

**OCCUPATIONAL, ADMINISTRATION & REGULATORY FEES  
MILLER COUNTY, GA**

Name of business: \_\_\_\_\_ County \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Location: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of person (s) , or principal (s), or corporate officer empowered to make binding agreements on behalf of said firm: \_\_\_\_\_

Door-to-door sales (circle one)    Yes      No

Major line of business: \_\_\_\_\_

Average number of employees; \_\_\_\_\_

Chemicals stored on location (circle one)    Yes      No

If chemicals are stored on location, please list products & quantity: \_\_\_\_\_

Home occupation – (circle one)    Yes      No

Any renovations or construction to business location- (circle one)    Yes      No

Any person or corporation interested directly or indirectly in profits or loses in proposed business \_\_\_\_\_

Will your business be engaged in the provisions of any adult entertainment or service to include, but not limited to, partially clad dress, topless or nude entertainment? (Circle one)    YES      NO

If yes, please explain: \_\_\_\_\_

Will your business sell any adult novelties or any items that would not be appropriate to individuals under the age of majority? (Circle one)    YES      NO

If yes, please explain: \_\_\_\_\_

**A FALSE STATEMENT ON ANY PART OF THIS APPLICATION MAY BE GROUNDS FOR REVOKING SAID FEE INSTANTER OR SUSPENDING THE FEE 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.**

DATED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

## OCCUPATIONAL TAX, ADMINISTRATIVE FEE AND REGULATORY FEES

**Directions:** Check all listing which apply to your business. Add the tax and/or fee for each item marked. Remit to the Miller County Revenue Collection Agent the sum total of all items checked.

### 1. Occupation Tax:

For the calendar year beginning January 1, 1995, and succeeding years thereafter, if you are engaged in any business, trade profession, or occupation in Miller County, Georgia, whether with a location in the unincorporated areas of Miller County or in the case of an out-of-state business with no location in Georgia exerting substantial efforts within the state pursuant of O.C.G.A. 48-19-7, you must pay an occupation tax for said business, trade, profession, or occupation. The tax is based upon your number of employees. (A separate return should be filled for each business location.)

It the occupation tax is applicable to your business, please check one of the following:

| Employees  | Amount Due | Check One |
|------------|------------|-----------|
| 1-9        | \$100.00   | _____     |
| 10-19      | \$200.00   | _____     |
| 20-29      | \$300.00   | _____     |
| 30-39      | \$400.00   | _____     |
| 40-49      | \$500.00   | _____     |
| 50 or more | \$600.00   | _____     |

### II. Administrative Fee

If you are required to pay an occupation tax, you must also pay an administrative fee. If you are not required to pay an occupation tax, proceed to Section III. Check below if applicable.

**Administrative Fee      \$15.00**

**III.** Any person who shall operate or conduct any business, profession, trade, or occupation listed below must pay the annual regulatory fee as allowed under O.C.G.A. 48-13-9 on those applicable businesses. The regulatory fee shall be in addition to any occupation tax or administrative fee imposed upon such business, trade, or occupation.

The regulatory fee in the amount of (\$37.50) is hereby imposed as authorized under O.C.G.A. S48-13-9. Such regulatory fee shall apply to each business listed as follows.

- (1) Advertising Sign Companies
- (2) Air conditioning/Refrigeration Dealers
- (3) Auctioneers
- (4) Building and construction contractors, subcontractors and workers
- (5) Carnivals
- (6) Taxicabs and limousine services
- (7) Tattoo artists
- (8) Shooting galleries and firearm ranges
- (9) Scrap metal processors and salvage yards
- (10) Pawnbrokers
- (11) Food service establishments
- (12) Dealers in precious metals
- (13) Firearm dealers
- (14) Peddlers
- (15) Parking lots
- (16) Nursing and personal care homes
- (17) Modeling agencies
- (18) Massage parlors
- (19) Landfills
- (20) Auto and motorcycle racing
- (21) Boarding houses
- (22) Businesses which provide appearance bonds
- (23) Boxing and wrestling promoters
- (24) Hotels and motels
- (25) Hypnotists
- (26) Handwriting analysts
- (27) Health clubs, gyms and spas
- (28) Fortunetellers
- (29) Garbage collectors
- (30) Escort services
- (31) Burglar and fire alarm installers
- (32) Locksmith

The Building Department of Miller County shall continue to impose permit fees for construction and development in compliance with the regulations currently in place. It is the express intent of this ordinance that such regulations shall not be affected by this ordinance.

IV. The total sum due is the grand total of each item checked.

TOTAL AMOUNT DUE \$ \_\_\_\_\_

The undersigned makes this return based upon his or her personal knowledge and under oath affirms that the representative made herein are correct to the best of his knowledge.

---

SIGNATURE

---

DATE

**EMERGENCY CONTACT INFORMATION**

**In case of after hours emergency Miller County Officials may need to contact someone concerning your business.**

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO ---- MILLER COUNTY**

**MAIL TO:**

**MILLER COUNTY BUILDING DEPARTMENT  
252 West Pine St.  
Colquitt, GA 39837**

**PHONE: 229-758-4100**

## **Emergency Contact & Business Information-Miller-Baker 911**

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Business Phone** \_\_\_\_\_

**Emergency Contact Name #1** \_\_\_\_\_

**#1 Contact Number** \_\_\_\_\_

**Emergency Contact Name #2** \_\_\_\_\_

**#2 Contact Number** \_\_\_\_\_

**Hazards or Special Problems** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All information contained herein is confidential information for the Miller-Baker 911.  
159 E. Main St. Colquitt Georgia (229)758-4116**

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

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[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 \_\_\_\_\_  
[name of county or municipal corporation], the undersigned applicant representing the private  
employer known as \_\_\_\_\_ [printed name of  
private employer] verifies one of the following with respect to my application for the above  
mentioned document:

1. Only fill out this section if the current date is on or before June 30, 2013. Select Only One.
  - (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. *If the employer selected 1(a) please fill out Section 3 below.*
  - (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.
  
2. Only fill out this section if the current date is on or after July 1, 2013. Select 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. *If the employer selected 2(a) please fill out Section 3 below.*
  - (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.
  
3. 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

\_\_\_\_\_

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 \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

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

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

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

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

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

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

By executing this affidavit under oath, as an applicant for a \_\_\_\_\_, County Georgia Business 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 \_\_\_\_\_ County Business Occupation 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\_\_  
Notary Public  
My Commission Expires:

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

**\*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:

\_\_\_\_\_