

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**

**CLICK FOR PDF
DOWNLOAD**

REQUEST HARD COPY

**SCAN FOR
WEB LINK**



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