Emergency Lights | | |
| If you have emergency lights, do they properly work when the power is off? | | |
| Fire Extinguishers | | |
| Are the fire extinguishers the right size? (A minimum size of 5 lb. type ABC fire extinguisher is required for every business) | | |
| Do the fire extinguishers have a proper and current tag on them? (Fire extinguishers are required to be checked once a year. The date of the last inspection can be found on the yellow tag that should be placed on the extinguisher.) | | |
| Are the fire extinguishers properly mounted and accessible? (Height not less than 4 feet nor higher than 5 feet) | | |
| Fire Alarms | | |
| If your building or business has a fire alarm system (with horns and/or strobe lights) has the system been tested to ensure functionality within the last 12 months (a written report should be on site at the time of the fire inspection)? | | |
| Sprinkler System | | |
| If your building or business has a sprinkler system installed in it, has it been properly cleaned within the past 12 months? | | |
| Food/Cooking Establishments | | |
| If your business or building has an exhaust hood for cooking equipment, has it been cleaned within the last 12 months? | | |
| Has the fire suppression system for the cooking equipment been serviced and tagged within the last 6 months? | | |
| Other Items | | |
| Are there any missing or damaged ceiling tiles in the building? | | |
| Is the area around the furnace, water heater, or any other heat producing device clear of all combustible materials? | | |
| Are all materials stored at least 2 feet below the ceiling? | | |
| Are extension cords used properly (temporary use only, not permanently in place and not connected to other cables to make a longer cord)? | | |
| Is the trash removed or stored properly to maintain good housekeeping? | | |

It is our hope that you have a seamless transition into your new business. While these are not all the items that we look for when we do an inspection, these are the most common issues that we find in most businesses that require a second visit.

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

CHECK ONE: NEW BUSINESS DATE OF APPLICATION: _____ / ____ / ____
 MODIFY EXISTING CERTIFICATE
 NAME ADDRESS OTHER

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

ZONE: _____ WARD: _____ PLANNING/ZONING APPROVAL _____ DATE: _____
 COMMENTS: _____

CHECK ONE: ALBANY DOUGHERTY COUNTY REMODEL/RENOVATE EXISTING BUILDING NEW BUILDING OTHER
 CORPORATION REGISTERED BUSINESS PARTNERSHIP SOLE OWNER HOME OCCUPATION NON PROFIT

CHECK ONE: BUSINESS LOCATION (DO NOT USE P.O. BOX) CITY, STATE ZIP CODE
 NEW ADDRESS (ADDRESS CHANGE ONLY) CITY, STATE ZIP CODE
 MAILING ADDRESS, STREET OR P.O. BOX CITY, STATE ZIP CODE

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 _____
 PHONE NUMBER _____

3. CORPORATION NAME (IF DIFFERENT THAN BUSINESS NAME) (DOCUMENTATION REQUIRED) _____ MAILING ADDRESS, STREET OR P.O. BOX _____ CITY, STATE _____ ZIP CODE _____
 PHONE NUMBER _____

4. SALES TAX NUMBER: (IF REQUIRED) _____ STATE LICENSE NUMBER: (IF REQUIRED) _____ FEDERAL TAX NUMBER (REQUIRED INFORMATION): _____ E-VERIFY NUMBER _____

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 _____

TITLE (IF APPLICABLE) _____ CITY _____ STATE _____ ZIP CODE _____

CO-OWNER OR OFFICER: _____ HOME ADDRESS OR P.O. BOX _____ PHONE NUMBER _____

TITLE (IF APPLICABLE) _____ CITY _____ STATE _____ ZIP CODE _____

CO-OWNER OR OFFICER: _____ HOME ADDRESS OR P.O. BOX _____ PHONE NUMBER _____

TITLE (IF APPLICABLE) _____ 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: _____



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 1st 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 1st 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 prejury 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.