

**DOUGLAS COUNTY OCCUPATIONAL TAX  
BUSINESS LICENSE RENEWAL FORM**

4655 Timber Ridge Drive, Douglasville, Georgia 30135  
770.920.7351 or 770.920.7348

**\*BUSINESS LICENSE ARE RENEWABLE YEARLY AND EXPIRE ON 12/31 EVERY YEAR\***

Registration# \_\_\_\_\_

Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_

Form & Payment (NO COUNTER/STARTER CHECKS OR CASH)

Payable to Douglas County **mail or bring** to:

**Occupational Tax Department**

**4655 Timber Ridge Drive**

**Douglasville, GA 30135**

Your Occupational Tax Registration (business license) is due  
**12/31/2025 (RENEWALS ISSUED 9:00 AM TO 3:45 PM MON - FRI)**

**NON-U.S. CITIZENS MUST SUBMIT A COPY OF IMMIGRATION CARD & I.D. PRIOR TO RECEIVING NEW REGISTRATION.**

**RENEWAL**     ☐ **or**  
**IF CLOSED**   ☐  
**THEN**  
**DATE CLOSED:**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**YEARLY GROSS RECEIPTS**

**\$** \_\_\_\_\_

Please complete the Affidavit of Exemption form if you have **UNDER 11**  
**EMPLOYEES: EXEMPT** ☐ must be notarized (SEE PAGE 2)

If you have over 10 employees you must e-verify!  
**OVER 10 EMPLOYEES PLEASE LIST YOUR EVERIFY#**

[ \_\_\_\_\_ ]

**PLEASE LIST ANY CHANGES:**

**NUMBER OF EMPLOYEE(S):**

**EMAIL ADDRESS:**

Bracket	Gross Receipts			Tax Class 1	Tax Class 2	Tax Class 3
<b>1</b>	-	-	50,000	<b>95.00</b>	<b>95.00</b>	<b>95.00</b>
<b>2</b>	50,001	-	99,999	<b>101.00</b>	<b>103.00</b>	<b>105.00</b>
<b>3</b>	100,000	-	249,999	<b>128.00</b>	<b>140.00</b>	<b>153.00</b>
<b>4</b>	250,000	-	499,999	<b>180.00</b>	<b>212.00</b>	<b>245.00</b>
<b>5</b>	500,000	-	749,999	<b>232.00</b>	<b>284.00</b>	<b>337.00</b>
<b>6</b>	750,000	-	999,999	<b>310.00</b>	<b>392.00</b>	<b>475.00</b>
<b>7</b>	1,000,000	-	1,499,999	<b>359.00</b>	<b>479.00</b>	<b>599.00</b>
<b>8</b>	1,500,000	-	1,999,999	<b>469.00</b>	<b>639.00</b>	<b>809.00</b>
<b>9</b>	2,000,000	-	2,499,999	<b>579.00</b>	<b>799.00</b>	<b>1,019.00</b>
<b>10</b>	2,500,000	-	2,999,999	<b>635.00</b>	<b>905.00</b>	<b>1,175.00</b>
<b>11</b>	3,000,000	-	4,999,999	<b>806.00</b>	<b>1,201.00</b>	<b>1,596.00</b>
<b>12</b>	5,000,000	-	6,999,999	<b>1,166.00</b>	<b>1,761.00</b>	<b>2,356.00</b>
<b>13</b>	7,000,000	-	9,999,999	<b>1,706.00</b>	<b>2,601.00</b>	<b>3,496.00</b>
<b>14</b>	10,000,000	-	12,999,999	<b>2,007.00</b>	<b>3,202.00</b>	<b>4,397.00</b>
<b>15</b>	13,000,000	-	15,999,999	<b>2,188.00</b>	<b>3,683.00</b>	<b>5,178.00</b>
<b>16</b>	16,000,000	-	18,999,999	<b>2,249.00</b>	<b>4,044.00</b>	<b>5,839.00</b>
<b>17</b>	19,000,000	-	& up	<b>2,490.00</b>	<b>4,885.00</b>	<b>7,280.00</b>

**(4) In accordance with the Occupation Tax ordinance, County of Douglas Georgia I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct and complete.**

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE ONLY**

Registration #	Tax Class	NAICS	Paid By	AMOUNT	BY:
			<b>Ck #</b> <input type="checkbox"/> <b>CC</b> <input type="checkbox"/> <b>CASH</b> <input type="checkbox"/>		

(OVER)

**IF YOU HAVE LESS THAN 10 EMPLOYEES SIGN BELOW**

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs ten (10) or less employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

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

TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_

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

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

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

**IF YOU HAVE MORE THAN 10 EMPLOYEES SIGN BELOW**

**Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-(d)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten (10) employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number (E-VERIFY NUMBER)

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

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

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

TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_

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

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

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