



**CITY OF CANTON  
BUSINESS LICENSE RENEWAL APPLICATION GUIDELINES**

City of Canton  
Community Development Department  
110 Academy Street  
Canton, Georgia 30114  
770-704-0100  
[www.cantonga.gov](http://www.cantonga.gov)

Attached is the City of Canton Business License/Occupational Tax Renewal License Application package. Please follow the directions and guidelines as specified below to ensure that your application is processed correctly.

All businesses must renew their License by March 31st of each year to avoid late penalties.

1. Complete the application. Fill in all blanks; use N/A if the question does not apply to your business. The application must be completed in detail, signed and dated.
2. Attach all items listed below which may apply to your application:
  - A. Copy of state and/or federal license (if applicable)
  - B. Your most recent Georgia annual corporate registration
  - C. Completed and Notarized E-Verify/ Private employer Affidavit (required for all)
  - D. A Copy of the applicant's photo identification. (required for all)
  - E. A copy of your lease (businesses in a co-working establishment)
3. Acceptable forms of payment are cash, check, Visa, MasterCard, and Discover. Make checks payable to the City of Canton.

Business License/Occupational Tax License is valid from April 1st to March 31st of each year. Renewal notices are emailed to the email address on record the first week of January. Renewals not received by 5:00 p.m. on March 31st are subject to a 10% penalty and interest of 1% per month late. Postmarks are not accepted for compliance with March 31st deadline date.



**CITY OF CANTON  
 OCCUPATIONAL TAX  
 RENEWAL APPLICATION  
 110 ACADEMY ST, CANTON, GA 30114**

Return Application and payment  
 before March 31st.

Payments made after return date are subject to a 10% penalty + 1% per month

**GENERAL BUSINESS INFORMATION**

BUSINESS OR PROFESSIONAL'S NAME	DBA/TRADE NAME
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BUSINESS STREET ADDRESS

BUSINESS MAILING ADDRESS  
 (IF DIFFERENT FROM ABOVE)

BUSINESS PHONE NUMBER	BUSINESS EMAIL ADDRESS
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**OWNER'S INFORMATION**

(1) Owner Name

(1) Owner Address

(1) Owner Phone Number	(1) Owner Email Address
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(2) Owner Name

(2) Owner Address

(2) Owner Phone Number	(2) Owner Email Address
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**BUSINESS TAX INFORMATION**

Total Number of Employees (Includes Owner(s))	Full-Time	Part-Time	E-Verify Number
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Name of Garbage Services Provider

**OCCUPTIONAL TAX FEES**

				Tax Class Variable	
				Tax Class 1	0.0005
				Tax Class 2	0.0006
				Tax Class 3	0.0007
				Tax Class 4	0.0008
				Tax Class 5	0.0009
				Tax Class 6	0.0010

  

Gross Receipts	X	Tax Class Variable	+	Admin Fee	=	Fee Due
				\$35.00		
				Minimum Fee (135.00)		
				Late Fee = 10% + 1%		
				per month		

\*\*FORM MUST BE SIGNED AND DATED

Certification: I hereby, do register and apply to operate business within the city limits of Canton, Georgia and I further certify that the information contained in this application is true and correct, to the best of my knowledge.

Applicant \_\_\_\_\_

Date \_\_\_\_\_

(E-Verify)  
**Private Employer Affidavit for Public Benefit Applicants**  
Pursuant to O.C.G.A. § 36-60-6(d)

**Public Benefit Applied For:** Occupation Tax Certificate

The undersigned applicant as the duly authorized representative of the below-named private employer verifies one of the following with respect to my application for the public benefit indicated above mentioned:

<p><b>Section 1:</b>  <i>Applicant must select either "a" or "b" in Section 1.</i></p>
<p><b>Section 2:</b>  <i>Complete the fields in section 2 if you selected "a" under Section 1 above. Skip to next section if you selected "b".</i></p> <p><i>The Federal Work Authorization User ID # is a <b>4 to 7 digit number</b> assigned by the e-Verify Program. It is <b>not the same as FEIN, Federal Employer ID Number or tax ID.</b></i></p> <p><i>Include the date the number was assigned in the second field.</i></p>
<p><b>Section 3:</b>  <i>Wait to complete this section when you are in front of a Notary Public. Please be sure to <b>complete all fields</b> in this section at that time.</i></p>
<p><b>Section 4:</b>  <i>The Notary Public must witness your signature and complete this section.</i></p>

- a)  On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **more than ten (10) employees**.
- b)  On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **ten (10) or fewer employees**.

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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification #	Date of Authorization

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 Official Code of Georgia §16-10-20.

Executed in \_\_\_\_\_, \_\_\_\_\_  
City State

Signature of Applicant	Date	Printed Name of Applicant

Name of Business	Title of Applicant

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ (SEAL)

My Commission Expires: \_\_\_\_\_

To determine the number of Employees for the purpose of this affidavit. A business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.