

TEMPORARY FESTIVAL BUSINESS TAX APPLICATION

CITY OF SAVANNAH – REVENUE DEPARTMENT

132 E. Broughton St. – PO Box 1228 – Savannah GA 31402-1228 (912)651-6445

Please fill in all applicable information requested below. This business tax return must be completed and received by the City of Savannah with payment by March 1 to avoid penalty.

1. THIS RETURN IS FOR (Check One) NEW RENEWAL AMENDED FINAL RETURN 2. DATE RETURN FILED _____

3. FESTIVAL NAME _____ DATE OF FESTIVAL _____

4. BUSINESS LOCATION _____
(Temporary Address)

5. APPLICANT'S NAME(s) _____

6. APPLICANT'S HOME ADDRESS IF DIFFERENT THAN BUSINESS _____

7. APPLICANT'S HOME PHONE _____ APPLICANT'S CELL PHONE _____

8. FEDERAL ID # _____ 9. STATE ID # _____

10. ENTER THE ESTIMATED GROSS RECEIPTS BRACKETT REPRESENTING GROSS INCOME DURING THE PRECEDING CALENDAR YEAR. _____

11. BUSINESS TAX FROM SCHEDULE \$ 85.00

ADD THE GREATER OF \$25.00 OR 10% IF RENEWED AFTER MARCH 1 \$ _____

ADD 1 % INTEREST PER MONTH IF PAID AFTER MARCH 31 \$ _____

TOTAL PAID \$ 85.00

12. DESCRIBE YOUR DOMINATE ACTIVITY:

13. I hereby register the herein named business to operate within The City of Savannah, and certify That I am the person authorized by this business to file this return, including any accompanying schedules and statements. I further certify that all statements and other information provided on and with this return are true, correct, and complete.

Print: _____ Date: _____

Signature: _____ Title: _____

**AFFIDAVIT VERIFYING STATUS FOR CITY
PUBLIC BENEFIT APPLICATION**



(Please sign the document only in the presence of the Notary Public)

By executing this affidavit under oath, as an applicant for a City of Savannah, Georgia Business Tax Certificate, Alcohol License, or other public benefit 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 Savannah, GA

(Check one) () **Business Tax Certificate**, () **Alcohol License**, or () **other Public Benefit** for

(Print name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

_____ I am a United States citizen **OR** (SEE ACCEPTABLE DOCUMENTS BELOW)

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

_____ Alien Registration number for non-citizens

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

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 O.C.G.A. 16-10-20.

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE ____ DAY OF _____, 20__

Notary Public

My Commission Expires: ____ / ____ / ____

Seal

Printed Name of Applicant

Signature of Applicant Date

Title

*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 alien registration number may supply another identifying number.

**PRIVATE EMPLOYER E-VERIFY AFFIDAVIT
FREQUENTLY ASKED QUESTIONS**

1. What is the Security and Immigration Compliance Act ("the Act")?

During the 2011 session, the Georgia General Assembly passed House Bill 87, titled the "Illegal Immigration Reform and Enforcement Act of 2011." This Act creates several new laws and code sections attempting to address illegal immigration. In relevant part, the Act provides, among other things that all persons applying for or renewing a City of Savannah Business Tax Certificate or Alcohol License on or after January 1, 2012 must complete a private employer e-verify affidavit even if the business is exempt under O.C.G.A. § 36-60-6(d).

2. What is the Act supposed to do?

Beginning on January 1, 2012, private employers with more than 500 employees seeking an occupation tax certificate (business license) or any other document required to operate a business with the county will be required to register for and use E-Verify and to sign an E-Verify affidavit attesting to such. Private employers with more than 100 employees must be registered beginning on July 1, 2012 and employers with more than 10 employees must be registered beginning on July 1, 2013. If any employer has less than 11 employees, they are exempt from this requirement, but must complete an affidavit attesting that they are exempt.

Additionally, there are other provisions of the Act that may or may not apply to private employers. For more information, please read the text of the Act at <http://www.legis.ga.gov/Legislation/20112012/116631.pdf> or contact your attorney.

3. What is E-Verify?

E-Verify, is a "federal work authorization program," and is an internet-based system that compares information from an employee's Form I-9, Employment Eligibility Verification, to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility. E-Verify is administered by the United States Citizenship and Immigration Services (USCIS).

4. How do you register for E-Verify?

Go to www.uscis.gov/E-Verify and follow the instructions. You must take a tutorial and pass an online test before utilizing E-Verify to verify someone's employment eligibility. This process takes approximately between 45 - 60 minutes.

5. Why aren't any other cities or counties requiring this?

Many other cities and counties are also requiring compliance with the Act. Regardless, the Act requires ALL local governments in Georgia to comply, whether they are doing so or not, and the City of Savannah will do so.



2014 Private Employer E-Verify Affidavit

** THIS FORM IS REQUIRED BY STATE LAW **

Account #: _____

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6, from the CITY OF SAVANNAH, the undersigned applicant representing the private employer known as _____ [printed name of private employer – individual, firm or corporation] verifies one of the following with respect to my application for the above mentioned business document:

The individual, firm, or corporation employs the following number of employees: (Select A or B)

(A) _____ 11 or more employees
You must provide the following information in order to receive a 2014 occupational tax certificate.

_____ Federal Work Authorization User Identification Number _____ Date of Authorization

(B) _____ 10 or fewer employees – automatically exempt from participation in E-Verify program.

Furthermore, I, as the applicant, affirmatively state that the employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute. Executed on the ___ date of _____, 20___ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF ___ 20___.

NOTARY PUBLIC

My Commission Expires: _____