

DEKALB COUNTY BUSINESS REGISTRATION APPLICATION

Internal Audit & Licensing, 330 W. Ponce De Leon Ave., Decatur Ga. 30031 (404) 371-2461 Fax (404) 371-2946 ACCOUNT # _____

1 **OFFICE USE ONLY:** NAICS _____ Class _____ Type _____ H.O.P. _____ District _____ Lot _____ Block _____ Parcel _____
 2 **Zoning:** Approved by _____ Denied by _____ Date _____ Denial Reason _____
 3 **Pending Items:** C.O. _____ Fire _____ Health _____ Sanitation Service _____ State License _____ Insurance (Taxi/Limos) _____ Police _____ Other _____
Business License Items: Primary ID# _____ Owner's ID# _____ Bill To ID# _____

4 Type or Line(s) of Business to be conducted: _____

<p>5 Business /Trade Name _____</p> <p>6 Street Address: _____</p> <p>7 City/State/Zip _____</p> <p>8 Business Telephone # _____</p> <p>9 E-Mail : _____</p> <p>10 Bill To/Mailing Name: _____</p> <p>11 Bill To /Mailing Address: _____</p> <p>12 City/State/Zip: _____</p>	<p>Applicant's Name _____ Title: _____</p> <p>Ownership Type: Single Owner/Sole Proprietor _____ Partnership _____</p> <p>Owner(s) Name: _____</p> <p>Ownership Type : Association ___ Corporation ___ LLC ___</p> <p>Corporate or LLC Name: _____</p> <p>State Where Incorporated: _____ Date Inc: _____</p> <p>Agent's Name: _____ Title: _____</p> <p>Owner/Agent's Home Address: _____</p> <p>Owner/Agent's City/State/Zip: _____</p> <p>Owner/Agent's Telephone (Home No.): _____</p>
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13 **Applicant's must provide copies of driver's license or other Governmental Issued Photographic Identification with Application**

- 14 DeKalb County Sanitation Account Number: _____ Private sanitation service name: _____
- 15 Does your business have a Georgia Sales and Use Tax Number? Yes ___ No __, If yes provide your Georgia Sales and Use Tax Number _____
- 16 Will business be based out of your home? Yes ___ No __. If yes, is a "Home Occupation Supplemental Registration Form" included? Yes ___ No ___
- 17 Will your business be an adult entertainment establishment (sexually oriented business) as defined by the DeKalb County Code or does (will) it offer any form of adult entertainment? Yes _____ No _____ See reverse side of this form for Code definitions.
- 18 Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? Yes _____ No _____. If yes, attach written explanation.
- 19 **Georgia Open Records Act prohibits public viewing of gross receipts & number of employees. The public may view other information on this form.**

20 DeKalb plus Georgia Gross Receipts (estimate)	\$ _____	X		\$ _____
21 Employee Fee (at least one, includes owner/operator)	# _____	X		\$ _____
22 Flat Fee of \$50.00. (except for professionals paying optional \$400)				<u>\$50.00</u>
23 Administrative Fee (no refund or transfer)				<u>\$75.00</u>
24 Total Amount Due or Professional Option. (\$400 per practitioner by O.C.G.A.)				\$ _____

25 This application must be executed under oath and notarized. I, _____, do solemnly swear that the information on this application is true, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all county ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expires December 31 and must be renewed annually

26 Signature _____ Position _____ Date _____

27 Sworn to and subscribed before me this _____ day of _____, 20 _____.

28 Notary Public Signature _____

AFFIDAVIT VERIFYING STATUS
FOR COUNTY PUBLIC BENEFIT APPLICATION

Account Number: _____

Please complete, notarize and return this affidavit with your new business registration application or renewal. A copy of your government issued I.D. is required with this affidavit.

By executing this affidavit under oath, as an applicant for a DeKalb County Georgia Business Occupation Tax Certificate, Alcohol License, or other public benefit, as referenced in O.C.G.A. § 50-36-1, I state the following with respect to my application for a (check only one):

Business Occupation Tax Certificate
 Alcohol License

NAME: _____
(Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity)

BUSINESS NAME (if applicable): _____

I hereby swear and affirm that:

_____ I am a United States citizen 18 years of age or older.

_____ I am a legal permanent resident 18 years of age or older.

_____ I am a 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.

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.

Date

Signature of Applicant

Printed name

Sworn to and subscribed before me,
this ____ day of _____, 20__.

* _____
Alien Registration number for non-citizens

Notary Public
My commission expires:

(SEAL)

*Note: O.C.G.A. § 50-36-1(e)(2) requires 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," permanent legal 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 Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

Account Number: _____

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 less than 10 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).

Signature of Authorized Officer or Agent

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:
