



Douglas Marshal's Office  
P.O. BOX 470  
DOUGLAS GA 31534  
(912) 389-3462

**APPLICATION FOR OWNER /ADDRESS CHANGE BUSINESS/OCCUPATIONAL TAX CERTIFICATE**

Business Legal Name: \_\_\_\_\_  
Proprietorship  Partnership  Corporation

DBA (Doing Business as) Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\*\*MAILING ADDRESS (If different from business address): \_\_\_\_\_

\*\*ALL CORRESPONDENCE, RENEWAL INVOICE AND OCCUPATIONAL TAX CERTIFICATE WILL BE SENT TO THIS ADDRESS.

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Business Owner: \_\_\_\_\_  
(Individual or Corporation)

Business Owner Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Sales and Use Tax ID Number: \_\_\_\_\_ E- Verify # \_\_\_\_\_ Date - - 20

Pursuant to O.C.G.A. 48-13-20.1 any person who performs any business, occupation, or profession and who is subject to an occupation tax or regulatory fee shall provide the legal name of such business and associated trade names, mailing address and actual physical address and sales and use tax identification number assigned to such business by the Georgia Department of Revenue if such business is required to have such number. Such information, or the refusal to provide such information, shall be provided to the Georgia Department of Revenue by the City of Douglas.

Federal Employer ID Number: \_\_\_\_\_ or Social Security #: \_\_\_\_\_

CARRYING ON THE BUSINESS OF: \_\_\_\_\_

(Standard Industrial Classification)

Have you previously had a license with the City of Douglas? Yes  No  If yes, what was the name of the business

Georgia Department of Revenue 912-389-4094. Coffee County Health Department Environmental Health Services 912-389-4458.

# OF FULL TIME EMPLOYEES: \_\_\_\_\_ # OF PART TIME EMPLOYEES: \_\_\_\_\_

Number of employees shall mean the average number of employees during a specified period of the calendar year that works 40 hours or more weekly. The hours of part time employees and those working less than 40 hours/week shall be added together and the sum divided by 40 to produce the full time equivalent. The tax rate determined by number of employees for each business, trade, profession or occupation is as follows:  
Base fee of \$100 plus \$5 for each full time employee or equivalent over one.  
License year is January 1 to December 31. **New Business must pay fee prior to commencing business.** Licenses are renewable each calendar year thereafter. A 10% penalty is applied for renewals paid after March 1. New License Pro-Rated 50% July 1



I ACKNOWLEDGE AND AGREE THAT I AM REQUIRED TO NOTIFY THE CITY OF DOUGLAS IN CHANGE OF OWNERSHIP, ADDRESS, TYPE OF BUSINESS, GOING OUT OF BUSINESS, OR CHANGE OF BUSINESS IN THAT AREA OR ZONING DISTRICT.

Due to City of Douglas Procedures, the information contained in applications will be **ELECTRONICALLY** verified. Occupational License will not be issued until the City verifies that all information provided by the applicant is valid and true.

Business/Occupational Tax Certificate **will be denied** if an applicant and/or property owner owes any delinquent debt on any properties or any delinquent taxes within the city limits and/or utility service areas.

SIGNATURE of present owner  \_\_\_\_\_ Date: \_\_\_\_\_

A picture ID (driver’s license or state issued) of the person whose signature is affixed below is required.

SIGNATURE of new owner:  \_\_\_\_\_ Date: \_\_\_\_\_

**My signature acknowledges that the City of Douglas has a Clean Indoor Air Ordinance which is available for public view in the Douglas Marshal’s Office Office. A copy is available upon request.**

SIGNATURE  \_\_\_\_\_ DATE \_\_\_\_\_

Please supply an E-mail address which the City may use for any future correspondence to your firm or to request this form in subsequent years: E-mail \_\_\_\_\_

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**OFFICE USE ONLY**

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ACCOUNT NUMBER: \_\_\_\_\_ BILL NUMBER: \_\_\_\_\_ PRESENT LOCATION ZONING DISTRICT: \_\_\_\_\_  
NEW LOCATION ZONING DISTRICT : \_\_\_\_\_

AMOUNT DUE: \_\_\_\_\_

DISCOUNT (-) \_\_\_\_\_ (Applies only after July 1)

PENALTY (+) \_\_\_\_\_

**TOTAL DUE** \_\_\_\_\_ **RECEIPT #:** \_\_\_\_\_

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Zoning Verified for permitted use  Business Personal Property Taxes Paid   
Property Taxes paid  [www.coffeecountytax.com](http://www.coffeecountytax.com)

Approved for Issue: \_\_\_\_\_ DATE \_\_\_\_\_



**S.A.V.E. Affidavit Verifying Status for Public Benefit with City of Douglas**

**By executing this affidavit under oath, as an applicant for a City of Douglas,**

*[Check Applicable Box Below]*

- Business Occupation Tax Certificate (Business License),
- Alcohol Beverage License/Permit,
- Other Public Benefit as referenced in O.C.G.A. Section 50-36-1 \_\_\_\_\_.

**I am stating the following with respect to my application to The City of Douglas for the license, permit or other public benefit as indicated above.**

\_\_\_\_\_  
*Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.*

\_\_\_\_\_  
*Name of corporation, business or partnership, if any applies.*

*[Check the blank that applies below]*

1) \_\_\_\_\_ I am a United States citizen 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. **(You must include a copy of your secure and verifiable document with this form, such as a State issued driver's license, military identification card, unexpired U.S Passport, etc.)**

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\* All persons that check this box must be verified through DHS's SAVE program. **(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)**

**In making the above statement 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. Section 16-10-20.**

**X** \_\_\_\_\_ - 20\_\_\_\_\_  
*Signature of Applicant Date*

**NOTARIZATION REQUIRED:**

**SUBSCRIBED AND SWORN BEFORE**

**ME ON THIS \_\_\_\_\_, DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

**X** \_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Notary Public*

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

\_\_\_\_\_  
*\*Alien Registration number for non-citizens*

**\*Note:** O.C.G.A. 50-36-1(3)(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:

\_\_\_\_\_  
*Alternate Identifying number for qualified aliens who do not have an A.R. number*



**Private Employer / E-Verify Affidavit**

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):

**Section 1.** Please check only one:

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

**\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below. \*\*\***

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

**\*\*\* If you select Section 1(B), please skip Section 2 and execute below. \*\*\***

**Section 2.**

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:

\_\_\_\_\_  
*E-Verify Number*  
(Federal Work Authorization User Identification Number)  
  
- - 201  
\_\_\_\_\_  
*Date of Authorization*

**THIS FORM MUST BE NOTARIZED**

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

Executed on \_\_\_\_\_ of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_.  
Day Month Year City State

\_\_\_\_\_  
**Name of Employer**

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

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

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

\_\_\_\_\_  
**NOTARY PUBLIC**  
**My Commission Expires: \_\_\_\_\_**

<sup>1</sup> To determine the number of employees for purposes 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.



## ***Georgia Code- 48-5-299***

**48-5-299.** It shall be the duty of the county board of tax assessors to investigate diligently and to inquire into the property owned in the county for the purpose of ascertaining what personal property is subject to taxation in the county and to require the proper tax return of the property for taxation. The board shall make such investigation as may be necessary to determine the value of any property upon which for any reason all taxes due the state or the county have not been paid in full as required by law. In all cases where the full amount of taxes due the state or county has not been paid, the board shall assess against the owner, if known, and against the property, if the owner is not known, the full amount of taxes which has accrued and which may not have been paid at any time within the statute of limitations. In all cases where taxes are assessed against the owner of property, the board may proceed to assess the taxes against the owner of the property according to the best information obtainable; and such assessment, if otherwise lawful, shall constitute a valid lien against the property so assessed.

Each corporation or business owner is required to prepare a PT50P tax return so as to fully and clearly set forth the data called for therein (Rules and Regulations of the State of Georgia, Chapter 560-7-8-.04, Page 263). All tax returns and supporting schedules must be completed in their entirety and returned by the deadline in order for the personal property to be properly returned to our county (Rules and Regulations of the State of Georgia, Chapter 560-11-10-.08 (3) (c)). Returns received incomplete will be returned to the taxpayer as unable to process. The taxpayer will then be expected to complete the tax return and resubmit it to our office by **April 1<sup>st</sup>, of each taxable year to avoid a 10% penalty.**

The information requested in the general information section of the PT50P tax return should be completed in detail. The Schedule A of the return provides for the uniform calculation of value of all assets belonging to the business as of January 1 of each calendar year. Expensed assets as well as capitalized assets should be reported with the return. All leasehold improvements personal property in nature and trade fixtures should also be reported. ***Leasehold improvements such as wall, doors, floor covering, electrical, plumbing, heating and air distribution systems, ceiling and lighting that are attached to, and form an integral part of building, should not be reported as personal property.*** The basic cost approach value of assets for tax purposes is computed by multiplying the original cost new or replacement cost new by the conversion factor of each year's acquisition listed in the appropriate economic life group. All cost amounts are subject to audit. Cost should include installation, trade-in allowances, sales tax, investment credits, and/or freight charges, etc. Please note ACRS and MACRS should NOT be used for determining the economic life of an asset for Ad Valorem Tax purposes. A copy of the most current asset listing indicating the date of purchase, original cost new and description of each asset should be submitted with the tax return every year. This information is for verification purposes and is not available for public inspection

### **(O.C.G.A 48-5-314)**

Inventory should be reported at 100% cost as of January 1 of each calendar year. This includes all retail goods, raw materials, work-in process goods, finished goods, merchandise, stock in trade, consigned



inventory, service inventories, goods in transit, office supplies, forms and all other consumable goods on hand as of January 1 of each taxable year. Cost should include freight in, overhead or burden, Federal, State, or local taxes, or any other charges imposed upon the item that makes it more valuable to the owner. Please note LIFO is not acceptable. If you have any consigned goods, leased or rented equipment, or any other type goods not owned by you but located at your business as of January 1 of each calendar year, the name and address of the legal owner must be reported to the Tax Assessors on the tax return. This is to insure that the taxes are charged to the legal owner. This information is for verification purposes and is not available for public inspection (O.C.G.A 48-5-314).

In summation, if the taxpayer fails to make a full return including listing and describing all personal property as requested by the PTSOP tax form, the Coffee Co Board of Assessors shall use the best information available to assess a value on the property for taxation purposes. In all cases where taxes are assessed against the owner of property, the board may proceed to assess the taxes against the owner of the property and such assessment shall constitute a valid lien against the property. The Coffee Co Board of Assessors hereby makes this request in order to fulfill its duties prescribed by law.

I, do solemnly swear, that I have carefully read (or have heard read) and have duly considered the law of taxation explained above and understand that I am required to file a tax return to the Coffee County Board of Tax Assessors every year I conduct business in the county for the purpose of being taxed thereon, every species of property that I own in my business or have control of either as agent, executor, administrator, or otherwise; and that in making a tax return, for the purpose of being taxed thereon, I have not attempted to evade the laws of governing taxation in this state. I do further swear that in making a tax return I have done so by reporting the true cost or replacement cost NEW of every species of property contained in my business. In the event I close, sell or move my business I agree to notify the Board of Tax Assessors in that calendar year in which the change takes place.

DATE \_\_\_\_\_ - \_\_\_\_\_ -20\_\_\_\_\_

SIGNATURE OF TAXPAYER OR AGENT  \_\_\_\_\_

PLEASE PRINT OR TYPE NAME  \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_



**Return the completed and signed form to Douglas Marshal's Office**

## **Emergency Contact Information**

### **BUSINESS/OCCUPATIONAL TAX CERTIFICATE**

*Business Name:* \_\_\_\_\_

*Business Address* \_\_\_\_\_

*Business Owners / Contact Name* \_\_\_\_\_

*Business Owner / Contact Address* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Business Phone #* \_\_\_\_\_

*Business Owners Phone # (Home)* \_\_\_\_\_ *(Cell)* \_\_\_\_\_

#### ***Additional After Hours / Emergency Contact Information***

1. Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

2. Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

3. Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

4. Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

*Property Owner at Business Location* \_\_\_\_\_

*Property Owner's Phone #* \_\_\_\_\_

*Property Owner's Address:* \_\_\_\_\_

\_\_\_\_\_

### **This Form must be completed and returned to:**

***City of Douglas  
Attn: Douglas Marshal's Office  
PO Box 470  
Douglas, Ga. 31533  
(912)389-3462***



**Delinquent tax and Debt Clearance Form**

**This form must be completed by the following departments that is located at the Coffee County Court House, 101 S. Peterson Ave, Douglas Ga. 31533.**

By signing the below section, I am acknowledging that there are no delinquent taxes or debts owed by the applicant or the land owner where the business is located. Please check the appropriate selection box indicated if a delinquent tax or debt is owed.

Applicant \_\_\_\_\_ Property Owner \_\_\_\_\_

**Solid Waste Management**

X \_\_\_\_\_

\_\_\_\_\_  
Title

A DELINQUENT DEBT/TAX OWED

( ) YES ( ) NO

**Business Register (Tax Assessors Office)**

X \_\_\_\_\_

\_\_\_\_\_  
Title

A DELINQUENT DEBT/TAX OWED

( ) YES ( ) NO

**Property Tax Office (Tag Office)**

X \_\_\_\_\_

\_\_\_\_\_  
Title

A DELINQUENT DEBT/TAX OWED ( ) YES ( ) NO

**Signature and/or supporting documents must accompany this form.**





**BUILDING & FIRE INSPECTOR FORM**

An Occupational Tax Certificate will not be issued until an inspection of commercial property is made by the Inspections & Permits Division and the Fire Department.

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Contact Person & Phone #: \_\_\_\_\_

Inspection scheduled for \_\_\_\_\_ @ \_\_\_\_\_ a.m. /p.m.

**Building Inspections:** Inspector Randall Parker – (912) 389-3423

Inspection:

**Approved**                       **Denied**

**Pending** \_\_\_\_\_

Inspected By \_\_\_\_\_ Date \_\_\_\_\_ - \_\_\_\_\_ 20\_\_\_\_

Comments: \_\_\_\_\_

**FIRE DEPARTMENT INSPECTION FORM**

**Fire Inspections:** Inspector J.D. White – (912) 384-4815 or (912) 327-0465

Inspection:

**Approved**                       **Denied**

**Pending** \_\_\_\_\_

Inspected By \_\_\_\_\_ Date \_\_\_\_\_ - \_\_\_\_\_ 20\_\_\_\_

Comments: \_\_\_\_\_

After the inspection, the Douglas Fire Department Inspection Division will provide a ***Fire Inspection Report*** for you to return to Douglas Marshal’s Office with the completed application.

***Minimum Requirements:***

***Minimum 5 lb. ABC Fire Extinguisher, Smoke Detector(s), Address Numbers (at least 4” in height, and visible from street,) Exit Signs and Emergency Lights (as needed.)***

***Return the completed and signed form to Douglas Marshal’s Office***



## Application Checklist

- Application completed in entirety.
- Signatures on page 2 of present owner and of new owner/applicant.
- Email address of person responsible of yearly renewals. (page 2)
- Save Affidavit completed and notarized. (page 3)
- A copy of a “Secure and Verifiable Document “of the applicant.  
(Driver’s license, unexpired U.S Passport, etc.)
- Private Employer / E-Verify Affidavit signed and notarized.(page 4)
- Private Employer / E-Verify Affidavit -E-Verify Number and  
Authorization Date if business/company has eleven (11) or more  
employees.
- Page #6 signed and completed
- Page 8 sign by Solid Waste & Coffee Co. Tax Office
- Inspection Form signed by Building Inspector and Fire Dept.  
Inspector. (page 9)

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
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### **COMMON FAQs:**

**How do I know if I need a Georgia Sales & Use Tax number? Where and how do I obtain a Georgia Sales & Use Tax number?** Businesses are required to collect sales taxes on the retail sale of merchandise, the rental of certain items and for certain services. Contact the Georgia Department of Revenue at (404) 417-4490 for information and to obtain your sales tax number: <http://www.dor.ga.gov>.

### **Where can I obtain an Employee Identification Number (EIN) or Tax I.D. Number?**

The Employee Identification Number (EIN) or Tax I.D. Number is issued by the Internal Revenue Service. Please contact the Business and Specialty Tax Line at (800) 829-4933. If you do not operate your business under an EIN or Tax I.D. Number, then you must provide the responsible person's Social Security Number.

### **What is a NAICS Code and where do I obtain one?**

NAICS stands for North American Industry Classification System and is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. You will obtain a NAICS Code from the U.S. Census Bureau: <http://www.census.gov/eos/www/naics>. You may already have a NAICS code assigned to your business which you can find on previous tax returns or you may contact your accountant.

### **E-VERIFY FAQs:**

#### **What is E-Verify?**

U.S. law requires companies to employ only individuals who may legally work in the United States – either U.S. citizens, or foreign citizens who have the necessary authorization. E-Verify is an Internet-based system that allows businesses to determine the eligibility of their employees to work in the United States. E-Verify is fast, free and easy to use – and it's the best way employers can ensure a legal workforce <http://www.uscis.gov/portal/site/uscis>. O.C.G.A. 36-60-6 requires registration with and use of E-Verify for private employers of 11 or more employees and submission of an E-verify affidavit for all private employers applying for an occupation tax certificate/business license.

#### **Who should sign the E-Verify Affidavit?**

The applicant that signed the application for the public benefit should be the individual signing the E-Verify Affidavit. Applicants should be authorized to sign on behalf of the company.

#### **Do applicants need to sign the E-Verify Affidavit every time a benefit is requested or renewed?**

Not necessarily. Once a company/organization submits an E-verify Affidavit, with an E-verify number and the date of authorization, submission of another E-verify affidavit is not necessary unless the E-verify number changes. Also, if a company/organization submits an E-verify affidavit claiming exemption from E-verify registration, any subsequent applications will not require submission of an E-verify affidavit unless the status of the company changes; the company/organization must simply assert its exemption upon each application.

#### **Can I email or fax a copy of the E-Verify Affidavit?**

Yes. The E-Verify Affidavit can be mailed, emailed or faxed. It must be completed in its entirety.

#### **What if the applicant who has applied for a public benefit refuses to sign the E-Verify Affidavit?**

If the applicant refuses to sign the E-Verify Affidavit the City will not provide the public benefit. The City is required to submit an annual compliance report to the Department of Audits and Accounts for all contracts entered into for the 'physical performance of services'. Beginning January 1, 2012 the same provisions will apply to the issuance of occupational tax certificates and other licenses/permits.



### **Where do I find information regarding E-Verify and the O.C.G.A. 36-60-6 law online?**

Please visit this website <http://www.lexisnexis.com/hottopics/gacode/Default.asp> for detailed information regarding O.C.G.A. 36-60-6.

### **SAVE Affidavit FAQs:**

#### **What is SAVE? Where can I find the law?**

The Georgia General Assembly passed legislation in 2007 that makes compliance with SAVE a requirement. The Law is codified in O.C.G.A. 50-36-1 & 2 and requires, among other things, that state agencies and departments and every political subdivision of the state, including cities, verify the lawful presence in the United States of any applicant for a public benefit; verification requires the applicant to submit a SAVE affidavit and secure and verifiable document. Occupational tax certificates, business licenses, alcohol licenses, and any other document required to engage in business are considered public benefits.

#### **Who should sign the SAVE Affidavit?**

The applicant that signed the application for the public benefit must be the individual signing the SAVE Affidavit. Applicants should be authorized to sign on behalf of the company.

#### **What is a secure and verifiable document?**

Please visit the Attorney General's Office website at

[http://law.ga.gov/sites/law.ga.gov/files/related\\_files/site\\_page/April%202014%20secure%20and%20verifiable%20document%20list.pdf](http://law.ga.gov/sites/law.ga.gov/files/related_files/site_page/April%202014%20secure%20and%20verifiable%20document%20list.pdf) / for a list of secure and verifiable documents. The most common one is a STATE ISSUED Driver's License.

#### **Do applicants need to sign the SAVE Affidavit and submit a secure and verifiable document every time a benefit is requested or renewed?**

Not necessarily. If an applicant submits an affidavit indicating he/she is a United States Citizen, along with a valid secure and verifiable document, the applicant does not need to submit a new affidavit or secure and verifiable document with every application/renewal. Submission of a SAVE affidavit and secure and verifiable document is required for all non-citizens at the time of each application/renewal.

#### **How can I submit the SAVE Affidavit and Secure and Verifiable Document?**

Both may be submitted via mail, email or in person.

#### **What if the applicant who has applied for a public benefit refuses to sign the SAVE Affidavit?**

If the applicant refuses to sign the SAVE Affidavit the City will not provide the public benefit. The City has signed a contract with the Department of Homeland Security that requires the City to verify eligibility prior to granting a public benefit. This includes business and alcohol licenses.

#### **If the applicant is not a United States citizen, what documentation must they provide so the City can run the applicant through the SAVE system?**

The applicant must provide the City with a document issued to him/her by the Department of Homeland Security as evidence of lawful presence in the United States. These documents include but are not limited to an Arrival/Departure Record (Form I-94), Permanent Resident Card (Form I-551) or Employment Authorization Document (Form I-766).

#### **Where can I find the O.C.G.A. 50-36-1 law online?**

Please visit this website <http://www.lexisnexis.com/hottopics/gacode/Default.asp> for detailed information regarding O.C.G.A. 50-36-1.