

# 2021 OCCUPATIONAL TAX CERTIFICATE RETURN

City Of Dalton, Georgia  
City Clerk's Office  
300 West Waugh Street #317  
Post Office Box 1205  
Dalton, Georgia 30722-1205  
Phone (706)529-2490 | Fax (706)529-2491



For Office Use Only

Customer Number: **1317**

ID Number: **3666**

• **SECTION I - PLEASE ANSWER QUESTIONS 1-2**

- (1) Is Business Out of Business?  Yes  No  
(2) What Date Did Business Go Out of Business? \_\_\_\_/\_\_\_\_/\_\_\_\_

• **SECTION II - PLEASE COMPLETE THE FOLLOWING ACCORDINGLY**

OWNER NAME (Corporate Name Or Individual Owner): <b>CARPENTER, KASEY &amp; JULIE</b>
D/B/A (Name Of Business): <b>OAKWOOD CAFE</b>
STREET ADDRESS (Local Address of Business): <b>195 W CUYLER ST</b>
MAILING ADDRESS: <b>195 W CUYLER ST</b> <input type="checkbox"/> Same as Street Address
CITY: <b>DALTON</b> STATE: <b>GA</b> ZIP: <b>30720</b>
BUSINESS TELEPHONE: <b>706-529-9663</b>
CONTACT PERSON: <b>KASEY CARPENTER</b> CONTACT TELEPHONE: <b>706-218-8065</b>

• **SECTION III - LIST THE NUMBER OF EMPLOYEES**

**RENEWAL ONLY**  
Please List The Number of Employees Employed  
In The Business As Of **JANUARY 1, 2020**  
Employees = Persons on payroll As of 1/1/2020

35

Renewals Are Billed On The Previous Years Employees

• **SECTION IV - PROVIDE AS REQUIRED**

Georgia Sales Tax Number (If applicable): **302347847**

• **SECTION V - READ CAREFULLY BEFORE SIGNING**

This Return Is Due In The Clerk's Office on or before the 15<sup>th</sup> of November of each year before a statement or certificate can be issued. Failure to File this Return by the 15<sup>th</sup> of November will result in penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

9, 30, 2020  
Date

[Signature]  
Signature

2/10/2021

Continued. . →

2/10/2021

AFFIDAVIT VERIFYING STATUS FOR CITY  
PUBLIC BENEFIT APPLICATION

CITY OF DALTON, GEORGIA

MUST BE NOTARIZED

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit For:

**CARPENTER, KASEY & JULIE**

d/b/a: **OAKWOOD CAFE**

[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

1) CITIZEN - GA DL I Am A United States Citizen

Or

2) \_\_\_\_\_ I Am A Legal Permanent Resident 18 Years Of Age Or Older Or I Am An Otherwise Qualified Alien Or Non-Immigrant Under The Federal Immigration And Nationality Act 18 Years Of Age Or Older And Lawfully Present In The United States.\*

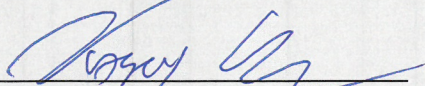
2a) **Date of Birth:** \_\_\_\_\_

2b) \_\_\_\_\_  
\*Alien Registration Number For Non-Citizens

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 Code Section 16-10-20 Of The Official Code Of Georgia.


The secure and verifiable document provided with this affidavit can best be classified as:

**\*\* (Please submit a copy of the secure and verifiable document along with the application. E.g., Driver's License)**

  
Signature Of Applicant

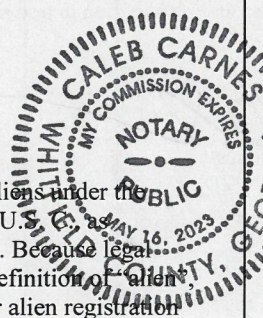
Kasey Carpenter  
Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 5 DAY OF October, 2020

  
Notary Public

My Commission Expires: 5/16/2023

\*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. 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 below:



PRIVATE EMPLOYER AFFIDAVIT  
PURSUANT TO O.C.G.A § 36-60-6(d)

CITY OF DALTON, GEORGIA

MUST BE NOTARIZED

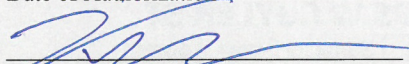
CHECK ONLY ONE:

By executing this affidavit, the undersigned private employer verifies its **compliance** with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has **registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

**690435**

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

10/5/20  
Date of Authorization

  
Signature of Authorized Officer or Agent

Kasey Carpenter Owner  
Printed Name and Title of Authorized Officer or Agent

By executing this affidavit, the undersigned private employer verifies that it is **exempt** from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.


Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

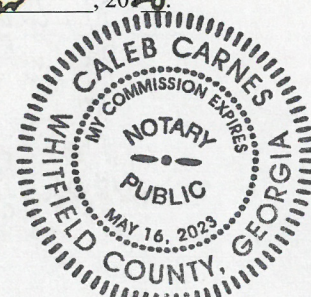
I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on \_\_\_\_\_, 201\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 5 DAY OF October, 2020

  
NOTARY PUBLIC

My Commission Expires: 5/16/2023



# 2020 OCCUPATIONAL TAX CERTIFICATE RETURN

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Customer Number: **1317**

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- (1) Is Business Out of Business?  Yes  No  
(2) What Date Did Business Go Out of Business? \_\_\_ / \_\_\_ / \_\_\_

• **SECTION II - PLEASE COMPLETE THE FOLLOWING ACCORDINGLY**

OWNER NAME (Corporate Name Or Individual Owner): <b>CARPENTER, KASEY &amp; JULIE</b>
D/B/A (Name Of Business): <b>OAKWOOD CAFE</b>
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MAILING ADDRESS: <b>195 W CUYLER ST</b> <input type="checkbox"/> Same as Street Address
CITY: <b>DALTON</b> STATE: <b>GA</b> ZIP: <b>30720</b>
BUSINESS TELEPHONE: <b>706-529-9663</b>
CONTACT PERSON: <b>KASEY CARPENTER</b> CONTACT TELEPHONE: <b>706-218-8065</b>

• **SECTION III - LIST THE NUMBER OF EMPLOYEES**

- RENEWAL ONLY**  
Please List The Number of Employees Employed  
In The Business As Of **JANUARY 1, 2019**  
Employees = Persons on payroll As of 1/1/2019

Renewals Are Billed On The Previous Years Employees

• **SECTION IV - PROVIDE AS REQUIRED**

Georgia Sales Tax Number (If applicable): **302347847** NAICS Number: **722511**

• **SECTION V - READ CAREFULLY BEFORE SIGNING**

This Return Is Due In The Clerk's Office on or before the 15<sup>th</sup> of November of each year before a statement or certificate can be issued. Failure to File this Return by the 15<sup>th</sup> of November will result in penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

9, 15, 2019  
Date

[Signature]  
Signature

Continued. . →

AFFIDAVIT VERIFYING STATUS FOR CITY  
PUBLIC BENEFIT APPLICATION

CITY OF DALTON, GEORGIA

MUST BE NOTARIZED

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit For:

**CARPENTER, KASEY & JULIE**

d/b/a: **OAKWOOD CAFE**

*Kasey Carpenter*

[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

1) CITIZEN - GA DL I Am A United States Citizen

Or

2) \_\_\_\_\_ I Am A Legal Permanent Resident 18 Years Of Age Or Older Or I Am An Otherwise Qualified Alien Or Non-Immigrant Under The Federal Immigration And Nationality Act 18 Years Of Age Or Older And Lawfully Present In The United States.\*

2a) **Date of Birth:** \_\_\_\_\_

2b) \_\_\_\_\_  
\*Alien Registration Number For Non-Citizens

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 Code Section 16-10-20 Of The Official Code Of Georgia.

The secure and verifiable document provided with this affidavit can best be classified as:

*License*

\*\* (Please submit a copy of the secure and verifiable document along with the application. E.g., Driver's License)

*[Signature]*  
Signature Of Applicant

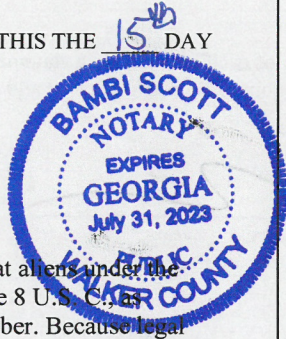
*Kasey Carpenter*  
Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 15<sup>th</sup> DAY OF September, 2019

*Bambi Scott*  
Notary Public

My Commission Expires: July 31, 2023

\*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 below:



PRIVATE EMPLOYER AFFIDAVIT  
PURSUANT TO O.C.G.A § 36-60-6(d)

CITY OF DALTON, GEORGIA

MUST BE NOTARIZED

CHECK ONLY ONE:

By executing this affidavit, the undersigned private employer verifies its **compliance** with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has **registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

**690435**

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

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

By executing this affidavit, the undersigned private employer verifies that it is **exempt** from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on \_\_\_\_\_, 201\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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

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MAILING ADDRESS: **195 W CUYLER ST**  
 Same as Street Address

CITY: **DALTON** STATE: **GA** ZIP: **30720**

BUSINESS TELEPHONE: **706-529-9663**

CONTACT PERSON: **KASEY CARPENTER** CONTACT TELEPHONE: **706-218-8065**

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RENEWAL ONLY

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10/15/2018  
Date

[Signature]  
Signature

Continued. . .

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Or

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2a) Date of Birth: 05/04/1978

2b) \_\_\_\_\_  
\*Alien Registration Number For Non-Citizens

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\*\* (Please submit a copy of the secure and verifiable document along with the application. E.g., Driver's License)

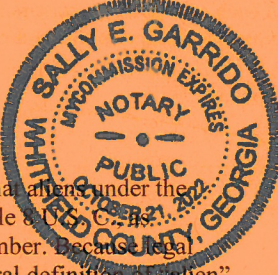
[Signature]  
Signature Of Applicant

Kasey Carpenter  
Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 10 DAY OF October, 2018

Sally E. Garrido  
Notary Public

My Commission Expires: 10/21/22



\*Note: O.C.G. A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8, Code of Federal Regulations, 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 below:

PRIVATE EMPLOYER AFFIDAVIT  
PURSUANT TO O.C.G.A § 36-60-6(d)

CITY OF DALTON, GEORGIA

MUST BE NOTARIZED

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690435  
Federal Work Authorization User Identification Number  
(E-Verify Company ID Number)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

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\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on \_\_\_\_\_, 201\_\_\_\_  
in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_\_



\_\_\_\_\_  
NOTARY PUBLIC

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

USA  
Georgia  
DRIVER'S LICENSE

050478  
DL NO. CLASS C  
DOB EXP 05/04/2026  
KASEY SCOTT CARPENTER

COMMISSIONER  
Restrictions B  
Iss 06/19/2019  
End No  
b



DD 3844 1 10 12 35 00 14 0 0 0

