



**City of Harlem**  
**Office of Community Development**  
**320 N. Louisville Street, P.O. Box 99, Harlem, GA 30814**  
**706- 556-3448 (FAX 706- 556-0604)**

**Application:**  
**Occupational Tax Certificate (F/K/A Business License)**

[For clarification, in the context of this application, the term Occupational Tax Certificate and Business License shall have the same meaning.]

- New License – Commercial      **for Calendar Year: 2022**      Certificate # \_\_\_\_\_  
 New License – Residential

**Section A: Basic Business Information**

Legal Business Name: \_\_\_\_\_

Db Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are required to list **in detail** all services and product types rendered.)

NAICS Codes: \_\_\_\_\_  
(<https://www.census.gov/naics/> or your accountant will be helpful in determining applicable NAICS codes)

Is your location in a Harlem Historic District? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your business be involved in the preparation or sale of food? Yes \_\_\_\_\_ No \_\_\_\_\_

Will changes be made to the interior of your business location? (new walls, upgraded plumbing, upgraded electrical system, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Business Location (Check One):  Commercial/Business Lot  In/At Home  Mobile

Business Street Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
(If different from "Street Address" above. If same, indicate "same".)

Telephone Number: \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Ga. Sales Tax Number (For Retail Sales Only): \_\_\_\_\_ e-verify Number: \_\_\_\_\_

Federal Identification Number or Social Security Number: \_\_\_\_\_

**Section B-1: Applicant Information**

Applicant is: (Check One): [  ] Owner [  ] Manager [  ] Employee [  ] Other

Applicant's Name: (One name only!): \_\_\_\_\_  
(First) (Middle Initial) (Last)

Applicant's (Home) Address: \_\_\_\_\_

Applicant's (Home) Telephone Number: \_\_\_\_\_ -

e-mail Address: \_\_\_\_\_

**Section B-2: Business Owner Information**

[If same as "Applicant" information above - indicate "same as above."]

Business Owner's Name: \_\_\_\_\_

Owner's (Home) Address: \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_

Business Manager's Name: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Key Holder Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Key Holder Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section C: State Certification Information**

Georgia Secretary of State:	License Type: _____	Identifier: _____
Georgia Department of Agriculture:	License Type: _____	Identifier: _____
Georgia Real Estate Commission & Appraisers Board:	License Type: _____	Identifier: _____
Georgia State Board of Accountancy:	License Type: _____	Identifier: _____
Georgia Board of Dentistry:	License Type: _____	Identifier: _____
Georgia Composite Medical Board:	License Type: _____	Identifier: _____
Georgia Bar:	License Type: _____	Identifier: _____
Georgia Department of Driver Services:	License Type: _____	Identifier: _____
Georgia Bureau of Investigation:	License Type: _____	Identifier: _____
Columbia County Health Department:	License Type: _____	Identifier: _____
Bureau of Alcohol, Tobacco & Firearms:	License Type: _____	Identifier: _____

O.C.G.A. 36-60-6(c) reads: Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 42 without evidence of such licensure being presented.

O.C.G.A. 43-12-1 Exemption from Payment of Occupation Tax:

\_\_\_\_\_ Yes \_\_\_\_\_ No Do you have a certificate of exemption issued by the commissioner of veterans service for a war disability, being blind, or having a service physical disability?

**Section D: Business Signage Information**

**Occupational Tax (Business License) Signage Description**

- 1. Will you be installing signage for your business? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. Will you be using trademark or service mark signage? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3. If yes to Question 2, provide a description of the trademark/service mark signage.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 4. Have you discussed signage issues with the appropriate City official? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5. Any other signage requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Section F: Acknowledgements**

**Acknowledgements**

(Initial Below)

- X \_\_\_\_\_ I acknowledge that **business licenses are business type specific**. Example - If a clothing store closes, and reopens as a jewelry store (at the same location), a new business license must be obtained.
- X \_\_\_\_\_ I acknowledge that **business licenses are site/location specific**. Example - If the business moves from one location to another, you must obtain a new license.
- X \_\_\_\_\_ I acknowledge that, to the best of my knowledge, the business complies with all City of Harlem requirements including, but not limited to, any health permits, bonds, certificates, licensing, zoning approvals, and the like; and that failure to obtain, maintain, and comply with any of the above may result in the revocation of the business license.
- X \_\_\_\_\_ In order to safeguard property, employees, and the general public, upon prior notice by City of Harlem, Columbia County or state of Georgia officials, the structure housing the business may be inspected for compliance with any or all applicable codes and ordinances, and that any violations will be corrected prior to issuance of a business license.
- X \_\_\_\_\_ I acknowledge that the business will cooperate with the City of Harlem in all matters for the purpose of obtaining a business license.
- X \_\_\_\_\_ I understand this information, or refusal to provide information, will be provided to the Georgia Department of Revenue per O.C.G.A. Section 48-13-20.1.

**Section G: Sec. 108-209. - Vehicles and parking.**

(a) It shall be unlawful to routinely park any marked business vehicles on the street. No more than one commercial vehicle, not exceeding one-ton capacity and two axles, and one trailer, may be stored on the premises, and they must be parked inside an enclosed garage or on a driveway.

(b) Incoming vehicles related to the home business use shall at all times be parked off-street within the confines of the residential driveway or other on-site permitted parking.

**Section H:**

**Required Confirmations**

If any of the following are checked, you must first have those departments approval prior to issuance of a business license.

- [ X ] Planning/Zoning Dept. approved?: Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_  
David Jenkins, Dir. (706-595-5355)
- [ ] Columbia County Health Dept. approved?: Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_  
Andrea Frazier (706-868-3330)
- [ X ] Water System Backflow Device or Grease Trap System approved? Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_  
C, Scott Daniel (via email)
- [ ] City of Harlem Building Official approved?: Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_  
John Johnson (706-556-0043)
- [ X ] Fire Marshal approved?: Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_  
Pamela Nickles (706-556-0043)
- [ ] Code Enforcement approved: Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_  
Pamela Nickles (706-556-0043)
- [ ] Alcohol License Compliance approved?: Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_  
Planning Commission(706-556-0043)
- [ X ] All City Fees Paid? Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_  
City of Harlem City Clerk (706-556-3348)
- [ ] Other: \_\_\_\_\_ approved?: Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_

**DECLARED NUMBER OF EMPLOYEES:** \_\_\_\_\_

<b>Tax Schedule</b>	Is there a Disability Payment Exemption? _____
<i>Number of Employees</i>	<i>Tax Amount</i>
1-5	\$75.00
6-10	\$100.00
11-20	\$175.00
21-30	\$250.00
31-40	\$300.00
Over 40	\$500.00

As an authorized representative of the business I hereby warrant that I fully understand the information requested and/or stated above, and that the information submitted herein is true and factual to the best of my knowledge. I further understand that giving false information on this application or to any county representative or designee shall constitute grounds for revocation of the business license.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

**APPROVALS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Community Development

\_\_\_\_\_  
per Ordinance

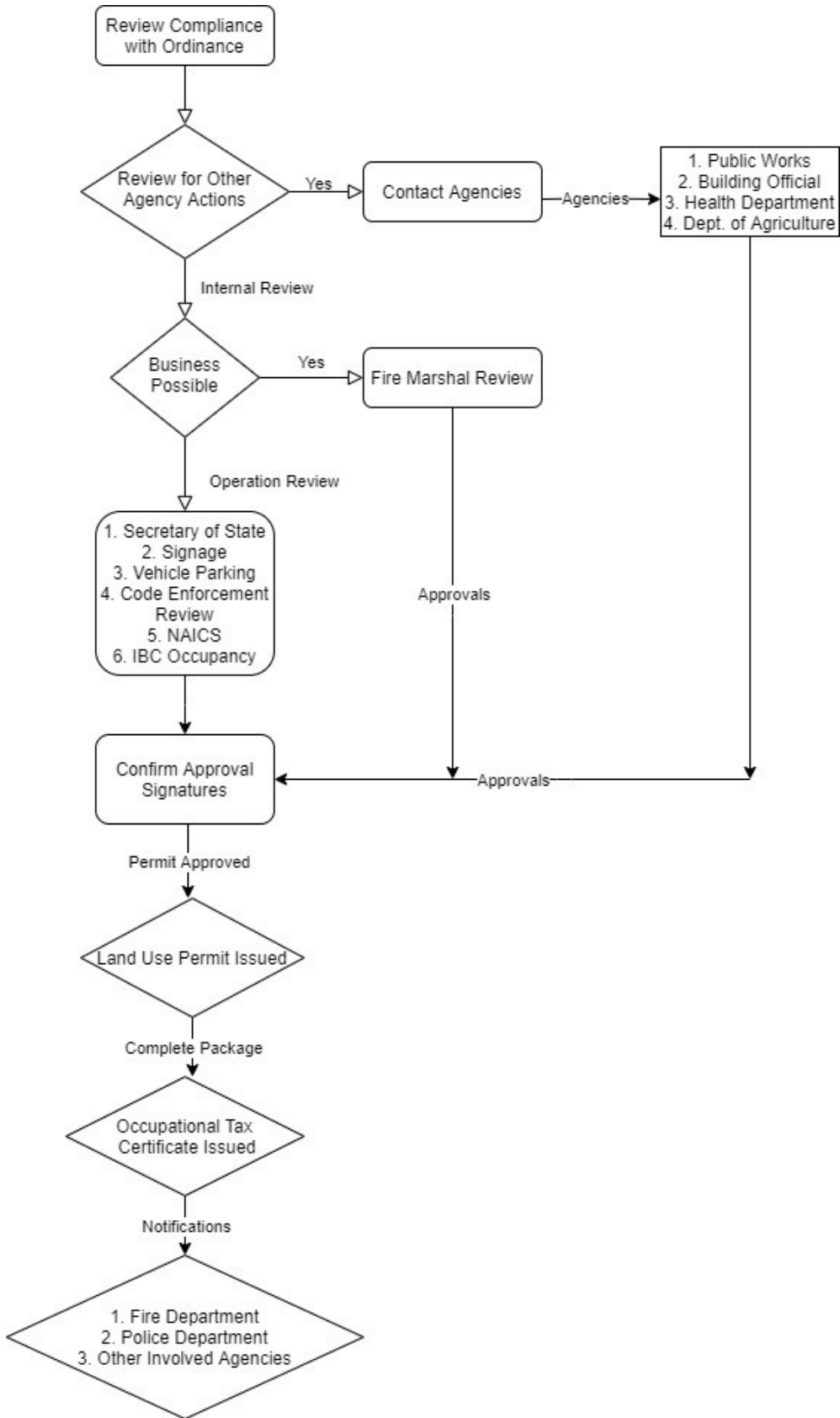
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
per Ordinance

# Flow Chart of the Harlem Occupational Tax Certificate Application Process



## HARLEM FIRE MARSHAL INSPECTIONS

The City of Harlem complies with Georgia laws and regulations of the Office of Insurance and Safety Fire Commissioner. If you are submitting an application for an Occupational Tax Certificate in a commercial location, please contact Ms. Pamela Nickles, Fire Marshal / Code Official, City of Harlem, 320 N Louisville Street, Harlem, GA 30814, 706-556-0043 / [pnickles@harlemga.org](mailto:pnickles@harlemga.org) for consulting on your business site requirements.

If you will be operating your business out of your home or a residence you rent, there are four requirements that you must satisfy to pass your fire inspection. These requirements are:

1. You must have working smoke alarms in the home
2. You must have your address posted either on the mail box or on the home in minimum 4" reflective on a contrasting background
3. You must have a complete circuit directory in your electrical panel (all breakers labeled with what they control and no open voids in the panel)
4. You must have a fire extinguisher that is tagged by a licensed company mounted in the office area of your home (call if you have questions before purchasing from a big box store)

You should address these issues before the required fire inspection to make the best use of your time and that of the Harlem Fire Marshal. Once you have these items in place, please contact Ms. Pamela Nickles, Fire Marshal / Code Official, City of Harlem, 320 N Louisville Street, Harlem, GA 30814, 706-556-0043 / [pnickles@harlemga.org](mailto:pnickles@harlemga.org) to schedule your inspection.

Please note that other code violations such as outside storage of non-operating vehicles, or excessive refuse stored on property, etc. must be addressed before the Fire Marshal inspection and any issuance of an Occupational Tax Certificate.

Information for the Harlem Fire Marshal is:

Pamela Nickles  
Fire Marshal / Code Official  
City of Harlem  
PO Box 99 / 320 N Louisville Street  
Harlem, GA 30814  
706-556-0043  
[pnickles@harlemga.org](mailto:pnickles@harlemga.org)

## COLUMBIA COUNTY WATER UTILITY INSPECTIONS

The City of Harlem cooperates with the Columbia County Water Utility to assure protection of the public water system and public sewer system serving the City of Harlem. Protecting these systems means

1. Working to prevent unclean water from getting into water lines
2. Working to prevent fats, oils and greases getting into the sewer system.
3. Making certain that untreated well water does not mix with the public water system.

If you are submitting an application for an Occupational Tax Certificate in a *commercial location*, please contact Mr. C. Scott Daniel, Environmental Compliance Coordinator, Columbia County Water utility by email at [sdaniel@columbiacountyga.gov](mailto:sdaniel@columbiacountyga.gov) to discuss the three items listed above. There are specific commercial standards and possible equipment purchases that might be required.

If you are submitting an application for an Occupational Tax Certificate in a *home occupation location*, please contact Mr. C. Scott Daniel, Environmental Compliance Coordinator, Columbia County Water utility by email at [sdaniel@columbiacountyga.gov](mailto:sdaniel@columbiacountyga.gov) or call at 706-868-4242 to discuss the three items listed above. There are different standards for residential location, but some home occupations may require possible equipment purchases.

The City of Harlem and the Columbia County Water Utility want potential businesses to succeed. To succeed, you need to know all possible business costs up-front.

Please contact Mr. Daniel as soon as possible in case water or sewer system equipment must be purchased and installed. The Columbia County Water Utility may have to arrange a site visit with you and this might take time to arrange.



Columbia County Tax Assessor's Office  
 P O Box 498  
 Evans, Georgia 30809  
 (706) 312-7474 Fax 312-7476

Tom Schneider    Charles Sharpe    Wes Fuller    Terry Randolph    Don Skinner  
 Chairman        Vice Chairman    Member        Member        Member

Dear New Business Owner,

This letter to inform you of the procedures you will need to be aware of as a business owner in Columbia County.

At the beginning of each January, you will receive a Business Personal Property Tax Return from our office that needs to be completed and returned to us no later than April 1. Per Georgia state law (O.C.G.A 48-5-10), all property must be returned. In addition to the completed Return, a current active asset listing is required to be submitted. Any Returns postmarked after April 1 will receive a 10% penalty, so make sure to file on time.

We will mail you an assessment notice in June with the value placed on your business assets and inventory. Your notice will include the 100% value of your assets, along with the 40% assessed value that your tax is calculated on. You have 45 days from the date of the notice to appeal this value if you disagree.

In August, the Tax Commissioner's Office will mail you the Personal Property Tax Bill, which will be due by November 15. If you have any questions concerning your bill, please contact their office.

If you close your business, move your business, or change ownership, please notify Development Services Department and the Tax Assessors Office with this information. It is extremely important that we have the most current information to make sure you receive the above forms in a timely manner. To notify us that your business has closed, you can download a Business Personal Property Return on our website at [www.columbiacountyga.gov](http://www.columbiacountyga.gov).

If you have any questions, please don't hesitate to contact us and we will be happy to help you. In addition, we have enclosed a list of commonly asked questions and answers.

Thank you for your cooperation so that we are able to complete this process accurately each year.

COLUMBIA COUNTY TAX ASSESSORS OFFICE  
 PERSONAL PROPERTY DIVISION  
 706-312-7474 EXTENSION 14175

I acknowledge that I must submit a Business Personal Property Tax Return to the Columbia County Tax Assessor's Office.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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



## O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Harlem, State of Georgia, the undersigned applicant verifies one of the following with respect to 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.

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 an 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 1st 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 1st 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

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 202\_\_ 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 \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
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.

## **PERSONAL IDENTIFICATION DOCUMENTS**

To assure the accuracy of the Occupational Tax Certificate process, the City of Harlem will require a color copy of the following documents:

1. Valid Secure and Verifiable Government Issued Document (usually a Driver's License, but could be another type)
2. If the Applicant is a Permanent Resident of the United States of America, front and back color copies of the Permanent Resident Card.

These are secure and verifiable documents, as required by O.C.G.A. § 50-36-1(e)(1),

Official Use (Do Not Write Below This Line)

Name of Business: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Business Owner \_\_\_\_\_

Occupational Tax Fee: \$\_\_\_\_\_ Based On: [ ] Employees [ ] Mobile Bus.

Certificate Delivery by: [ ] Mailed [ ] Hand Delivered [ ] W/Pick Up Other: \_\_\_\_\_

NAICS#: \_\_\_\_\_

IBC Occupancy Type (circle appropriate): A \_\_\_\_\_ B \_\_\_\_\_ E \_\_\_\_\_ F \_\_\_\_\_ H \_\_\_\_\_  
(Note additional details)

I \_\_\_\_\_ M \_\_\_\_\_ R \_\_\_\_\_ S \_\_\_\_\_ U \_\_\_\_\_

Property Taxes Paid? Date: \_\_\_\_\_ Zoning: \_\_\_\_\_ Map/Parcel #: \_\_\_\_\_

Review for any Additional Site Plan Questions for Land Use Permit Use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State Corporation Review: \_\_\_\_\_

Review of Certificate of Appropriateness Requirements: \_\_\_\_\_

Review of Harlem Signage Ordinances: \_\_\_\_\_

State Licensure Details: \_\_\_\_\_

Business Address: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Secretary of State Address: \_\_\_\_\_

Results Sent to Fire Department: \_\_\_\_\_ (Date)

Results Sent to Police Department: \_\_\_\_\_ (Date)