

DEPARTMENT OF PLANNING & SUSTAINABILITY

DEKALB COUNTY BUSINESS REGISTRATION 2022 MULTIPLE YEAR RENEWAL APPLICATION

330 W. PONCE DE LEON AVE. | DECATUR GA 30031 | (404) 371-2461 | FAX (404) 371-2946

| BUSINESS INFORMATION | | | | | | |
|---|------------------------------------|--|------------------|--|-------------------------------|---|
| BUSINESS ACCOUNT #: | | <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NON-PROFIT | | <input type="checkbox"/> CHECK HERE IF NO LONGER OPERATING DATE CLOSED: _____ | | |
| Legal/ Entity Name: | | | Trade Name: | | | |
| Phone: | | | Email: | | | |
| Physical (Location) Address | | Street | City | State | Zip | |
| | | | | GA | | |
| BUSINESS OCCUPATION TAX | | | | | | |
| 1. GEORGIA GROSS RECEIPTS (2022 Estimate) | | | | | | |
| 2. EXEMPTION | | | | \$20,000.00 | | |
| 3. TAXABLE GROSS RECEIPTS (Subtract line 2 from line 1, if negative enter \$0.00) | | | | | | |
| 4. GROSS RECEIPT TAX (Multiply line 3 by Rate, if more than \$50,000.00 Enter \$50,000.00) | | | | NAICS: | | |
| | | | | Rate: | | |
| CHECK ONLY ONE | | | | Number: | | |
| 5. <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PRACTITIONER (At least one) | | | | Rate: \$ | | |
| 6. ADMINISTRATIVE FEE \$75.00 (Nonrefundable/ Nontransferable) | | | | | | |
| 7. FLAT TAX FEE \$50.00 | | | | | | |
| 8A | 2021 ACTUAL GROSS RECEIPT | (A) Gross Receipts | (B) Exemption | A - B = (C) Taxable Gross (If Negative enter "\$0.00") | (D) Gross Receipt Tax Rate | C x D = (E) Gross Receipt Tax Due (Max \$50,000.00) |
| | | | \$20,000.00 | | | |
| | 2021 ACTUAL EMPLOYEE/ PRACTITIONER | CHECK ONLY ONE | | (F) Number | (G) Rate | F x G = (H) Employee/ Practitioner Tax Due |
| | | <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PRACTITIONER | | | | |
| | 2021 ADMINISTRATIVE FEE \$75.00 | | | | | |
| 2021 FLAT TAX FEE \$50.00 | | | | | | |

| | | | | | | |
|---------------------------|--|--|---|--|--------------------------------------|---|
| | 2021 SUBTOTAL TAX DUE | | | | | |
| | 2021 LATE FILING PENALTY <i>(Renewal postmark after February 1st)</i> | | | | | |
| | 2021 LATE PAYMENT PENALTY <i>(10% of 2020 Subtotal Tax Due)</i> | | | | | |
| | 2021 LATE PAYMENT INTEREST <i>(1% per Month of 2020 Subtotal Tax Due)</i> | | # Months after April 15, 2021 | | | |
| | 2021 TOTAL TAX DUE | | | | | |
| 8B | 2020 GROSS RECEIPT | (I) Gross Receipts | (J) Exemption | I - J = (K) Taxable Gross <i>(If Negative enter "\$0.00")</i> | (L) Gross Receipt Tax Rate | K x L = (M) Gross Receipt Tax Due <i>(Max \$50,000.00)</i> |
| | TAX RETURN | | \$20,000.00 | | | |
| | ESTIMATED | DO NOT COMPLETE IF LAST PAYMENT IS 2019 OR PRIOR | | | | |
| | | | \$20,000.00 | | | |
| | 2020 GROSS RECEIPTS TAX DUE <i>(Actual Gross receipt Tax Due minus Estimated Gross receipt Tax Due)</i> | | | | | |
| 8B | 2020 ACTUAL EMPLOYEE/ PRACTITIONER | (N) CHECK ONLY ONE | | (O) Number | (P) Rate | O x P = (Q) Employee/ Practitioner Tax Due |
| | ACTUAL | <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PRACTITIONER | | | | |
| | ESTIMATED | DO NOT COMPLETE IF LAST PAYMENT IS 2019 OR PRIOR | | | | |
| | | <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PRACTITIONER | | | | |
| | 2020 EMPLOYEE/ PRACTITIONER TAX DUE <i>(Actual Employ/ Pract Tax Due minus Estimated Employ/ Pract. Tax Due)</i> | | | | | |
| | 2020 ADMINISTRATIVE FEE \$75.00 <i>(Enter "0" if payment was made in 2020)</i> | | | | | |
| | 2020 FLAT TAX FEE \$50.00 <i>(Enter "0" if payment was made in 2020)</i> | | | | | |
| | 2020 SUBTOTAL TAX DUE | | | | | |
| | 2020 LATE PAYMENT PENALTY <i>(10% of 2020 Subtotal Tax Due)</i> | | | | | |
| | 2020 LATE PAYMENT INTEREST <i>(1% per Month of 2020 Subtotal Tax Due)</i> | | # Months after April 15, 2020 | | | |
| 2020 TOTAL TAX DUE | | | | | | |

| COMPLETE LINE 8C ONLY IF LAST PAYMENT WAS IN 2019 OR PRIOR | | | | | | |
|--|---|--|-------------------------|---|--------------------------------------|--|
| | 2019 GROSS RECEIPT | (R) Gross Receipts | (S) Exemption | R - S = (T) Taxable Gross (If Negative enter "\$0.00") | (U) Gross Receipt Tax Rate | T x U = (V) Gross Receipt Tax Due (Max \$50,000.00) |
| 8C | ACTUAL | | \$20,000.00 | | | |
| | ESTIMATED | DO NOT COMPLETE IF LAST PAYMENT IS PRIOR TO 2019 | | | | |
| | | | \$20,000.00 | | | |
| | 2019 GROSS RECEIPTS TAX DUE (Actual Gross receipt Tax Due minus Estimated Gross receipt Tax Due) | | | | | |
| | 2019 ACTUAL EMPLOYEE/ PRACTITIONER | (W) CHECK ONLY ONE | | (X) Number | (Y) Rate | X x Y = (Z) Employee/ Practitioner Tax Due |
| | ACTUAL | <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PRACTITIONER | | | | |
| | ESTIMATED | DO NOT COMPLETE IF LAST PAYMENT IS PRIOR TO 2019 | | | | |
| | | <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PRACTITIONER | | | | |
| | 2019 EMPLOYEE/ PRACTITIONER TAX DUE (Actual Employ/ Pract Tax Due minus Estimated Employ/ Pract. Tax Due) | | | | | |
| | 2019 ADMINISTRATIVE FEE \$75.00 (Enter "0" if payment was made in 2019) | | | | | |
| | 2019 FLAT TAX FEE \$50.00 (Enter "0" if payment was made in 2019) | | | | | |
| | 2019 SUBTOTAL TAX DUE | | | | | |
| 2019 LATE PAYMENT PENALTY (10% of 2019 Subtotal Tax Due) | | | | | | |
| 2019 LATE PAYMENT INTEREST (1% per Month of 2019 Subtotal Tax Due) | | | | # Months after April 15, 2019 | | |
| 2019 TOTAL TAX DUE | | | | | | |
| 9. OTHER CREDITS/ ADJUSTMENTS | | | | | | |
| 10. 2022 SUB-TOTAL BUSINESS OCCUPATION TAX DUE (Add lines 4, 5, 6, 7, 8 & 9) | | | | | | |
| 11. 2022 LATE FILING PENALTY (Renewal postmark after February 1st) | | | | | | |
| 12. 2022 LATE PAYMENT (10% PENALTY of subtotal Occupation Tax Due postmark after April 15th (line 10)) | | | | | | |

| | |
|---|---------------------------|
| 13. 2022 INTEREST <i>(1% per month of Occupation Tax Due subtotal postmark after April 15th (line 10))</i> | |
| 14. PRIOR YEAR BALANCE TAX DUE (Add 8A, 8B & 8C) (2018, 2019, & 2020) | |
| 15. TOTAL BUSINESS OCCUPATION TAX DUE <i>(Add lines 10, 11, 12, 13 & 14)</i> | |
| ACCEPTANCE AND ACKNOWLEDGEMENT | |
| I certify that the ACTUAL figures are true and correct, and the 2022 ESTIMATE for this year is a good faith estimate or last year's actual. | |
| _____ Print Owner's/ Authorized Agent Full Name | _____ Signature |
| | _____ Date |

Business Name_____
License #/Occupation Tax #

- ☐ Business Occupation Tax Certificate
☐ Alcohol License

AFFIDAVIT VERIFYING STATUS FOR COUNTY PUBLIC BENEFIT APPLICATION**O.C.G.A. § 50-36-1(e)(2)**

By executing this affidavit under oath, as an applicant for a Business License / Occupational Tax Certificate as referenced in O.C.G.A. § 50-36-1, from DeKalb County the undersigned applicant verifies one of the following with respect to my application for public benefit:

Do not check more than ONE option.

- ☐ 1) I am a United States citizen, 18 years of age or older.
- ☐ 2) I am a legal permanent resident of the United States 18 years of age or older.
- ☐ 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 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. The secure and verifiable document provided with this affidavit can best be classified as: (i.e. driver's license, I-551, I-766, Passport, etc.)

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 O.C.G.A. § 16-10-20, of the Official Code of the State of Georgia.

Executed on this the _____ day of _____, 20_____.

Signature of Applicant_____
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20_____.

Applicant Phone Number_____
NOTARY PUBLIC

My Commission Expires: _____

BUSINESS NAME _____ LICENSE #/OCCUPATION TAX # _____
NUMBER OF EMPLOYEES (COMPANY-WIDE) _____

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

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 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10)** employees¹

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

(B) On January 1st 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 Section 3 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:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

SECTION 3.

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

Executed on _____, ____, 20____ 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 _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

¹Sec. 15-27 Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2 but not a form I.R.S. 1099.

BUSINESS LICENSE RENEWAL AFFIDAVIT – 2022

The undersigned, _____, being duly sworn, says the following:
(Licensee)

1. Have there been changes of ownership of the establishment? ☐ Yes ☐ No If yes, please explain

2. There have been no changes in any information and data contained in and furnished with my original DeKalb County Business Registration application.
3. In the past year, have you been convicted of or pleaded nolo contendere to a violation of any federal, state, or county law concerning crime of moral turpitude, misdemeanor, or violation of this Code directly relates to the business for which the certificate is sought? If yes, please explain the violation and provide the date of adjudication and the court of adjudication:

4. I am familiar with all laws, rules and regulations of the State of Georgia and all ordinances of DeKalb County covering the operation of the business establishment I will operate under this renewal.

I swear that all the information contained in the original application is true and I understand that such application is made a part of this renewal application and the renewal is based upon the information contained in the original application. DeKalb County sec. 15-45(a). A license issued pursuant to the provisions of this division shall be denied, suspended or revoked by the director if the licensee furnishes fraudulent or untruthful information in the original, renewal or transfer application for a license or omits information required in the original, renewal or transfer application for a license and for failure to pay all fees, taxes or other charges imposed under the provisions of this chapter.

Sworn to and subscribed to before me

Licensee's Signature

this _____ day of _____, 20____.

Notary Public

My commission expires:
(SEAL)