



CUSTOMER SERVICE DEPARTMENT

(770) 917-8903 - Fax (678) 801-4035
P. O. Box 636, Acworth, GA 30101

G< CF H!H9FA F 9BH5@OCCUPATIONAL TAX APPLICATION (Revised 0: /4/2027) "*****

*REQUIREMENTS FOR OBTAINING C'UJ QT/V/GTO 'TGP VCN OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE)

NOTE: City ordinances and zoning regulations may not allow c'tj qt v/gto 'tgpvcn'the location you are applying for. "***
Additionally, city ordinances and zoning regulations may impose restrictions, or other regulations concerning business use and "
location. For questions concerning city zoning regulations, please contact the Development Department at (770) 974-2032.
Submitting this application does not constitute approval to open a business. An occupational tax certificate must be obtained
prior to opening any type of business. It is recommended that you obtain approval of this Commercial Occupational Tax
business plans
Application before signing any lease, incurring any cost, beginning any construction work, or investing substantial time with**

LIST OF ITEMS TO SUBMIT WITH APPLICATION

1. If a Corporation, attach a copy of the Articles of Corporation including officers0'
 2. Copy of the Federal Tax Certificate (EIN) and or Social Security Number as applicable"
 3. Copy State Sales and Use Tax Certificate, if applicable0'
- 60""Rt qqlqhlkupi 'tp' Ck 'DpD.'XTDQ.'qt 'provide a completed STVR tax remittance form0'
- 50""Please provide a copy of one (1) Secure and Verifiable Document such as a driver's license, passport, or other document*****
hqt 'vj g't gi kngt gf 'ci gpv'cpf 'vj g'ty pgt from the list of secure and verifiable documents that is located on the Attorney General's
website at law.ga.gov.



Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Acworth, Georgia, Business License or Occupation Tax Certificate, Alcohol License Taxi Permit, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for a City of Acworth, **(check one of the following)**:

- | | |
|--|---|
| <input type="checkbox"/> Business License or
Georgia Occupational Tax Certificate | Miscellaneous Licenses (check one below): |
| <input type="checkbox"/> Alcohol Beverage License | |
| <input type="checkbox"/> Taxicab License | <input type="checkbox"/> Auctioneers |
| <input type="checkbox"/> Insurance Company License | <input type="checkbox"/> Pawn Brokers |
| | <input type="checkbox"/> Massage Therapists |
| | <input type="checkbox"/> Billiard Rooms Operations |
| <input type="checkbox"/> Employee Benefits (Retirement, Health, Disability) | <input type="checkbox"/> Precious Metals and Gems Dealers |
| <input type="checkbox"/> Contracts (Please specify type) _____ | <input type="checkbox"/> Flea Markets |
| <input type="checkbox"/> Other public benefit (<i>indicate, if not listed above</i>) _____ | |

Name of Business _____

Check only one:

- 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 day of _____, 20 in _____ (city), _____ (state).

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE**

_____ DAY OF _____, 20_____

Signature of Applicant

Notary Public _____

Printed Name of Applicant

My Commission Expires: _____

*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 their alien registration number. Because legal permanent residents are included in the federal definition 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 below:



Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from _____ [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____ (printed name of private employer) verifies one of the following with respect to my application for the above-mentioned document:

Section 1. Please check only one:

(A) _____ The individual, firm, or corporation employs **eleven (11) or more** employees.

*** If the employer selected 1(A), please **fill out** Section 2 below.

(B) _____ The individual, firm, or corporation employs **ten (10) or fewer** employees.

*** If the employer selected 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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number (**E-VERIFY #**)

Date of Authorization

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 allowed by such statute.

Executed on the ___ date of _____, 20__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME _____
ON THIS THE ___ DAY OF _____, 20__ .

NOTARY PUBLIC

My Commission Expires:

G< CF H'H9F A 'F 9BH5@ OCCUPATIONAL TAX APPLICATION

Affidavit Verifying Veracity of Uj qt vVgt o 'TgpvcnOccupational Tax Application Contents

By executing this affidavit under oath, I do hereby swear under penalty of perjury that the representations and information as contained in this Uj qt vVgt o 'TgpvcnOccupational Tax Application are true and correct and that any misrepresentations or material omissions shall for mulate a basis for denial of this application.

The undersigned hereby warrants and represents that the undersigned understands the questions contained herein and the responses provided thereto, and that the undersigned has had ample opportunity to seek independent advice related thereto.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20 ____

Notary Public _____

My Commission Expires: _____



Short-Term Rental Occupational Tax Certificate Information

Section 1: Property Information

- Rental Property Address: _____
- Parcel ID Number (if known): _____
- Type of Dwelling (Single-Family, Condo, etc.): _____
- Total Number of Bedrooms: _____
- Maximum Occupancy (2 per bedroom): _____

Single-room rentals are **not** permitted e.g., basement apartments, attic lofts, attached suites. The entire structure must be included in the rental.

Section 2: Owner Information

- Property Owner Full Name: _____
 - Mailing Address: _____
 - Phone Number: _____
 - Email Address: _____
-

Section 3: 24/7 Contact Information

The registered agent or the operator must primarily reside in Cobb, Cherokee, Bartow, or Paulding County and be available 24/7 for contact.

- Registered agent or owner (circle one)
- Full Name: _____
- Mailing Address: _____
- Phone Number (24/7 Contact): _____
- Email Address: _____
- County of Primary Residence: _____

Section 4: Rental Operations

- **Platform(s) Used (must collect hotel/motel tax):**
 - Airbnb
 - VRBO
 - Other: _____
- **Do you acknowledge that only one short-term rental agreement is allowed per structure at a time?**
 - Yes
- **Do you agree to abide by the occupancy limit of two people per bedroom?**
 - Yes
- **Do you acknowledge that all emergency or complaint contacts will be directed to the listed contact?**
 - Yes

Section 5: Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I acknowledge compliance with Section 73-7.8.4 of the City of Acworth's Zoning Ordinance for short-term rentals. I understand providing false information may result in the revocation of the business license.

Signature of Owner: _____ **Date:** _____

Signature of Rental Agent (if different): _____

Date: _____