



## City of Midway

*Mayor*  
*Levern Clancy, Jr.*  
*Mayor Pro-Tem*  
*Dr. Clemontine F. Washington*

*Councilmember's*  
*Catherine Melice Gerace*  
*Henry O. Stevens, Jr.*

October 28, 2020

Dear Business Owners:

The **Due Date** for your Business Occupational tax is **January 1st** of each year. The Business Occupation Fees are based on the NUMBER OF EMPLOYEES.

### APPLICATION GUIDELINES

1. All applications must be completed and signed in order to be processed. All spaces must be filled out completely. If not applicable, insert (N/A).
2. A Business Occupational Tax Certificate will be processed **ONLY** when all applicable forms have been completed and returned with the application.
3. Please include the following documents that are applicable to your business.
  - (a) A copy of all State Licenses required by the State of Georgia.
  - (b) Restaurants: Copy of the current Environment Health Department Inspection Grade Certificate.
  - (c) Copy of your paid receipt from the Liberty County Tax Commissioner Office or a letter from the Liberty County Tax Assessor's Office for your business.
4. **PENALTIES** will be applied beginning **APRIL 1, 2021** on outstanding balances.

Sincerely,

*Lynette G. Cook-Osborne*

Lynette G. Cook- Osborne  
City Clerk

\_\_\_\_\_  
Manager/ Owner Initials

# City of Midway

41 Charlie Butler Road - P.O. Box 125  
Midway, GA 31320  
Phone: (912) 884-3344 Fax: (912) 884-5107

## OCCUPATIONAL TAX APPLICATION (BUSINESS LICENSE)

- Single Proprietor
- Corporation/Partnership
- Limited Liability Corporation (LLC)
- Home Occupation
- Non-Profit Organization

- Alcohol On-Premise
- Alcohol Off-Premise
- Catering Permit

DUE DATE 01-01-2021  
PENALTY APPLIED 04-01-2021  
CITATIONS ISSUED 05-01-2021

Application Completed By: \_\_\_\_\_

Business Name \_\_\_\_\_

Applicant/ Manager/ Owner \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address for Business \_\_\_\_\_

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

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

Business Telephone Number \_\_\_\_\_

Applicant/Owner's Phone Number \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

SSN/FEI # \_\_\_\_\_

State Tax # \_\_\_\_\_

Address \_\_\_\_\_

Sales Tax # \_\_\_\_\_

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

U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not, attach copy of green card.

Nature or Character of Business \_\_\_\_\_

Does this Business Require a State License \_\_\_\_\_ (If yes) Date Expires: \_\_\_\_\_  
(PLEASE ATTACH A COPY OF YOUR STATE LICENSE OR CERTIFICATE)

Have you ever been arrested: \_\_\_\_\_ Yes \_\_\_\_\_ No

Charges: \_\_\_\_\_

(Attach additional sheet if necessary)

**CONTINUED  
LICENSE FEE COMPUTATIONS**

Number of Employees: \_\_\_\_\_ (Enter Amount Due) \$ \_\_\_\_\_  
(Including owners)

Administration: Fee Due for New Application \$ \_\_\_\_\_  
And/ or Relocation Application

Other Fee(s): \_\_\_\_\_ \$ \_\_\_\_\_

Interest: \$ \_\_\_\_\_

Penalty: \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

**IMPORTANT: PLEASE READ CAREFULLY**

The applicant hereby agree to be bound by all of the terms and conditions of the Ordinance adopted by the City of Midway, Georgia and any laws as may apply to the above business. I hereby agree to permit during business hours reasonable inspections as authorized by law.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_  
(Authorized Signature of Applicant)

PERSONALLY before the undersigned appeared \_\_\_\_\_  
Who on Oath had sworn that the above information given therein is true and correct?

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ CITY OF \_\_\_\_\_

\_\_\_\_\_  
(NOTARY STAMP OR SEAL)

\_\_\_\_\_  
(NOTARY PUBLIC)

**LICENSES MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF THE TERM OF THE ORDINANCE. NO BUSINESS TO OPERATE WITHOUT APPROVAL OF THIS APPLICATION FOR LICENSE. NOTIFICATION IS REQUIRED FOR CLOSING OR CHANGE OF BUSINESS LOCATION.**

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

# BUSINESS NARRATIVE

If your business will be a seasonal business, make sure seasonality is reflected in your narrative.

## Description of the Business:

Answer as many of the following questions as you can.

- What type of business are you opening? \_\_\_\_\_  
\_\_\_\_\_
- What hours/days will you be open? \_\_\_\_\_  
\_\_\_\_\_
- Describe how your company's day-to-day operations work. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What is the nature of the product(s) or service(s)? Take your time, be very specific!  
\_\_\_\_\_  
\_\_\_\_\_
- What groups of customers are you going after? \_\_\_\_\_  
\_\_\_\_\_
- What other kinds of businesses are in the neighborhood? \_\_\_\_\_  
\_\_\_\_\_
- What other licenses or permits will you be required to obtain? County/City/State/Health Dept.  
\_\_\_\_\_
- Include a brief description of who does what. \_\_\_\_\_  
\_\_\_\_\_
- Do you have company cars or trucks for this business? \_\_\_\_\_
- How many employees will you need and when? \_\_\_\_\_
- What furniture, fixtures, equipment, tools, inventory, etc. do you need? \_\_\_\_\_  
\_\_\_\_\_
- How will you store the business inventory? \_\_\_\_\_  
\_\_\_\_\_

**LIBERTY COUNTY 9-1-1 COMMUNICATIONS**

**EMERGENCY CONTACT FORM**

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Prior Address of Business (if applicable):** \_\_\_\_\_

\_\_\_\_\_

**Prior Business Name (if applicable):** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Business Owner(s) Name:** \_\_\_\_\_

**Owner(s) Home Phone Number:** \_\_\_\_\_

(Emergency use only)

**Building Owner:** \_\_\_\_\_

**Building Owner's Phone Number:** \_\_\_\_\_

**Emergency Contact: (Someone who can gain access to the business after normal business hours in case of: Fire, Burglar Alarm, or Other Emergency:**

1) Name \_\_\_\_\_

Phone # \_\_\_\_\_

2) Name \_\_\_\_\_

Phone # \_\_\_\_\_

3) Name \_\_\_\_\_

Phone # \_\_\_\_\_

**City of Midway**

Date: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

\*\*\*\*\*

**REMAINDER OF THIS PAGE FOR OFFICE USE ONLY**

**PLANNING & ZONING: Liberty Consolidated Planning Commission (LCPC) (912) 408.2030**

Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

**SIGNS: Will a new signs be installed for the business or changes made to existing signs?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, has sign permit been approved? \_\_\_\_\_ Yes \_\_\_\_\_ No Sign Permit # \_\_\_\_\_

**ALCOHOL: Serving Retail Sale? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, does location meet distance requirements for schools, churches, residences, etc., as described in City Ordinance Sec. 7-3-7**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**WATER AND SEWER: Nacetta Hayes**

**(912) 884.3344**

Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

**FIRE DEPARTMENT: Terrell L. Chipp Sr. (912) 884.3344**

Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

**POLICE DEPARTMENT (Alcohol only): Police Chief or designee (912) 880.1000**

Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

## OCCUPATIONAL TAX

**Alcohol On-Premise**            ( )  
**Alcohol Off-Premise**        ( )  
**Restaurant**                    ( )

**New Business**                ( )  
**New Business Owner**        ( )  
**New Location**                ( )  
**New Change**                 ( )  
**New Occupation**             ( )

**How many employees?** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

\_\_\_\_\_  
**BUSINESS NAME**

\_\_\_\_\_  
**BUSINESS ADDRESS**

\_\_\_\_\_  
**CONTACT PERSON**

\_\_\_\_\_  
**TYPE OF BUSINESS**

**FOR STATISTICAL PURPOSES ONLY:**  
**(OPTIONAL)**

**Please select the following SBA Class which best describes your business:**

\_\_\_\_\_ **Small Business**      \_\_\_\_\_ **Female**      \_\_\_\_\_ **Minority**

**U.S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT**

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

\_\_\_\_\_  
(Name of natural PERSON applying on belief of individual, business, corporation, partnership, or other private entity)

1) \_\_\_\_\_ I am a United States Citizen

**OR (check one)**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of Code Section § O.C.G.A 16-10-20 of the Official Code of Georgia.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

\* \_\_\_\_\_  
Alien Registration Number for Non-Citizens

SUSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

\*Note: § O.C.G.A. 50-36-1 (e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title B.U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition or "alien", legal permanent residents must also provide their alien number. Qualified aliens that do not have an alien registration number may supply another identifying number below:





## CITY OF MIDWAY ORDINANCE - EXCERPT

### Overview of Home Occupation "Zoning Ordinance" - Section 12

Applicant Name \_\_\_\_\_

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

Name of Subdivision (if applicable): \_\_\_\_\_

Current Zoning: \_\_\_\_\_

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

Business Location: \_\_\_\_\_

**"Home Occupation":** An occupation conducted in a dwelling unit, by the family occupying the same dwelling unit which is clearly incidental, and secondary to the residential use of the dwelling.

#### *General Provisions and Prohibited Uses.*

- 12.1 The home occupation shall be conducted within the principal building and only by members of the family residing in the building. Not more than one person shall be employed who is not a resident of the premises.
- 12.2 Not more than twenty (20) percent of the gross floor area of any dwelling unit may be used as home occupation.
- 12.3 No motor power other than electrically operated motors shall be used in conjunction with such home occupation and the total horsepower of such permitted electrical motors shall not exceed three (3) horsepower, or one horsepower for any single motor.
- 12.4 There shall be no alteration in the residential character of the premises in connection with such home occupation.
- 12.5 No merchandise or articles for sale shall be displayed for advertising purposes and no sign or device relative to the sale of such merchandise shall be displayed on the premises.
- 12.6 No article or materials used in connection with such home occupation shall be stored other than in the principal building so used.

**12.7** Any home occupation as provided for in this section may be reviewed by the local governing authority at any time after twelve (12) months following the approval of such use and may revoke permission to continue such home occupation at any time thereafter.

**12.8** There shall be no disturbance or offensive noise, vibration, smoke, dust, odor, heat, glare, traffic hazard, unhealthful or unsightly condition.

\_\_\_\_\_  
**Property Landowner & Identification**

\_\_\_\_\_  
**Business Owner & Identification**

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**Above Signature(s) Attested to and Witnessed By LCPC Staff Member      Date**

**Recommendation to Mayor and Council:** \_\_\_\_\_

**Meeting Date:** \_\_\_\_\_ **Zoned:** \_\_\_\_\_ **Parcel#** \_\_\_\_\_



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**Catherine Melice Gerace**  
**Henry O. Stevens, Jr.**

### **Business License Department Fee Schedule**

**(Business License Fees (based on number of employees))**

|               |           |               |
|---------------|-----------|---------------|
| 0-5           | Employees | \$100.00      |
| 6-15          | Employees | \$200.00      |
| 16-30         | Employees | \$300.00      |
| 31-50         | Employees | \$400.00      |
| 50+           | Employees | \$500.00      |
| Professionals |           | \$400.00 each |

### **Alcohol License Fees**

#### **Package Only**

#### **No Consumption on the Premises**

|                             |                   |
|-----------------------------|-------------------|
| <b>Beer Package, only</b>   | <b>\$250.00</b>   |
| <b>Wine Package, only</b>   | <b>\$250.00</b>   |
| <b>Liquor Package, only</b> | <b>\$2,000.00</b> |

#### **Consumption on Premises**

**\$500.00**

#### **Additional Fees**

|                              |   |
|------------------------------|---|
| <b>Application Fee</b>       | <b>\$30.00 (non-refundable)</b>             |
| Copy Fee                     | \$ .10 per page                             |
| Fax Fee                      | \$ 1.00 first page .25 each additional page |
| Copy of Occupational License | \$ 30.00                                    |
| Name change on License       | \$ 30.00                                    |
| Relocation Fee               | \$ 30.00                                    |

# OCCUPATIONAL TAX CERTIFICATION

## DEPARTMENTAL APPROVALS

Prior to the issuance of an occupational tax certificate, applications must be approved by each of the following departments.

|  |              |
|--|--------------|
| Zoning Department<br>LCPC Gabby Hartage  | 912.408.2030 |
| Water Department<br>Nacetta Hayes  | 912.884.3344 |
| Fire Department<br>Terrell L. Chipp Sr.  | 912.884.3344 |
| Building Inspection Department<br>Nicole Martin or Donna Adams                                   | 912.876.8454 |
| Liberty Environmental Health Dept.<br>(Restaurant and Food Service)<br>Yvette Steel or Ms. Grant | 912.368.5520 |

Copy of Health Department Certificate required before a city license is issued.

Copy of State License(s) required where applicable.

**IF YOUR BUSINESS MOVES FROM ONE LOCATION IN THE CITY OF MIDWAY TO ANOTHER, YOU MUST: (1) COMPLETE A TRANSFER FORM. (2) RECEIVE ALL APPLICABLE DEPARTMENTAL APPROVAL TO ENSURE THAT YOUR NEW LOCATION MEETS THE REQUIREMENTS OF CITY ORDINANCES. (3) PROVIDE CURRENT EMERGENCY CONTACT INFORMATION FOR THE LIBERTY COUNTY 911 COMMUNICATIONS CENTER.**

**THIS LICENSE DOES NOT TRANSFER FROM ONE OWNER TO ANOTHER. THE NEW BUSINESS OWNER IS REQUIRED TO COMPLETE AND SUBMIT AN APPLICATION TO CITY HALL.**

**Revised: 10/22/2020**