

Chief Executive Officer  
Michael Thurmond

## DEPARTMENT OF PLANNING & SUSTAINABILITY

Director  
Andrew A. Baker, AICP

### BUSINESS REGISTRATION AFFIDAVIT

**ALL STATEMENTS MUST BE INITIALED AND MUST BE EXECUTED UNDER OATH (NOTARIZED).**

#### TO BE COMPLETED BY APPLICANT

\_\_\_\_\_ 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.

\_\_\_\_\_ I hereby acknowledge receipt of the DeKalb County Smoke-Free Air Ordinance pursuant to Code Sec. 16-108(c). **Click link for PDF download, or Check Box to request hard copy, or Scan QR Code for web link**

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#### TO BE COMPLETED BY BUSINESS PREMISES OWNER

\_\_\_\_\_ I, the owner of the property, swear to maintain the business premises in accordance with all applicable property maintenance regulations under this Code as it currently exists or is hereafter amended, including but not limited to sign, debris, and vegetation regulations pursuant to DeKalb County Ordinance Code. Sec. 15-28(5)(g).

#### APPLICANT'S AUTHORIZATION

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_  
20\_\_\_\_.

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on  
\_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_

In \_\_\_\_\_ (City) \_\_\_\_\_ (State)

NOTARY PUBLIC

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

\_\_\_\_\_  
Printed Name and Title of Applicant

\_\_\_\_\_  
Signature of Applicant

#### BUSINESS PREMISES OWNER'S AUTHORIZATION IF DIFFERENT FROM APPLICANT

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_  
20\_\_\_\_.

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on  
\_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_

In \_\_\_\_\_ (City) \_\_\_\_\_ (State)

NOTARY PUBLIC

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

\_\_\_\_\_  
Printed Owner's Name

\_\_\_\_\_  
Signature of Owner