



**CITY OF CANTON  
BUSINESS LICENSE RENEWAL APPLICATION GUIDELINES**

City of Canton  
Community Development Department  
110 Academy Street  
Canton, Georgia 30114  
770-704-0100  
[www.cantonga.gov](http://www.cantonga.gov)

Attached is the City of Canton Business License/Occupational Tax Renewal License Application package. Please follow the directions and guidelines as specified below to ensure that your application is processed correctly.

All businesses must renew their License by March 31st of each year to avoid late penalties.

1. Complete the application. Fill in all blanks; use N/A if the question does not apply to your business. The application must be completed in detail, signed and dated.
2. Attach all items listed below which may apply to your application:
  - A. Copy of state and/or federal license (if applicable) (required for professional licenses)
  - B. Your most recent Georgia annual corporate registration
  - C. Completed and Notarized E-Verify/ Private employer Affidavit (Required for all)
  - D. Completed and Notarized SAVE/ Status of Citizenship Compliance Affidavit (required for all)
  - E. A Copy of the applicant's photo identification. (Required for all)
3. Acceptable forms of payment are cash, check, Visa, MasterCard, and Discover. Make checks payable to the City of Canton.

Business License/Occupational Tax License is valid from April 1st to March 31st of each year. Renewal notices are emailed to the email address on record the first week of January. Renewals not received by 5:00 p.m. on March 31st are subject to a 10% penalty and interest of 1% per month late. Postmarks are not accepted for compliance with March 31st deadline date.



**CITY OF CANTON  
OCCUPATIONAL TAX  
RENEWAL APPLICATION  
110 ACADEMY ST, CANTON, GA 30114**

Return Application and payment  
before March 31st.

Payments made after return date are subject to a 10% penalty + 1% per month

**GENERAL BUSINESS INFORMATION**

BUSINESS OR PROFESSIONAL'S NAME	DBA/TRADE NAME
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BUSINESS STREET ADDRESS

BUSINESS MAILING ADDRESS  
(IF DIFFERENT FROM ABOVE)

BUSINESS PHONE NUMBER	BUSINESS EMAIL ADDRESS
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**OWNER'S INFORMATION**

(1) Owner Name

(1) Owner Address

(1) Owner Phone Number	(1) Owner Email Address
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(2) Owner Name

(2) Owner Address

(2) Owner Phone Number	(2) Owner Email Address
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**BUSINESS TAX INFORMATION**

Total Number of Employees (Includes Owner(s))	Full-Time	Part-Time	E-Verify Number
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Name of Garbage Services Provider

**OCCUPATIONAL TAX FEES**

				Tax Class Variable	
				Tax Class 1	0.0005
				Tax Class 2	0.0006
				Tax Class 3	0.0007
				Tax Class 4	0.0008
				Tax Class 5	0.0009
				Tax Class 6	0.0010

  

	\$35.00						
Gross Receipts	X	Tax Class Variable	+	Admin Fee	=	Fee Due	
or						Minimum Fee (135.00)	
Professional License Flat Fee		\$300.00				Late Fee = 10% + 1%	
Insurance License Flat Fee		\$100.00				per month	

\*\*FORM MUST BE SIGNED AND DATED

Certification: I hereby, do register and apply to operate business within the city limits of Canton, Georgia and I further certify that the information contained in this application is true and correct, to the best of my knowledge.

Applicant \_\_\_\_\_

Date \_\_\_\_\_

(E-Verify)  
Private Employer Affidavit for Public Benefit Applicants  
Pursuant to O.C.G.A. § 36-60-6(d)

**Public Benefit Applied For:** Occupation Tax Certificate

The undersigned applicant as the duly authorized representative of the below-named private employer verifies one of the following with respect to my application for the public benefit indicated above mentioned:

**Section 1:**

*Applicant must select either "a" or "b" in Section 1.*

- a)  On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **more than ten (10) employees**.
- b)  On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **ten (10) or fewer employees**.

**Section 2:**

*Complete the fields in section 2 if you selected "a" under Section 1 above. Skip to next section if you selected "b".*

*The Federal Work Authorization User ID # is a **4 to 7 digit number** assigned by the e-Verify Program. It is **not the same as FEIN, Federal Employer ID Number or tax ID.***

*Include the date the number was assigned in the second field.*

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 #

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

**Section 3:**

*Wait to complete this section when you are in front of a Notary Public. Please be sure to **complete all fields** in this section at that time.*

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 Official Code of Georgia §16-10-20.

Executed in \_\_\_\_\_, \_\_\_\_\_  
City State

\_\_\_\_\_  
Signature of Applicant Date Printed Name of Applicant

\_\_\_\_\_  
Name of Business Title of Applicant

**Section 4:**

*The Notary Public must witness your signature and complete this section.*

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

Signature of Notary Public: \_\_\_\_\_ (SEAL)

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

# SAVE Affidavit

Affidavit Verifying Status for City Public Benefit Applicants  
Pursuant to O.C.G.A. Section 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for an **Occupational Tax Certificate**, 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:

## Section 1:

Applicants must select 1 of these 3 options.

- 1)  I am a United States Citizen  
(Must provide a copy of either current State Driver's License, Passport, Military ID or other approved document.\*)
- 2)  I am a legal permanent resident of the United States. \*\*  
(Must provide a copy of your Permanent Resident Card or another approved document.\*)
- 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. \*\* (Must provide a copy of your Employment Authorization Card or another approved document.\*)

Applicants who select 2 or 3 above must complete the 'alien number' question.

\*See link for acceptable forms of identification: [law.ga.gov/immigration-reports](http://law.ga.gov/immigration-reports)

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

\_\_\_\_\_.

## Section 2:

All applicants must describe the secure and verifiable document in this field and provide a front and back copy of that document with this affidavit.

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. Section 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. Section 16-10-20, and face criminal penalties as allowed by such criminal statute.

## Section 3:

Wait to complete this section when you are in front of a Notary Public. Please be sure to complete all fields in this section at that time.

Executed in \_\_\_\_\_, \_\_\_\_\_ State.

City State

\_\_\_\_\_  
Signature of Applicant Date Printed Name of Applicant

\_\_\_\_\_  
Name of Business Title of Applicant

## Section 4:

The Notary Public must witness your signature and complete this section.

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

Signature of Notary Public: \_\_\_\_\_ (SEAL)

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