

# 2024 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:

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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) \_\_\_\_\_ \*

Mailing Address if Different from Business address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

AFTER HOURS Phone No. \_\_\_\_\_

*Different from Business Telephone*

\*Applicant's Name: (Print Name) \_\_\_\_\_ \*

\*Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Business:\*

**Please check your type business:**

☐ RETAIL      ☐ Service      ☐ HOME OCCUPATION      ☐ **INSURANCE \$100**

☐ **DISABLED VETERAN (no charge Occupation tax)**      ☐ **NOT-FOR-PROFIT (no charge)**

**\*Regulatory Fee (alcohol and billiards if applicable)+**

<i>Retail Package:</i>	<i>On Premises:</i>	<i>Wholesale:</i>	<i>Billiards:</i>	<i>Sidewalk Cafe</i>	<i>Brew Pub</i>	<i>Microbrewery</i>	<i>Farm Winery</i>
<input type="checkbox"/> Liquor - \$5,000 *	<input type="checkbox"/> Liquor - \$1,600.00	<input type="checkbox"/> Liquor - \$2,000.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00
<input type="checkbox"/> Beer - \$160.00	<input type="checkbox"/> Beer - \$270.00	<input type="checkbox"/> Beer - \$100.00	Microdistillery <input type="checkbox"/> \$50.00				
<input type="checkbox"/> Wine - \$160.00	<input type="checkbox"/> Wine - \$270.00	<input type="checkbox"/> Wine - \$135.00					

\*one half pymt. due Dec 31 balance June 1, PKG LIQUOR ONLY

**Occupation tax**      **\$ 110.00**

**Employee tax #EMPLOYEES**      **\$**      **If applicable see employee chart**  
 (see [www.lagrangega.org](http://www.lagrangega.org)- 2024 Renewal)

**Total Regulatory fee**      **\$**      **See above for regulatory fees**

\*(See regulatory chart above check all that apply to your business)

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

**e-verify number** \_\_\_\_\_ **OR** if 10 or less employees please ck(   )

**\*\*Owner of Business**      **MUST BE THE SAME AS ON THE ORIGINAL APPLICATION**

**\*\* Ownership is not transferrable. If ownership has changed please contact the City of LaGrange**

For credit card payments for email or mail renewals (we accept most major credit cards )

Credit Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3/4 digit code # \_\_\_\_\_

Zip Code \_\_\_\_\_

Please post your certificate in a conspicuous place in full view of the public.

**NOTICE: WE WILL BE UPGRADING TO ONLINE RENEWALS IN 2024**



## 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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