Registered Businesses are businesses that have their home office located in another county within the State of Georgia. The taxes are being paid to that county and the Occupational Tax Certificate or business license are issued by them. A current copy of the Occupation Tax Certificate (OTC) /Business License from the county in which taxes are paid is required to register in the City of Albany/Dougherty County.

1. Businesses with a license from another state will be required to get an Occupational Tax Certificate from the City of Albany.

2. Corporations wishing to do business in Georgia must obtain certification as a corporation operating in Georgia from the Secretary of State. A copy of the corporation paperwork will be required.

3. A Copy of the individual driver's license is required of the person applying for the Occupational Tax Certificate on behalf of the business or corporation.

4. Applicants that are regulated by the State of Georgia must obtain a license from the Georgia Secretary of State. They must submit a copy of the state license or permit with the OTC application. This includes, but is not limited to the following: Electricians, Refrigeration, Heating/Cooling, Auto Dealers, Plumbers, Alarm Contractors, Barbers/Beauticians, etc. (See the GA Secretary of State website, www.sos.ga.gov, for a complete list.)

5. Your Occupational Tax Certificate is valid for only one year (calendar year). The Occupational Tax Certificate expires on December 31st of each year, regardless of the date purchased.

6. The Occupational Tax Certificate must be renewed no later than March 15th for the current year. All businesses that have ceased operation shall submit a notarized letter to the Treasury Office stating that the business has been closed.

7. If there is a change in the business, such as ownership, company name, federal identification number, location or mailing address, please notify us immediately. If the changes are made after the renewal deadline of March 15th, additional fees will be assessed.

8. Contractors: Copy of current Certificate of Insurance depicting liability insurance coverage of at least $100,000.00 and the City of Albany as certificate holder. To ensure that a current copy of your insurance is on file with our office submit the current one during the renewal period.

Thank you for doing business in the City of Albany and Dougherty County. If you have any questions contact the Treasury Division at 240 Pive Avenue, Suite 150, Albany, Georgia 31701. Office number 229-431-2118, Fax 229-432-8160
APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE
CITY OF ALBANY, TREASURER DIVISION,
240 PINE AVENUE, SUITE 150
ALBANY, GEORGIA 31702-0447
(229) 431-2118

<table>
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<th>CHECK ONE:</th>
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<th>OTHER</th>
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<td>NEW BUSINESS</td>
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<tr>
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<td>REMODEL/RENOVATE</td>
<td>PARTNERSHIP</td>
<td>YES</td>
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<tr>
<td>DOUGHERTY COUNTY</td>
<td>NEW BUILDING</td>
<td>USE OF LAND WITHOUT BUILDING</td>
<td>CORPORATION</td>
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</table>

2. BUSINESS NAME

- BUSINESS LOCATION (DO NOT USE P.O. BOX)
- CITY, STATE
- ZIP CODE

NEW NAME (NAME CHANGE ONLY)

- NEW ADDRESS (ADDRESS CHANGE ONLY)
- CITY, STATE
- ZIP CODE

3. CORPORATION NAME (IF DIFFERENT THAN BUSINESS NAME) (DOCUMENTATION REQUIRED)

- MAILING ADDRESS, STREET OR P.O. BOX
- CITY, STATE
- ZIP CODE

4. SALES TAX NUMBER (IF REQUIRED)

- STATE LICENSE NUMBER (IF REQUIRED)
- FEDERAL TAX NUMBER (REQUIRED INFORMATION): 

5. WILL YOUR BUSINESS BE ENGAGED IN THE PROVISION OF ANY ADULT ENTERTAINMENT OR SERVICE TO INCLUDE, BUT NOT LIMITED TO, PARTLY CLAD DRESS, TOPLESS OR NUDE ENTERTAINMENT?

- YES or NO
- IF YES, PLEASE EXPLAIN:

6. WILL YOUR BUSINESS SELL ANY ADULT NOVELTIES OR ANY ITEMS THAT WOULD NOT BE APPROPRIATE TO INDIVIDUALS UNDER THE AGE OF MAJORITY?

- YES or NO
- IF YES, PLEASE EXPLAIN:

7. BUSINESS OWNER OR OFFICER

- HOME ADDRESS OR P.O. BOX
- PHONE NUMBER

- TITLE (IF APPLICABLE)
- CITY
- STATE
- ZIP CODE

- CO-OWNER OR OFFICER
- PHONE NUMBER

- TITLE (IF APPLICABLE)
- CITY
- STATE
- ZIP CODE

- CO-OWNER OR OFFICER
- PHONE NUMBER

- TITLE (IF APPLICABLE)
- CITY
- STATE
- ZIP CODE

8. BUSINESS TYPE

- NO. OF EMPLOYEES
- GROSS RECEIPTS
- *Email Address

A FALSE STATEMENT ON ANY PART OF MY OCCUPATIONAL TAX APPLICATION MAY BE GROUNDS FOR REVOKING OR SUSPENDING THE CERTIFICATE 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.

Applicant's Signature: ____________________________ Date: ____________________________

FOR OFFICE USE ONLY

<table>
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<tr>
<th>FIRE MARSHAL APPROVAL:</th>
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<th>CERTIFICATE OF OCCUPANCY ISSUE DATE:</th>
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<td>APPLICATION RECEIVED BY:</td>
<td>DATE APPLICATION RECEIVED:</td>
<td>DATE APPLICATION CHECKED:</td>
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COMMENTS: ____________________________

TREASURER FORM NO. 16 - (Revised 3/27/13)
Affidavit Verifying Status
For City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Albany, Dougherty County, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract, or other public benefit as referenced in 8 U.S.C. Section 1621 and O.C.G.A. Section 50-36-2, I am aware that the City of Albany and Dougherty County will rely on the statements contained herein. With respect to my application for a City of Albany, Dougherty County, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit for, I swear or affirm

Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.

Name of business, corporation, partnership, or other private entity.

E-Verify User Number

Check one of the following two options.

1) __________ I am a United States citizen.

OR

2) __________ I am a legal permanent resident, eighteen (18) years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationally Act eighteen (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: ___________________________

* ________________

Alien Registration Number for Non-Citizens

SUBSCRIBED AND SWORN BEFORE ME ON THIS
________ DAY OF ___________________ 20__

__________________________
NOTARY PUBLIC
My Commission Expires: ______________________

*Note: O.C.G.A. § 50-36-1 (e) (2) requires that aliens under the Federal Immigration and Nationally Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definitions 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: ___________________________
Private Employer Affidavit
Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for an Occupational Tax Certificate, or other document required to operate a business in the City of Albany/Dougherty County as referenced in O.C.G.A §36-60-6(d):

Section 1

Please check only one:

(A) __________ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees*. Please fill out Section 2 and Section 3.

(B) __________ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees. Please skip Section 2 and complete Section 3.

Section 2

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. The undersigned private employer also attests that its Federal Work Authorization use identification number and date of authorization are as follows:

________________________________________________________________________
Name of Private Employer (Business Name)

________________________________________________________________________
Federal Work Authorization User Identification Number

________________________________________________________________________
Date of Authorization

Section 3

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on __________, ___________ 20____ in ___________ (city), ___________ (state).

________________________________________________________________________
Signature of Authorized Officer or Agent

________________________________________________________________________
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS DAY ___________ 20____

____________________________________
NOTARY PUBLIC
My Commission Expires: ____________________

*To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.