



A Golden Past.  
A Shining Future.

*Glynn County Tax Certificate Checklist*  
1725 Reynolds Street, Suite 200, Brunswick, GA 31520  
Phone: 912-554-7122

**Commercial Business Requirements:**

Occupation Tax Registration:

- A) **Must be completed, signed and notarized**
- B) Sales tax number, if applicable (Dept of Revenue (912)356-2140 or [www.dor.ga.gov](http://www.dor.ga.gov) (quickest way to apply)

Glynn County Fire Department Approval:

- A) **Must call (912) 554-7779 to setup appointment**

Glynn County Community Development Approval:

- A) Top portion must be completed and signed

Affidavit Verifying Status:

- A) **Must be completed, signed and notarized**
- B) Original appropriate identification must be provided ( see list of Secure and Verifiable Documents)

Private Employer Affidavit or Private Employer Exemption Affidavit:

- A) **Must be completed, signed and notarized**
- B) If more than 10 employees, provide Private Employer Affidavit
- C) If fewer than 10 employees, provide Private Employer Exemption Affidavit

Copy of appropriate license/permit, if applicable (State, Federal etc.)

**Home Occupation Requirements:**

Occupation Tax Registration:

- A) **Must be completed, signed and notarized**
- B) Sales tax number, if applicable (Dept of Revenue (912)356-2140 or [www.dor.ga.gov](http://www.dor.ga.gov) (quickest way to apply)

Home Occupation Tax Registration Zoning Form:

- A) **Must be completed, signed and notarized**
- B) **Section 608 of the Glynn County Zoning Ordinance- Home Occupation Affidavit must be signed**

Private Employer Affidavit or Private Employer Exemption Affidavit:

- A) **Must be completed, signed and notarized**
- B) If more than 10 employees, provide Private Employer Affidavit
- C) If fewer than 10 employees, provide Private Employer Exemption Affidavit

Copy of appropriate license/permit, if applicable (State, Federal etc.)

**Out of State Business Requirements:** Please follow checklist for Commercial excluding Fire Department Approval.



Glynn County Occupation Registration  
 (912)-554-7122 Email: [occupationtax@glynncounty-ga.gov](mailto:occupationtax@glynncounty-ga.gov)

License #	Tax Year	Issue Date
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Occ Tax:
Penalty/Int:
Admin Fee:
Total Due:
Payment Type:
<input type="checkbox"/> Visa
<input type="checkbox"/> MC
<input type="checkbox"/> AMX
<input type="checkbox"/> Discover
<input type="checkbox"/> Check #
<input type="checkbox"/> MO #

Indicate purpose of application: Check all that apply.

New     Renewal     Location Change     New Owner     Business Name Change

Indicate business ownership type: Check one.

Sole Proprietorship     Partnership     Corporation or Limited Liability Company (LLC)

Name of Business:		Business Location Address:	
Corporation Name:		Corporation Address:	
Mailing Address:		Home Address (if diff from location)	
Business Owner:	# of owners & employees	Email Address:	
Type of Business	Business #	Corporation #	Home/Cell #

Georgia Sales Tax #	Federal Tax Id #	Social Security #	E Verify # (Req' if more than 10 employees)
Is a State Board Certification required?	Yes	No	Exp. Date
If State License is required, please attach current copy with application (attach with initial app & each year of renewal)			

Total number of Owners & Employees: Use the highest number of employees in the 4<sup>th</sup> quarter of the previous year.  
 Independent Contractors MUST obtain individual occupation certificates if they file a 1099 at the end of the year.

# of Owners & Employees	Occupation Tax	Admin Fee	Total Due	Note: Admin Fee for
0-4	75.00	42.00	117.00	Jewelers, Pawn Shops
5-9	112.50	42.00	154.50	& Antique Furniture
10-19	150.00	42.00	192.00	Stores is \$100.00 plus
20-49	225.00	42.00	267.00	The Occupation Tax
50-99	300.00	42.00	342.00	
100-249	375.00	42.00	417.00	
250 & over	750.00	42.00	792.00	

If you have a Location Change. Please complete a New Business packet, available on the web <http://www.glynncounty.org/ot>. Check "Renewal" & "Location Change" on the packet. Add an additional admin fee of \$42.00 for all location changes.

If you cease (close) the business, please submit: Name of the Business, Date Closed, your name & contact #, in writing or by email to the Occupation Tax Dept: The business is NOT automatically closed by this department, unless in writing or by email.

Make checks payable to Glynn County Board of Commissioners.

By signing below, you certify that you are the person duly authorized to file this application, including all required schedules and statements and that the same is true, correct, and complete.

Applicant's Printed Name & Signature \_\_\_\_\_

\_\_\_\_\_ Date



O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Business Occupation Tax Certificate, Alcohol Beverage License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, from Glynn County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 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. Please see reverse side for a list of acceptable documents, for example, government issued picture id such as a driver's license.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

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 as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

**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 a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check 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<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**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 user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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**I hereby declare under penalty of perjury that the foregoing is true and correct.**

Executed on \_\_\_\_\_, \_\_, 201\_\_ 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 THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

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

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

<sup>1</sup> 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.