

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

DEPARTMENT OF PLANNING & SUSTAINABILITY

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