2025

City of Helen Georgia
Occupational Tax Renewal Application
PO Box 280 Helen, GA 30545
25 Alpenrosen Strasse
Phone: (706) 878-2733

one: (706) 878-2733 Date: 11/12/2024



Dear BUSINESS OWNER,

Enclosed is the renewal form for your Occupational Tax. **This tax is due by December 31**st. Please make sure that you **completely fill out all pages of the renewal form**. Do not forget to sign the forms and have them notarized where indicated. Notary services are available at Helen City Hall at no charge.

Georgia House Bill 87 requires that the business owner provide us with a verifiable form of identification before we issue your certificate.

Please provide a copy of your driver's licenses or another item listed on the verifiable identification list which is available at City Hall.

Your application must include your Georgia Sales Tax Number and Employer Identification Number to be considered valid. If you have not already done so, you must provide a copy of your original State of Georgia Sales Tax wall certificate to the city.

- **If your business is a parking lot**, Section 14-160 requires all parking lots maintain liability insurance. Please include a valid copy of your insurance binder with your application.
- If you are a landlord, please attach a list of the physical locations of your rental properties located in the City of Helen.
- If your business is food service, please remit Grease Trap Permit fees.
- If your business involves weekly or nightly rentals, provide the owner's Lodging Registration Application for each location. (This document can be found online at www.cityofhelen.org or at City Hall.) You must remit payment and a monthly Hotel/Motel

 Tax Report by the 20th of each month for the previous month's tax collected. Report is required even if there is -0- income.
- If your business has City Directional Signs, please remit fees.
- If your business sells alcohol, the Occupational Tax must be paid prior to issue of Alcohol License. If you have a Liquor Pouring License, you must remit payment and a monthly Distilled Spirits Tax Report by the 20th of each month for the previous month's tax collected.
- **If your business involves horse carriages**, include a copy of your Stable Licenses from the Georgia Department of Agriculture and a current copy of your insurance binder, as they are required by the state to be on file with the city. Also, a yearly inspection must be completed on each carriage before an Occupational Tax Certificate will be issued.

Accepted forms of payment are cash, check, money order & debit/credit card. Please note if a debit/credit card is used a 3.75% fee will be added. Refer to the tax table on Page 3 for amount due. A \$15.00 administration fee will be included in total payment.

All fees must be paid prior to the City issuing the Occupational Tax Certificate. If you have any questions, please feel free to contact City Manager Darrell Westmoreland or myself.

Sincerely,

Marilyn M. Chastain CMC

City Clerk

Occupational Tax/Business License Application

All pages, fields, and questions on this application must be completed, signed, and notarized where indicated and returned to the City of Helen, including payment. Please make any corrections on this form or provide on a separate sheet. If blank, please type or write in ink so that we can update your account, if not applicable put NA. Occupational Taxes as well as other monies owed to the City including, but not limited to, excise taxes, water bills, utility bills or otherwise, must be submitted and paid prior to the City issuing the license.

License #:		License Type:				
Corporate Name:		Business Description:				
Business Name:		Business Location:	0			
Business Phone:		Mailing Address:				
Business Email:		City State Zip:				
Owner of Business:		Emergency Contact:				
Owner Cell:		Emergency Phone:	0			
Owner Email:		Type of Ownership:				
Owner Date of Birth:		State Incorporated:				
SS#:		E-Verify:				
Driver License #:		FEIN:				
Manager (if applicable):		Sales Tax ID #:				
Manager Phone:		Gas Company:				
Manager Email:		Electric Company:	11			
Are you a home-based	d business? Yes No					
	es Citizen? 🗌 Yes 🗌 No rwork may be required. Please see Hel	len City Hall.				
	or Propane Gas? 🗌 Yes 🗌 No 🛮 Is MS	•	Hazmat? 🗌 Yes 🔲 No			
Name of Biological Materials:						
Name of Hazardous Chemicals:						
If your business has a Trap (\$100)	grease trap: 🗌 Class 1 Counter Grea	se Trap (\$300) or 🗌 C	Class 2, 3, or 4 Underground Grease			
	red): # of Indoor Seats: #	of Outdoor Seats:				
LODGING license (req	uired): # of Rooms:					
If your business provi	des Carriage Rides: Passenger Capacit	y: BLCOMM#BL039				
Driver Name(s): Horse Name(s):						
If your business has d	lirectional signs: # of Signs: BLCOMM	#BL040 (\$25 each	n) Location(s):			
Directional Sign Location(s) or Rental Property Location(s) (if applicable):						
						

Pursuant to O.C.G.A. § 48-13-7, an occupation tax based upon number of employees in the State of Georgia is levied upon businesses and practitioners of professions and occupations with one or more location or offices within the corporate limits of the city. The number of employees of the business or practitioner and computed on a full-time position basis or full-time equivalent basis, provided that for the purposes of this computation an employee who works 40 hours or more weekly shall be considered a full-time employee and that the average weekly hours of employees who work less than 40 hours weekly shall be added and such sum shall be divided by 40 to produce full-time equivalents in the State of Georgia in accordance with the following schedule:

Number of Full Time Employees	Rate of Tax (flat fee)	
0-3	\$350.00	
4-7	\$625.00	
8 & over	\$875.00	

		40,0.00	
NUMBER OF FULL-TIME EMPLOYEES (OWNER O	COUNTS AS 1) THIS YEAR: _	(required)	
NUMBER OF PART-TIME EMPLOYEES THIS YEAR	R:(required)		
If at any time during the previous year, the in your E-VERIFY number.	dividual, firm, or corporation	employed more than ten (10) employe	es, you must provide
E-Verify Number:			
Renewal Occupational Tax Fee:	\$		
Grease Trap (if applicable):	\$		
Directional Sign(s) (if applicable):	\$		
Administrative Fee:	\$15.00		
Total Due:	\$		
month on the total amount due. Any person who knowingly and willfully makes a false, fictitious, or fraudulent sknowing the same to contain any false, fic of any department or agency of state gothis state shall, upon conviction thereof, than one nor more than five years, or both	statement or representat ctitious, or fraudulent sta overnment or the governm be punished by a fine of . O.C.G.A. § 16-10-20	ion; or makes or uses any false water witement or entry, in any matter witenent of any county, city or other polenot more than \$1,000.00 or impri	riting or document, thin the jurisdiction itical subdivision of sonment of not less
I have read and understand the above statemen Occupational Tax Renewal Application is t			ation contained in this
Subscribed and sworn			
before me on this the	Signature of Applicant	/Owner:	
day of20			
	Printed Name of Appli	cant/Owner:	
Notary Public			

RETURN THIS AFFIDAVIT VIA EMAIL, MAIL, IN-PERSON, OR FAX WITH THE FOLLOWING DOCUMENTS:

- Copy of valid legal picture ID (Driver's license, passport, etc.)
- Fire Inspection Report, if applicable
- Health Inspection for restaurants

My Commission Expires: _____

Drawing of floor plan showing exits (if changes were made)

IF YOUR COMPANY IS NO LONGER IN BUSINESS, PLEASE NOTIFY US SO YOUR ACCOUNT CAN BE INACTIVATED. FOR QUESTIONS, PLEASE CONTACT OUR OFFICE AT (706) 878-2733.

Name of Business Represented