



DEPARTMENT OF DEVELOPMENT SERVICES
1113 Usher Street, Suite 201 • Covington, Georgia 30014
678-625-1659

2020 OCCUPATION TAX/BUSINESS LICENSE
RENEWAL APPLICATION

Date: _____ Business License Number: _____
Name of Business: _____ Address of Business: _____
Phone Number: _____ Email Address: _____
I, (print name) _____, hereby apply to Newton County to renew the 2019 Occupation Tax/Business license for the business listed above.

NOTE: YOUR OCCUPATION TAX/BUSINESS LICENSE EXPIRES DECEMBER 31, 2019. PLEASE RENEW IMMEDIATELY! LATE FEES WILL BE ACCESSED ON PAYMENTS RECEIVED AFTER JANUARY 31, 2020. FAILURE TO RENEW OR CLOSE YOUR LICENSE MAY RESULT IN THE ISSUANCE OF A CITATION.

1- Number of employee(s), including owners, _____ at this location. I have detailed any changes from the information above on the back of this form. I hereby attest that I either own the structure at the Business Address or have attached written permission from the property owner to operate the business there. I also attest that any additional required state or county permits, licenses or certificates have been obtained and/or updated in accordance with applicable acts of law and have attached copies hereto.

2- Check One:

[] TEN (10) OR LESS EMPLOYEES - By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation has ten (10) or less employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90.

[] MORE THAN TEN (10) EMPLOYEES - By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten (10) and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

E-Verify, Company ID Number (four to seven digits) Date of Authorization

Signature of Authorized Business Owner, Officer or Agent Print Full Name Date

[] Check and return form if your business is no longer in operation and you wish to close your Occupation Tax/Business License. Include Your Name and Business License Number Here: _____

If you operate a State regulated business or your profession is state regulated, you must attach a copy of your State License or your County License will not be issued. To calculate your fee, please see our website at www.ncboc.com or call our office, 678-625-1655. All renewal registrations are subject to current qualifications. Only completed renewal applications with correct payment will be processed. If you are not a United States Citizen, you are required to provide a copy of your current immigration document (front and back), which includes your Alien Registration number or your I-94 number.