City of Lenox

Mayor – Dot Revels-Cloud

City Clerk – Teresa Barber

P.O. Box 560 * Lenox, Georgia 31637 Phone (229) 546-4252 * Fax (229) 546-4227 "A Family Community"

November 23, 2015

This letter is to inform you that it is time to renew occupational tax license and alcohol licenses. These must be renewed by January 31, 2016.

OCCUPATIONAL TAX LICENSE

The fee required is \$100.00.

If fees are not paid by January 31, 2016, a late fee of \$25.00 will be required to obtain license.

ALCOHOL LICENSES

The following fees apply to beer and wine.

BEER ONLY -

\$ 600.00

WINE ONLY -

\$ 400.00

\$1,000.00 FOR BOTH

If fees are not paid by January 31, 2016, a late fee of \$500.00 will be required to obtain license.

Thank you,

Teresa Barber

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City Clerk

OCCUPATIONAL TAX FORM

DATE
NAME OF BUSINESS
ADDRESS OF BUSINESS
MAILING ADDRESS
OWNER OR MANAGER
NUMBER OF EMPLOYEES
TYPE OF BUSINESS

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n)
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from
[name of government entity], the undersigned applicant verifies one of the following with respect to my application for a public benefit:
voluties one of the following with respect to my application for a public deficition.
1) I am a United States citizen.
2) I am a legal permanent resident of the United States.
3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
My alien number issued by the Department of Homeland Security or other federal immigration agency is:
The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.
The secure and verifiable document provided with this affidavit can best be classified as:
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 as allowed by such criminal statute.
Executed in(city),(state).
Signature of Applicant
Printed Name of Applicant
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF, 20
NOTARY PUBLIC My Commission Expires:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

	Therein It	2 min attionalit all	der oath, as an ap	plicant for a(1	n)
	as reference	ense, occupational l in O.C.G.A. § 30	tl tax certificate, o 5-60-6(d) from	r other docun	nent required to operate a business]
	[name of co	unty or municipal nown as [oyer] verifies on	corporation], th	e undersigned	applicant representing the private [printed name of to my application for the above
1.	Only fill out	this section if the	e current date is	on or before.	June 30, 2013. Select Only One.
	(u)	employed one lease fill out Se	of the below si nundred (100) or ection 3 helow	gned year the more employ	e individual, firm, or corporation tees. If the employer selected 1(a)
	(b)	employed less th	of the below signan one hundred (gned year the 100) employe	e individual, firm, or corporation es.
2.	Only fill out	this section if the	current date is o	on or after Ju	ly 1, 2013. Select Only One.
	(a)	On January 1	of the below sig than ten (10) emp	med vear the	individual, firm, or corporation employer selected 2(a) please fill
	(b)	On January 1st	of the below sig 0) or fewer emplo	gned year the yees.	individual, firm, or corporation
		number and dat	c of authorization	n are as listec	below:
	Federal Work	Authorization Use	er Identification N	umber	Date of Authorization
	600 NO 500 400 400 400 EE E	or the det to the new are the see too too too the see the see to the see the see the see the see too	700 om der 800 om son der lak end son son der lak del son der son son der		
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