

**CITY OF WAYNESBORO**  
 615 N LIBERTY STREET ~ WAYNESBORO, GA 30830 ~ (706) 554-8000



**OCCUPATIONAL TAX CERTIFICATE APPLICATION**

CIRCLE ONE:    NEW BUSINESS                      RENEWAL                      CHANGE OF BUSINESS LOCATION                      CHANGE OF BUSINESS OWNERSHIP				
Federal Tax ID #:			GA Sales Tax ID #:	
SIC Code:			Are you Exempt from E Verify? <input type="checkbox"/> YES <input type="checkbox"/> NO	
			(If NO) E-Verify Number:	
<b>SECTION 1: BUSINESS INFORMATION</b>				
Business Location Address: (P.O. Box Not permitted)			Name of Registered Agent(s)/Owner(s):	
City:	State:	Zip:	Business Phone #:	
Business Name:			Email Address:	
Business Type/Description:			Is This a Home-Based Business: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please explain the daily operation of the business:				
Choose the option below that best Describes the Primary Function of Business*:				
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Information <input type="checkbox"/> Educational <input type="checkbox"/> Transportation <input type="checkbox"/> Retail <input type="checkbox"/> Public Administration <input type="checkbox"/> Finance/Insurance <input type="checkbox"/> Real Estate <input type="checkbox"/> Professional <input type="checkbox"/> Management Co. <input type="checkbox"/> Administrative <input type="checkbox"/> Healthcare <input type="checkbox"/> Arts/Entertainment <input type="checkbox"/> Accommodation <input type="checkbox"/> Food Service <input type="checkbox"/> Other :				
Number of employees associated with business: _____			Were you required to obtain a certificate in any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is business carried on under a trade name other than the one shown? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes list that name:	
Is there a physical location in the city limits? <input type="checkbox"/> YES <input type="checkbox"/> NO			If Yes, a certificate of occupancy application needs to be completed and attached to this application. (See B below)	
Will food be served at this business? <input type="checkbox"/> YES <input type="checkbox"/> NO			If Yes, you must apply for a Food Service Permit with Burke County Health Department (See C Below)	
Does your profession require a State License?			If Yes, please attach proof of current licensure from the State of Georgia or Applicable Licensing Board.	
Are alcohol sales proposed for this business? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, you must apply for an alcohol license with the city. (See A Below)	

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## OCCUPATIONAL TAX CERTIFICATE APPLICATION

All businesses within the City of Waynesboro must obtain an **Occupational Tax Certificate**, commonly known as a Business License. Each person who is engaged in any business, trade, profession, or occupation in the City of Waynesboro shall pay an occupation tax for said business, trade, profession, or occupation. This certificate shall be displayed in a conspicuous location in the place of business.

### A. ALCOHOL LICENSE

All establishments that wish to engage in the operation of **selling Alcoholic Beverages** must have an **Alcoholic Beverages License** from the City of Waynesboro. Businesses must also obtain an Alcohol License from the State of Georgia.

For more information concerning Alcohol Licensing, Contact City Hall at: (706) 554-8000.

### B. ZONING, BUILDING & FIRE

All businesses with a physical location within the city limits must have a **Certificate of Occupancy**. To obtain a Certificate of Occupancy, you must first pass a C.O. Inspection which is performed by the City of Waynesboro's Planning and Development & Fire Departments. For questions/more information about the **Certificate of Occupancy or C.O. Inspection**, please contact the Planning and Development Department, located at the Ice Plant at (706) 554-8006.

Attach Certificate of Occupancy

### C. FOOD SERVICE PERMIT

All establishments that are **preparing food** must have a **Food Service Permit** from the Georgia Department of Public Health. Contact the Burke County Health Department to arrange an appointment with the Health Inspector, Stephen Murray at (706)554-3456.

Attach Food Service Permit

## SECTION 2: PROPERTY OWNER INFORMATION (If applicable)

Name:	Phone:
Street Address:	Email Address:



## OCCUPATIONAL TAX CERTIFICATE APPLICATION

Preferred Method of Contact	
Name:	Phone:
Title:	Email Address:

SECTION 3: BUSINESS OWNER INFORMATION	
Ownership Status:	
Sole Proprietor      Partnership      LLC      INC      Non-Profits /Exempt	
Name:	
Mailing Address:	Phone Number:
City:	State:      Zip:      Email Address:

SECTION 4: LICENSE FEE	
Practitioners of certain professions may elect to pay a flat fee of \$200. If you are considering this option, contact the City Clerk. I hereby certify that the information reported herein is true and correct.	
Number of Employees: _____ Federal Work Authorization User ID Number: _____ (11 or more employees)	

Number of Employees	Tax Liability (After Mar 31 <sup>st</sup> : 10% Penalty Added)
0 - 2	\$90
3 - 10	\$125 for up to 3 employees and \$35 for each additional employee
11- 20	\$402 for up to 11 employees and \$32 for each additional employee
21- 30	\$715 for up to 21 employees and \$25 for each additional employee
31- 33	\$958 for up to 31 employees and \$18 for each additional employee
43 & Over	\$1,000

CERTIFICATION	
I, the undersigned, do hereby register to operate said business within the City of Waynesboro in accordance with the City of Waynesboro Business Ordinance (Ch. 26-Businesses, Code of Ordinance). I certify that I am the person duly authorized by the business herein named to file this return, including the accompanying affidavit(s). In addition, I certify that all information provided is true and correct and that I have paid the correct fees owed by the named business to the City of Waynesboro.	
Applicant's Signature: _____	Date: _____
Applicant's Printed Name: _____	Applicant's Job Title: _____