

DEKALB COUNTY BUSINESS REGISTRATION APPLICATION

BUSINESS INFORMATION			
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER _____		<input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NON-PROFIT	
FED EMPLOYER ID # _____	GA SALES AND USE TAX # _____	FED WORK AUTHORIZATION # _____	PERMIT/ C.O.# _____
LOCATION TYPE <input type="checkbox"/> HOME BASED <input type="checkbox"/> COMMERCIAL		SANITATION PROVIDER NAME _____	DEKALB COUNTY SANITATION # _____
LEGAL/ ENTITY NAME: _____		TRADE NAME/ DBA NAME: _____	
PRIMARY LINE OF BUSINESS TO BE CONDUCTED: _____			
OTHER LINE OF BUSINESS TO BE CONDUCTED: _____			
PHONE: _____		EMAIL: _____	
PHYSICAL (LOCATION) ADDRESS (Street, City, State, Zip) P. O. BOX NOT PERMITTED			
_____		_____	GA _____
BILL TO/MAILING ADDRESS (Street City, State, Zip) (If different) P. O. BOX PERMITTED			
_____		_____	_____
APPLICANT'S INFORMATION			
<input type="checkbox"/> APPLICANT (INDIVIDUAL) FIRST NAME: _____ LAST NAME: _____ DRIVER'S LICENSE #: _____ PHONE: _____ ADDRESS (Street) _____		<input type="checkbox"/> APPLICANT (BUSINESS ENTITY) LEGAL NAME: _____ TRADE NAME: _____ STATE OR JURISDICTION REGISTERED: _____ EMAIL: _____ _____ (City) _____ (State) _____ (Zip)	
TITLE/ POSITION: _____		AUTHORIZED AGENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
if NO, Provide description of relationship to business: _____			
OWNERSHIP INFORMATION			
(List EACH owner with 10% or more ownership interest. SKIP if applicant is sole owner with 100% ownership interest.)			
<input type="checkbox"/> OWNER 1 (INDIVIDUAL) FIRST NAME: _____ LAST NAME: _____ DRIVER'S LICENSE #: _____ PHONE: _____ ADDRESS (Street) _____		<input type="checkbox"/> OWNER 1 (BUSINESS ENTITY) LEGAL NAME: _____ TRADE NAME: _____ STATE OR JURISDICTION REGISTERED: _____ EMAIL: _____ _____ (City) _____ (State) _____ (Zip)	
TITLE/ POSITION: _____		OWNERSHIP INTEREST PERCENTAGE (%) _____	
<input type="checkbox"/> OWNER 2 (INDIVIDUAL) FIRST NAME: _____ LAST NAME: _____ DRIVER'S LICENSE #: _____ PHONE: _____ ADDRESS (Street) _____		<input type="checkbox"/> OWNER 2 (BUSINESS ENTITY) LEGAL NAME: _____ TRADE NAME: _____ STATE OR JURISDICTION REGISTERED: _____ EMAIL: _____ _____ (City) _____ (State) _____ (Zip)	
TITLE/ POSITION: _____		OWNERSHIP INTEREST PERCENTAGE (%) _____	
(Attach Additional Sheet(s) As Needed)			
TOTAL NUMBER OF OWNERS: _____		TOTAL OWNERSHIP INTEREST PERCENTAGE: 100%	

BUSINESS OCCUPATION TAX		
1. GEORGIA GROSS RECEIPTS (Current Year Estimate)	\$	
2. EXEMPTION	\$20,000.00	
3. TAXABLE GROSS RECEIPTS <i>(Subtract line 2 from line 1, if negative enter \$0.00)</i>	\$	
4. GROSS RECEIPT TAX (Max. \$50,000.00) <i>(Multiply line 3 by rate)</i>	NACIS: _____ Rate: _____	\$
5. <input type="checkbox"/> EMPLOYEE FEE <input type="checkbox"/> PROFESSIONALS ELECTION * <i>(At least one, include owner/operator)</i> <i>(Multiply # of Employees or Practitioners by Rate)</i> <i>Required E-Verify # if 10 or More Employees _____</i>	Number of Employees or Practitioners _____ Rate _____	\$
6. ADMINISTRATIVE FEE \$75.00 <i>(Nonrefundable/ Nontransferable)</i>		\$
7. FLAT TAX FEE \$50.00		\$
8. TOTAL TAX DUE <i>(Enter Sum Lines 4, 5, 6 & 7)</i>		\$
APPLICANT'S ACCEPTANCE AND ACKNOWLEDGEMENT		
		(mm/dd/yyyy)
_____ PRINT APPLICANT'S NAME	_____ APPLICANT'S SIGNATURE	_____ DATE
ZONING DIVISION OFFICE USE ONLY		
SAP/ SLUP APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	DESCRIPTION OF USE: _____ _____ Code Section: _____	
OVERLAY DISTRICTS AND/ OR ZONING CONDITIONS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	DESCRIPTION/ COMMENTS: _____ _____ _____	
LOE APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	DESCRIPTION/ COMMENTS: _____ _____ _____	
		(mm/dd/yyyy)
_____ PRINT REVIEWER'S NAME	_____ REVIEWER'S SIGNATURE	_____ DATE

*Professionals Election O.C.G.A 48-13-9 (C)(2). Flat Fee of \$400.00/ Professional Practitioner.