



Opportunity in every direction.

Ware County Planning & Codes Department

PLEASE READ THE FOLLOWING AS A REMINDER
ALL FORMS MUST BE COMPLETED BEFORE YOUR NEW OR RENEWAL LICENSES
WILL BE ISSUED

Dear Business Owner,

The Ware County Board of Commissioners has amended the Business and Occupational Licenses with the following changes:

1. Department of Revenue form must be completed before you can renew your License.
 - a. You can obtain your NAICS Code number at <http://www.naics.com/search/htm>
 - b. **(All Businesses have a NAICS Code Number)**
2. **O.C.G.A. 5-36-1 (e)(2) Affidavit** Verifying Status for County Public Benefit Application must be completed and signed by a Notary Public.
 - a. We must have a copy of your **Green Card each year** that you renew your Business Licenses if you are not a Citizen of the United States.
 - b. If you are a United States Citizen, you will have to make a copy of your **Driver's License** the first year.
3. Exemption Affidavit for Private Employers Pursuant to O.C.G.A. 36-60-6(d)
 - a. You are to provide how many employees you have and your E-Verify# for each.

The deadline for renewal of license is April 1st of each year. Enclosed is your Business and Occupation License and Tax Return/Renewal form. **All these forms have to be completed before your (NEW) License will be issued.**

If you need assistance you may contact the Planning & Codes Office at (912) 287-4379.

Regards,
Jamie Herlong
Business License Clerk





Ware County Planning & Codes Department

Dear Business Owner,

We are required by the Ware County Ordinances Section 42-61 (a) to have proof that all current and prior years taxes have been paid on all personal and real property before issuing a new or renewing an Occupational Tax Certificate to operate your business. You will need to contact the Tax Commissioner for this information. Their phone number is (912) 287-4305 and their fax number is (912) 287-4468. **You will need to have the Tax Commissioner or his Clerk sign this form prior to obtaining your Occupational Tax Certificate. Ware County Planning & Codes will not verify this tax status.**

NAME OF BUSINESS/OWNER: _____

ADDRESS OF PROPERTY: _____

OWNER OF PERSONAL OR REAL PROPERTY: _____

REAL PROPERTY ACCOUNTS: _____

STATUS OF ACCOUNTS: (PAID, UNPAID, APPEALED, AND INSTALLMENT AGREEMENT): _____

BUSINESS INVENTORY ACCOUNT: _____

STATUS OF ACCOUNT (PAID, UNPAID, APPEALED, AND INSTALLMENT AGREEMENT): _____

SIGNATURE OF TAX COMMISSIONER OR CLERK:

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, 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.

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 this the ___ day of _____, 20___ 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:

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

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 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹. *** 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 E-Verify Number

Date of Authorization

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 THE _____ DAY OF _____, 20__.

NOTARY PUBLIC My Commission Expires: _____

¹ 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.

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor(s) Name: _____

Letting: _____

Call No: _____

By executing this affidavit, the undersigned person or entity verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the Georgia Department of Transportation has registered with, is authorized to participate in, and is participating in the federal work authorization program commonly known as E-Verify,* in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

The undersigned person or entity further agrees that it will continue to use the federal work authorization program throughout the contract period, and it will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the undersigned with the information required by O.C.G.A. § 13-10-91(b).

The undersigned person or entity further agrees to maintain records of such compliance and provide a copy of each such verification to the Georgia Department of Transportation within five (5) business days after any subcontractor(s) is/are retained to perform such service.

E Verify™ Company Identification Number

Date of Authorization

BY: Authorized Officer or Agent
(Name of Person or Entity)

Date

Title of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 20__

Notary Public

[NOTARY SEAL]

My Commission Expires: _____

* **or any subsequent replacement** operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603



WARE COUNTY PLANNING & CODE DEPARTMENT
305 OAK ST, SUITE 157, WAYCROSS, GA 31501
Telephone: (912) 490-4379 Fax: (912) 490-2467



WAYCROSS /WARE COUNTY BUSINESS REGISTRATION FORM
FOR 911 PURPOSES

DATE _____ BUSINESS PHONE # _____

BUSINESS NAME _____

BUSINESS LOCATION _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACTS

1ST CONTACT _____ PHONE # _____

2ND CONTACT _____ PHONE # _____

3RD CONTACT _____ PHONE # _____

4TH CONTACT _____ PHONE # _____

OWNER'S NAME _____ PHONE # _____

OWNER'S MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

YOU MAY MAIL COMPLETED FORM TO:

Ware County Public Safety
 Communications Center
 3395 Harris Rd
 Suite 400
 Waycross, GA 31501

OR YOU MAY FAX COMPLETED FORM TO: 912-490-4393



BUSINESS AND OCCUPATIONAL TAX RETURN

New (_____) \$50.00 Relocation (_____) Zoning (_____)

THE FOLLOWING ITEMS MUST BE COMPLETED TO PROCESS THIS APPLICATION

BUSINESS NAME _____ DATE _____
TYPE OF BUSINESS _____ STATE TAX # _____
LOCATION OF BUSINESS _____
OWNERS NAME _____
OWNERS ADDRESS _____ PHONE # _____
MAILING ADDRESS _____
OPERATOR OF BUSINESS _____
TITLE _____ OPERATORS ADDRESS _____

EMERGENCY – Please list three (3) with addresses and telephone numbers

NAME	ADDRESS	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

GEORGIA STATE LICENSE OR PERMIT NUMBERS, COMPLETE AS APPLICABLE

Dept. of Agriculture # _____ State Health Permit # _____

Secretary of State License # _____ Dept. of Transportation# _____



HOME OCCUPATION LICENSE APPLICATION

_____, 20____

1. Name of Applicant: _____
2. Name of Property Owner: _____
3. Street Address of Home Occupation Business: _____

4. Tax Map and Parcel Number of Property Owner: _____
5. Describe Type of Home Occupation Applied for in Detail: _____
6. _____

7. Applicant Acknowledges by signature below agreement to meet the following Ware County Zoning Resolution Regulations:

SECTION 302.21 HOME OCCUPATION- An occupation or profession conducted within a dwelling:

- (1) By members of the family residing in the dwelling. (Does not include the operation of tourist homes or boarding homes);
- (2) No person other than members of the family residing in the dwelling is employed or works at this address;
- (3) The floor area normally used for conducting the occupation shall not exceed twenty (20) percent (%) of the total floor area;
- (4) There shall be no change in the outside appearance of the building and premises;
- (5) Merchandise is not sold in connection with such home occupation;
- (6) No traffic shall be generated in greater volumes than would normally be expected in a residential neighborhood;
- (7) No equipment shall be used which created noise, vibration, odors, or electrical interference detectable to the normal sense outside the dwelling.

8. Existing Zoning: _____

9. Zones that Allow Home Occupation: **R-S, R-90, R-75, R-50, 75MH, R-50MH, C-1, C-2, C-3, A, A-1, AND CN.**

10. Small Signs are permitted to be one (1) square foot in size.

Signature of Home Occupation Owner



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):

Mailing Address if Different From the Physical Address:

Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:

Sales Tax ID #, if Your Business is Required to Have One by Law:

Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.