

# 2023 Renewal

## ***Occupational Tax/Employee Tax Regulatory Fee***

**ALL RENEWAL PAYMENTS ARE DUE JANUARY 1<sup>st</sup>**  
**Businesses who have not paid by Feb 1<sup>st</sup> will be issued a citation for operating a business without paying the Occupation tax.**

Once payment has been received you will have completed your occupational tax filing for the City of LaGrange. Please call the Occupation Tax Department & Permits office at 706-883-2060, if you have any questions or require assistance..

**\*REQUIRED (if all forms are not completed in full, your renewal will be returned and your company could incur late fees.)**

**PLEASE COMPLETE AND REMIT WITH PAYMENT TO: City of LaGrange**

**email: [creeves@lagrange-ga.org](mailto:creeves@lagrange-ga.org) or mail: 200 Ridley Ave. Rm 109 LaGrange, GA 30240**

* Corporate Name and dba Business Name:  _____	
NAIC# _____	GA. State Professional Lic #(If applicable) _____
Address of Business: _____ ZONE _____ *	
*Manager's name _____ */Telephone # _____ *	
*If manager has changed on alcohol license, you must complete a Manager Change application	
Personal Address: (include city/state/zip) _____ *	
<b>Mailing</b> Address if Different from Business address: _____	
E-mail Address: _____	
AFTER HOURS Phone No. _____ <i>Different from Business Telephone</i>	
*Applicant's Name: (Print Name) _____ *	
*Business Telephone Number: _____	Fax: _____
Nature of Business:*	





**S.A.V.E AFFIDAVIT VERIFYING STATUS FOR BUSINESS TRANSACTIONS**

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

By executing this affidavit under oath, as an applicant for a **City of LaGrange, Georgia**  
*(check app.)*

- 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 City of LaGrange, Georgia

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

\_\_\_\_\_  
[Fill in name of corporation, business or partnership, if any applies]

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\* all persons that check this must be verified through DHS's SAVE program. (Must include a copy of your current State Drivers' License and either a copy of your Permanent Resident Card or Employment Authorization Card)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of violation of Code Section 16-10-20 of the Official Code of Georgia.

**(MUST BE NOTARIZED IN FRONT OF A NOTARY)**

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

SUBSCRIBED AND SWORN

My Commission Expires:

BEFORE ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

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

\*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 residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

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