

**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: _____

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

Address: _____

City _____ State _____

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 <input type="checkbox"/> or IF CLOSED <input type="checkbox"/> THEN DATE CLOSED: _____ / _____ / _____	YEARLY GROSS RECEIPTS \$ _____	Please complete the Affidavit of Exemption form if you have UNDER 11 EMPLOYEES: EXEMPT <input type="checkbox"/> must be notarized (SEE PAGE 2) If you have over 10 employees you must e-verify! OVER 10 EMPLOYEES PLEASE LIST YOUR EVERVERIFY# _____
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PLEASE LIST ANY CHANGES:		NUMBER OF EMPLOYEE(S):
EMAIL ADDRESS:		

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

(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:
			Ck # <input type="checkbox"/> CC <input type="checkbox"/> CASH <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:

