



City of Temple

Occupation Tax/Business License Renewal

FEE SCHEDULE

Monday thru Friday between the hours of 8:00 a.m.-4:00 p.m. or mail to address below.

*****DUE JANUARY 1ST*****

Business Name: _____

Licenses Number:

Business Address: _____

E-Verify Number: _____

E-Verify Registration Date: _____

The following information will be used by Police and Fire Department for emergencies only...

Contact Person: _____ Alternate Contact: _____

Phone Number: _____ Phone Number: _____

Alt. Phone: _____ Alt. Phone: _____

In order to be in compliance you will need to either submit 1040 form or Schedule C form, along with a copy of your drivers license. If you are no longer in business, or if you have sold your business, please send a copy of the Notice of Intent to Administratively Dissolve or Certificate of Administrative Dissolution/Revocation to the City of Temple, P.O. Box 160, Temple, GA 30179

Range of Gross Receipts	License Fee
0-100,000	\$75.00
100,001-650,000	\$125.00
650,001-1,000,000	\$150.00
1,000,001-1,500,000	\$225.00
1,500,001-2,000,000	\$300.00
2,000,001-2,500,000	\$375.00
2,500,001-3,000,000	\$450.00
3,000,001-3,500,000	\$525.00
3,500,001-4,000,000	\$600.00
4,000,001-4,500,000	\$675.00
4,500,001-5,000,000	\$750.00

Due January 1st
10% LATE FEE if Renewed after February 28th
with \$25.00 Administration Fee Included

Please enter the Emergency Contact information shown above and the amount of remittance in space below.

LICENSE AMOUNT: \$ _____

If applicable, please include the additional charges:

LATE FEE +10%: \$ _____

ADMINISTRATION FEE: \$25.00

TOTAL AMOUNT: \$ _____

FOR OFFICE USE ONLY

1040 or Schedule C
 Notice of Intent to Administratively Dissolve
 Driver's License
 Cash
 Check # _____
 Money Order# _____
 Date Received: ___/___/___
 Approved By: _____



City of Temple
Occupational Tax/Business License
Renewal Application
Affidavit of Benefit

By executing this affidavit under oath, as an applicant for an _____ or other public benefit as referenced in O.C.G.A. Sections 50-36-1, I am stating that the following with respect to my application for an _____ or other public benefit for _____ (PRINT NAME).

(Name natural person applying on the behalf of individual, business, corporation, or other private entity.)

CHECK ONE OF THE FOLLOWING:

- I am a United States Citizen
- I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien of 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 willingly makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Printed Name: _____

Signature of Applicant: _____ federal _____ Date: _____

*Alien Registration Number for non-Citizens: _____

***Note:** O.C.G.A. 50-36-1(e) (2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an registration number may supply another identifying number below:

NOTARY:

Sworn to and subscribed before me on this ____ day

of _____, _____.

Signature: _____

My Commission Expires: _____

Seal: