



Welcome to Valdosta! We are delighted you have chosen our *City Without Limits* for your place of business! Prior to conducting business within the city, an Occupational Tax Certificate (also known as a business license) must be applied for. When applying, you will need to bring the following information:

- State issued picture ID
- Any state license that is regulated by the State of Georgia including, *but not limited to*: Electrician, Refrigeration, Heating/Cooling, Auto Dealers, Plumbing, Barbers etc..

During the application process, several inspections will be conducted by city personnel. **All city inspections that apply to your business will automatically be scheduled when you submit your application. There is no need to call to set up an inspection.** If you have any questions, please refer to the following list:

- | | |
|---|--|
| <input type="checkbox"/> Zoning | (229) 259-3563 <i>Lauren Hurley</i> |
| <input type="checkbox"/> Fire Marshall | (229) 333-1836 <i>Derek Willis</i> |
| <input type="checkbox"/> Backflow | (229) 259-3592 <i>Ronnie Lancaster</i> |
| <input type="checkbox"/> FOG Fat, Oil, and Grease | (229) 259-3592 <i>Joseph Gangler</i> |

Once all applicable inspections have been approved, the business license clerk will call you to pick up your certificate. Your occupational tax certificate is valid for one (1) calendar year. The certificate expires December 31st of each year, regardless of the date on which it is issued. All license renewed *after* March 15 are subject to additional fees. If your business did not generate any income, you are still required to renew your Occupational Tax Certificate if you do not intend to dissolve the business.

When renewing your license, you will need to submit a Schedule C from the prior year's tax return,
OR

On your letterhead, the gross income from the previous year, and your estimate for the upcoming year.

If there is a change in the business, such as ownership, company name, federal ID number, location, or mailing address, please notify us immediately.

If you wish to dissolve the business, please submit a notarized letter to our office informing us your business is closing and the last day of operation.

Important Information

The following are NOT automatically scheduled, you will be responsible for set up

- Register your business name with the Secretary of State <https://ecorp.sos.ga.gov>
- Apply for a Federal Tax ID www.irs.gov/businesses/small
- Want to become an LLC? Contact Valdosta Lowndes Chamber of Commerce (229) 247-8100, or for any online services, (example www.legalzoom.com)
- All daycare facilities require Bright from the Start *before* applying for a business license. (404) 656-5957
- All establishments that are preparing food must have a Food Service Inspection conducted by the Georgia Department of Public Health. (229) 333-5257
- All establishments with pre-packaged retail food must have a Food Sales Inspection conducted by the Georgia Department of Agriculture, Consumer Protection Division. (229) 386-3489
- Utility Services: Water, sewer, and sanitation (229) 259-3510.
Electricity: Georgia Power (888) 660-5890 / Colquitt Electric (229) 244-6893

PO Box 1125 • 102 N Lee St Valdosta, GA 31601 • (229) 259-3520
citybusinesslicense@valdostacity.com

CITY OF VALDOSTA BUSINESS OCCUPATION APPLICATION
Certificates Expire on December 31st and must be renewed annually by January 31st.

Business Name and Mailing Address		Business Name and Physical Location	
Location of Business		Mandatory Numbers	
<input type="checkbox"/>	Within City Limits		Federal Tax ID or SS #: _____
<input type="checkbox"/>	Lowndes County, Outside City Limits		State License #: _____
<input type="checkbox"/>	Within Georgia, Outside of Lowndes County		State Sales Tax #: _____
<input type="checkbox"/>	Out of State		Number of Employees: _____
			E-verify #: _____
			Health Certificate #: _____
<small>*Check the one that applies to you.</small>			
Type of Business		Type of Ownership	
<input type="checkbox"/>	General	<input type="checkbox"/>	Sole Proprietor
<input type="checkbox"/>	Home	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Professional	<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Disabled Veteran
<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Non Profit
Business Description			
Business Contact Information			
Owner Name: _____		Office Phone: _____	
Cell Phone: _____		Office Fax: _____	
Home Phone: _____		Email Address: _____	
Owner Address: _____			
Professional Practitioner Business Class		Gross Revenue Class	
Number of Professionals: _____		Estimated Gross Revenue: _____	
Amount per Professional: _____ x \$400.00		Gross Bracket Tax Amount for a _____	
License Fee Total: _____		Class _____ Business: _____	
*Multiply number of professionals by amount per professionals.		License Fee Total: _____	
Administration Fee: New Business \$35.00 non-refundable fee – this is in addition to the license fee.			
I certify that the information given as the basis for taxation are true and correct to the best of my knowledge and that the records shall be available for inspections as specified in Section 7-1023 of the Occupational Tax Ordinance of the City of Valdosta.			
Signature		Title	
Date			
Year	Certificate Number	NAICS Code	Tax Class

Business Name

Certificate Number:

Business Class:

GROSS BRACKET CLASSIFICATION TAX SCHEDULE

AT LEAST	BUT LESS THAN	CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5	CLASS 6
0	49,999	35	38	40	43	51	58
50,000	74,999	44	47	50	54	64	73
75,000	99,999	61	66	70	75	89	102
100,000	124,999	79	84	90	97	115	131
125,000	149,999	96	103	110	118	140	160
150,000	174,999	114	122	130	140	166	189
175,000	199,999	131	141	150	161	191	218
200,000	224,999	148	160	170	183	217	247
225,000	249,999	166	178	190	204	242	276
250,000	274,999	187	176	210	226	268	305
275,000	299,999	201	216	230	247	293	334
300,000	349,999	228	244	260	280	332	377
350,000	399,999	263	281	300	323	383	435
400,000	449,999	298	319	340	366	434	493
450,000	499,999	333	356	380	409	485	551
500,000	599,999	385	413	440	473	561	638
600,000	699,999	455	488	520	559	663	754
700,000	799,999	525	563	600	645	765	870
800,000	899,999	595	638	680	731	867	986
900,000	999,999	665	713	760	817	969	1,102
1,000,000	1,249,999	732	788	844	910	1,079	1,193
1,250,000	1,499,999	825	893	962	1,040	1,234	1,321
1,500,000	1,749,999	895	976	1,057	1,148	1,346	1,431
1,750,000	1,999,999	965	1,059	1,152	1,256	1,458	1,541
2,000,000	2,499,999	1,070	1,183	1,294	1,364	1,626	1,706
2,500,000	2,999,999	1,170	1,308	1,444	1,509	1,766	1,871
3,000,000	3,999,999	1,320	1,496	1,669	1,727	1,986	2,119
4,000,000	4,999,999	1,370	1,576	1,799	2,017	2,266	2,359
5,000,000	5,999,999	1,420	1,626	1,849	2,087	2,346	2,449
6,000,000	6,999,999	1,470	1,676	1,899	2,167	2,426	2,539
7,000,000	7,999,999	1,520	1,726	1,949	2,237	2,506	2,629
8,000,000	8,999,999	1,570	1,776	1,999	2,307	2,586	2,719
9,000,000	9,999,999	1,620	1,826	2,049	2,387	2,666	2,809

BUSINESS WITH GROSS SALES GREATER THAN \$10,000,000 WILL BE CHARGED THE AMOUNT FROM THE CHART PLUS THE TAX RATE BELOW.

	CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5	CLASS 6
FROM CHART	1,620	1,826	2,049	2,387	2,666	2,809
AMOUNT OVER \$10,000,000						
MULTIPLY BY:	0.00016	0.00018	0.00021	0.00024	0.00027	0.00028

VALDOSTA

A City Without Limits

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

- A. _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ***more than ten (10) 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number
(E-Verify Number)

Date of Authorization

- B. _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ***ten (10) or fewer employees.***

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the _____ day of _____, 20____ in _____ (city) _____ (state)

Signature of Applicant

Printed Name of Applicant

NOTARY PUBLIC
SUBSCRIBED AND SWORN BEFORE ME ON
THE ____ DAY OF _____, 20____

Seal:

Signature _____

VALDOSTA

A City Without Limits

Business License Department – O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from City of Valdosta, Valdosta Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 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, factious, 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

NOTARY PUBLIC
SUBSCRIBED AND SWORN BEFORE ME ON
THE ____ DAY OF _____, 20____

Seal:

Signature _____