



## *City of Midway*

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

October 28, 2019

*Councilmember's*  
*Catherine Melice Gerace*  
*T. Gerald Lee*  
*Henry O. Stevens, Jr.*

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) Copy of the State License if your business is required to be licensed by the State of Georgia.**
  - (b) Convenient Store: Copy of the latest Department of Agriculture License**
  - (c) Restaurants: Copy of the current Environment Health Department Inspection Grade Certificate**
- 4. PENALTIES will be applied beginning APRIL 1, 2020 on outstanding balances.**

Sincerely,

Lynette G. Cook-Osborne  
City Clerk

\_\_\_\_\_  
**Manager/Owners Initials**

*City of Midway*  
*P. O. Box 125*  
*Midway, GA 31320*  
**Occupation Tax & Regulatory Fee (Business License)**  
*For the year of 2020*

*Date* \_\_\_\_\_ *Check#* \_\_\_\_\_ *ID#* \_\_\_\_\_

1. Name of Owner: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Daytime Phone#: \_\_\_\_\_
2. Name of Company: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone#: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_
3. Type of Business: \_\_\_\_\_  
(Example: Retail Sales, Beauty Shop, Manufacturing, etc.)
4. Federal Tax Id. or Social Security#: \_\_\_\_\_
5. State Tax Id. #: \_\_\_\_\_
6. Georgia Sales Tax Id.# \_\_\_\_\_
7. E-Verify#: \_\_\_\_\_
8. Number of Employees : \_\_\_\_\_ (This includes the owner and any part-time employee equivalent of full-time based on 40 hours per week.)
9. Save and E-verify affidavits must be signed and documentation attached.
10. \_\_\_\_\_  
Applicant or Authorized Representative Signature

**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:

## **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>	\$250.00
<b>Wine Package, only</b>	\$250.00
<b>Liquor Package, only</b>	\$2,000.00

#### **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