

**COMMERCIAL BUSINESS LICENSE APPLICATIONS WILL NOT
BE PROCESSED UNTIL YOU HAVE SECURED A
CERTIFICATE OF OCCUPANCY.**



**ALL APPLICATIONS RECEIVED WITHOUT A CERTIFICATE OF OCCUPANCY
WILL BE RETURNED AS INCOMPLETE (APPLIED BY MAIL) OR VOID
(APPLIED BY WEB).**

**[CLICK OR SCAN BELOW TO APPLY FOR CERTIFICATE OF OCCUPANCY
\(CO\):](#)**

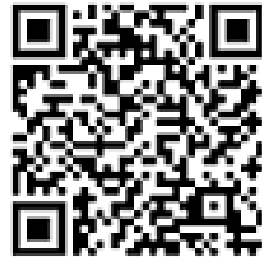
CLICK HERE



[CLICK OR SCAN BELOW FOR HELPFUL LINKS](#)

Instructions For Submitting An Occupancy Permit | Commercial Occupancy Permit Guide

CLICK HERE



**CONTACT DEKALB COUNTY | PLANNING & SUSTAINABILITY | PERMITTING DIVISON:
PHONE: 404-371-2155 OPTION 3 | EMAIL: PERMITINFO@DEKALBCOUNTYGA.GOV**



DeKalb County
PW-Sanitation Division
Central Transfer Station & Administrative Services
3720 Leroy Scott Drive Decatur, Georgia 30032
Telephone (404) 294-2900 / 2903 Fax (404) 294-2774

SANITATION REQUIREMENTS FOR COMMERCIAL BUSSINESS

All business license applicants must provide proof of sanitation service before business tax certificate can be issued. All business applicants must provide their DeKalb County Sanitation Account Number and proof of sanitation service, **which can only be obtained from the Sanitation Division** located at 3720 Leroy Scott Drive, Decatur, GA 30032. All fees are approved and set by the DeKalb County Board of Commissioners and per DeKalb County Solid Waste Code, Chapter 22, Sec. 22-28 Code 1976 § 6-3006. Each business owner and Tenant/Renter is required to provide the following documentation when visiting our office:

REQUIREMENTS:

NEW COMMERCIAL BUSINESS OWNER	COMMERCIAL BUSINESS TENANT/LEASEE	CHANGE IN BUSINESS OWNERSHIP
<ol style="list-style-type: none">1. New Commercial Business Application (signed and approved by Sanitation Staff ONLY)2. Photo Identification: Driver's License / State Identification / Passport3. Proof of Ownership: Deed, Title, Bill of Sale or Property Tax Statement4. No outstanding Sanitation debt associated with property5. Pre-payment delivery and removal dumpster fee of \$150.00 per dumpster + 1st month collection service based on size of number of service days.	<ol style="list-style-type: none">1. New Commercial Business Application (signed and approved by Sanitation Staff ONLY)2. Photo Identification (Driver's License / State Identification / Passport)3. Lease Agreement (signed Lease / Deed)4. Proof of responsibility for Sanitation Services (such as "stated in lease" or signed and notarized statement from Property Owner.5. Pre-payment delivery and removal dumpster fee of \$150.00 per dumpster + 1st month collection service based on size of number of service days	<ol style="list-style-type: none">1. New Commercial Business Application (signed and approved by Sanitation Staff Only)2. Photo Identification (Driver's License / State Identification / Passport)3. Proof of Ownership such as Bill of Sale, Title or Deed4. Lease Agreement (signed Lease / Deed)5. Latest DeKalb County Sanitation Billing Statement (account must be current prior to establishing new account)6. Pre-payment delivery and removal dumpster fee of \$150.00 per dumpster + 1st month collection service based on size of number of service days

NOTE: Sanitation Administration Office is located at 3720 Leroy Scott Drive, Decatur, GA 30032. Our office hours are Monday through Friday **7:00AM to 6:00PM**. To obtain directions and/or a copy of a map to our office, please click the below link:

http://www.co.dekalb.ga.us/publicwrks/sanitation/pdf/central_transfer_station_map.pdf

EMAIL ADDRESS

sanitation@dekalbcountyga.gov or www.dekalbcountyga.gov/sanitation

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) _____ _____ TITLE/ POSITION: _____		<input type="checkbox"/> APPLICANT (BUSINESS ENTITY) LEGAL NAME: _____ TRADE NAME: _____ STATE OR JURISDICTION REGISTERED: _____ EMAIL: _____ _____ (City) _____ (State) _____ (Zip) 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) _____ _____ TITLE/ POSITION: _____		<input type="checkbox"/> OWNER 1 (BUSINESS ENTITY) LEGAL NAME: _____ TRADE NAME: _____ STATE OR JURISDICTION REGISTERED: _____ EMAIL: _____ _____ (City) _____ (State) _____ (Zip) OWNERSHIP INTEREST PERCENTAGE (%) _____	
<input type="checkbox"/> OWNER 2 (INDIVIDUAL) FIRST NAME: _____ LAST NAME: _____ DRIVER'S LICENSE #: _____ PHONE: _____ ADDRESS (Street) _____ _____ TITLE/ POSITION: _____		<input type="checkbox"/> OWNER 2 (BUSINESS ENTITY) LEGAL NAME: _____ TRADE NAME: _____ STATE OR JURISDICTION REGISTERED: _____ EMAIL: _____ _____ (City) _____ (State) _____ (Zip) OWNERSHIP INTEREST PERCENTAGE (%) _____	
(Attach Additional Sheet(s) As Needed)			
TOTAL NUMBER OF OWNERS: _____		TOTAL OWNERSHIP INTEREST PERCENTAGE: 100%	

DEPARTMENT OF PLANNING & SUSTAINABILITY

BUSINESS OCCUPATION TAX		
1. GEORGIA GROSS RECEIPTS (Current Year 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 (Max. \$50,000.00) (Multiply line 3 by rate)	NACIS: _____ Rate: _____	\$
5. <input type="checkbox"/> EMPLOYEE FEE <input type="checkbox"/> PROFESSIONALS ELECTION * (At least one, include owner/operator) (Multiply # of Employees or Practitioners by Rate) Required E-Verify # if 10 or More Employees _____	Number of Employees or Practitioners _____ Rate _____	\$
6. ADMINISTRATIVE FEE \$75.00 (Nonrefundable/ Nontransferable)		\$
7. FLAT TAX FEE \$50.00		\$
8. TOTAL TAX DUE (Enter Sum Lines 4, 5, 6 & 7)		\$
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.

178 SAMS STREET, DECATUR GA 30030 (404) 371-2461 FAX (404) 371-2946

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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DOWNLOAD**

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**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

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.

DEPARTMENT OF PLANNING & SUSTAINABILITY

DEKALB COUNTY BUSINESS REGISTRATION APPLICATION CHECK LIST

Business Type/ Activity	REQUIRED BY ALL BUSINESS								LOCATION TYPE SPECIFIC				BUSINESS ACTIVITY TYPE SPECIFIC (QUALIFICATION)							
	Application Form	Applicant & Premises Owner Affidavit	Applicant's Government Identification	Affidavit Verifying Status (SAVE)	Private Employer Affidavit	Lease Agreement/ Landlord Consent	Trade Name Required DBA	LLCs, Corporations, etc.	Sanitation Location Number	Home Occupation Supplemental Form	Certificate of Occupancy (Commercial Location)	Special Administrative Permit (SAP) or Other	Background Information Check	Supplemental Application Form	Secretary Of State	Department of Agriculture	DeKalb Board of Health	Department of Community Health	Other Regulatory Agencies	Code Compliance Certificate
Apartment Complex	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Auto Dealer/ Broker	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Auto Repair	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Beauty Salon & Barber Shop	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Catering - Share Kitchen	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Convenience Stores with gas	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Convenience Stores without gas	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Day Cares, Personal Care Homes	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Financial Services	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hotel/ Motel	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Insurance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Late Night Establishments	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Other Services (Admin., Lawn, Cleaning, etc.)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Professional service (CPA, Medical, Legal, General Contractor, etc)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Retail Trade - Eating and Drinking places	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Retail Trade - Online Sales	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Spa (Massage Parlors)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Temporary Retail Sales (Mother's Day, Easter, etc.)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

LEGEND	
●	REQUIRED
●	MAYBE REQUIRED
●	NOT REQUIRED

NOTE: This is not a inclusive list of all Business type/ Activity that are/will be approved in Unincorporated DeKalb County but should be used merely use as a guide to aid with the new business license application process.

DEKALB COUNTY BUSINESS REGISTRATION APPLICATION INSTRUCTIONS

BUSINESS INFORMATION	
BUSINESS OWNERSHIP/ ENTITY	CHECK ONLY ONE <ul style="list-style-type: none"> • Sole Proprietor • Limited Liability Company (LLC) • Partnership • Corporation • Trust • Other – provide details
BUSINESS TYPE	CHECK ONLY ONE <ul style="list-style-type: none"> • For Profit • Non-Profit (<i>educational or charitable organization</i>)
FED EMPLOYER ID #	ENTER Federal Employer's Identification Number (EIN) <ul style="list-style-type: none"> • Issued by the Internal Revenue Service (IRS) • Used to identify business entity
GA SALES AND USE TAX #	ENTER Georgia Sales and Use Tax Number <ul style="list-style-type: none"> • Issued by GA Department of Revenue
FED WORK AUTHORIZATION #	ENTER Federal Work Authorization Identification Number <ul style="list-style-type: none"> • Also known as E-Verify Company ID number • Required for ten (10) or more employees, if less than 10 employees enter "N/A"
PERMIT/ C.O.#	ENTER Permit/ Certificate of Occupancy Number <ul style="list-style-type: none"> • Issued by DeKalb County – Planning and Sustainability • REQUIRED FOR ALL COMMERCIAL LOCATION TYPES
LOCATION TYPE	CHECK ONLY ONE <ul style="list-style-type: none"> • Homebased (<i>Using residential address as physical address</i>) <ul style="list-style-type: none"> ➤ Home Occupation Supplemental Registration Form required • Commercial (<i>Zoning requirements apply and may be subject to SLUP</i>) <ul style="list-style-type: none"> ➤ Certificate of Occupancy Required (Physical location of the business and/or principal office address)
SANITATION PROVIDER NAME	ENTER "DEKALB COUNTY" or the name of the Private Sanitation Company Provider
DEKALB COUNTY SANITATION #	ENTER DeKalb County Sanitation Location Number if DeKalb County Sanitation is provider, if not ENTER "N/A"
LEGAL/ ENTITY NAME	ENTER Legal Name for sole proprietor or entity name registered with the Secretary of State
TRADENAME/ DBA NAME	ENTER tradename if doing business different from legal/entity name <ul style="list-style-type: none"> • Trade Name MUST be registered with Clerk of Superior Court of DeKalb County, or provide franchise agreement
PRIMARY LINE OF BUSINESS TO BE CONDUCTED	ENTER Description of Dominant Line of Business Conducted. <ul style="list-style-type: none"> • Refer to the NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) for classifying business establishments

PRIMARY LINE OF BUSINESS TO BE CONDUCTED <i>(continued)</i>	<ul style="list-style-type: none"> Line of Business which the greatest amount of amount of income is derived Line of Business which the Occupation Tax category will be based on
OTHER LINE OF BUSINESS TO BE CONDUCTED	ENTER Description of Other Line of Business Conducted. <ul style="list-style-type: none"> Line of business MUST also comply with zoning requirements of property
PHONE	ENTER primary business phone number
EMAIL	ENTER primary business email address
PHYSICAL (LOCATION) ADDRESS	ENTER Physical address or location of business within county limits (UNINCORPORATED DEKALB COUNTY ONLY) <ul style="list-style-type: none"> PO BOX NOT PERMITTED HERE Office where a business, profession, or occupation is conducted or where services are provided
BILL TO/MAILING ADDRESS	ENTER mailing or billing address <ul style="list-style-type: none"> PO BOX PERMITTED HERE
APPLICANT'S INFORMATION	
APPLICANT (INDIVIDUAL) FIRST & LAST NAME	CHECK BOX , if applicant is an individual ENTER Individual's First and Last Name. <ul style="list-style-type: none"> MUST MATCH driver's license.
DRIVER'S LICENSE #:	ENTER driver's license number <ul style="list-style-type: none"> INDIVIDUAL APPLICANT ONLY
APPLICANT (BUSINESS ENTITY) LEGAL AND TRADENAME	CHECK BOX ONLY , if applicant is a business entity ENTER legal entity and Trade Name <ul style="list-style-type: none"> MUST BE REGISTERED AND ACTIVE
STATE OR JURISDICTION REGISTERED	ENTER state or jurisdiction where business entity is registered with the secretary of state
PHONE	ENTER applicant's phone number
EMAIL	ENTER applicant's email address
ADDRESS	ENTER applicant's address <ul style="list-style-type: none"> MUST MATCH driver's license of applicant
TITLE/ POSITION	ENTER Applicant's corporate officer Title and Position
AUTHORIZED AGENT	CHECK ONLY ONE <ul style="list-style-type: none"> YES, authorized to receive legal process and notices on behalf of business If NO, provide description of business relationship
OWNERSHIP INFORMATION	
List EACH owner with 10% or more ownership interest. SKIP if applicant is sole owner with 100% ownership interest.	
OWNER 1 (INDIVIDUAL) FIRST & LAST NAME	CHECK BOX , if owner 1 is an individual ENTER Individual's First and Last Name. <ul style="list-style-type: none"> MUST MATCH driver's license.
DRIVER'S LICENSE #:	ENTER driver's license number <ul style="list-style-type: none"> INDIVIDUAL APPLICANT ONLY
OWNER 1 (BUSINESS ENTITY) LEGAL AND TRADE NAME	CHECK BOX , if owner 1 is a business entity ENTER legal entity and Trade Name <ul style="list-style-type: none"> MUST BE REGISTERED AND ACTIVE

STATE OR JURISDICTION REGISTERED <i>(continued)</i>	ENTER state or jurisdiction where business entity is registered with the secretary of state	
PHONE	ENTER owner 1 phone number	
EMAIL	ENTER owner 1 email address	
ADDRESS	ENTER owner 1 address	
TITLE/ POSITION	ENTER owner 1 corporate officer Title and Position	
OWNERSHIP INTEREST PERCENTAGE (%)	ENTER owner 1 ownership interest of the business as a percentage.	
OWNER 2 (INDIVIDUAL) FIRST & LAST NAME	CHECK BOX , if owner 2 is an individual ENTER Individual's First and Last Name. <ul style="list-style-type: none"> MUST MATCH driver's license. 	
DRIVER'S LICENSE #:	ENTER driver's license number <ul style="list-style-type: none"> INDIVIDUAL APPLICANT ONLY 	
OWNER 2 (BUSINESS ENTITY) LEGAL AND TRADE NAME	CHECK BOX , if owner 2 is a business entity ENTER legal entity and Trade Name <ul style="list-style-type: none"> MUST BE REGISTERED AND ACTIVE 	
STATE OR JURISDICTION REGISTERED	ENTER state or jurisdiction where business entity is registered with the secretary of state	
PHONE	ENTER owner 2 phone number	
EMAIL	ENTER owner 2 email address	
ADDRESS	ENTER owner 2 address	
TITLE/ POSITION	ENTER owner 2 corporate officer Title and Position	
(Attach Additional Sheet(s) As Needed)	Complete and Attached additional sheet(s) as needed for business with more than two owners. <i>(Please provide the same information required for owner 1 & 2)</i>	
TOTAL NUMBER OF OWNERS	ENTER the sum of the number of owners.	
TOTAL OWNERSHIP INTEREST PERCENTAGE (%)	ENTER the sum of the percentage of the ownership interest. <ul style="list-style-type: none"> MUST EQUAL TO 100% 	
BUSINESS OCCUPATION TAX		
LINE 1 GEORGIA GROSS RECEIPTS	ENTER Current year Estimated Gross Receipts as defined by DeKalb County Ordinance Section 15-27(9).	
LINE 2 EXEMPTION	\$20,000.00 Allowance	
LINE 3 TAXABLE GROSS RECEIPTS	Subtract LINE 2 from LINE 1, If Negative ENTER "0"	
LINE 4 GROSS RECEIPT TAX	<div style="border: 1px solid black; padding: 5px; display: inline-block;">STEP 1</div> Use the DeKalb County Business Occupation Tax Table to get the Gross Receipt Tax Rate that corresponds to the first three (3) digits of your NAICS CODE , which describes the primary business activity.	
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">STEP 2</div> ENTER Gross Receipt Tax Rate identified in STEP 1 .	

LINE 4 GROSS RECEIPT TAX <i>(continued)</i>	STEP 3	Multiply LINE 3 by Gross Receipt Tax Rate entered in STEP 2 . (if the total is more than \$50,000.00 ENTER (\$50,000.00))
LINE 5 EMPLOYEE/ PRACTITIONER	STEP 1	Select ONLY one. <i>(Employee Fee or Professional election.)</i>
	STEP 2	ENTER number of Employee(s) or Practitioner(s) <i>(At least one (1), including owner or operator)</i>
	STEP 3	ENTER Employee Rate which corresponds with the first three (3) digits of your NAICS CODE from the DeKalb County Business Occupation Tax Table or; ENTER Practitioner Rate of \$400.00
	STEP 4	Multiply the number of Employee(s) or Practitioner(s) identified on LINE 5, STEP 2 , by Employee Rate or Practitioner Rate LINE 5, STEP 3
		PRACTITIONER as defined Sec. 15-27(17). The following Fees are NOT INCLUDED if Practitioner's election is made; <ul style="list-style-type: none"> • GROSS RECEIPT TAX (LINE 4) • ADMINISTRATIVE FEE (LINE 6) • FLAT FEE (LINE 7)
LINE 6 ADMINISTRATIVE FEE	\$75.00 <i>(Nonrefundable or Nontransferable)</i>	
LINE 7 FLAT TAX FEE	\$50.00 FEE	
LINE 8 TOTAL TAX DUE	Enter Sum Lines 4, 5, 6 & 7	
APPLICANT'S ACCEPTANCE AND ACKNOWLEDGEMENT		
PRINT APPLICANT'S NAME	ENTER applicant's First and Last Name <i>(Print)</i>	
APPLICANT'S SIGNATURE	Applicant's Signature	
DATE	ENTER Date application executed	

All Applications must be submitted online:

Register an Online Account and upload All required Documents

CLICK HERE

OR

SCAN HERE



<https://epermits.dekalbcountyga.gov/>

ALL APPROVED BUSINESS LICENSE WILL BE MAIL AND/OR EMAIL.



DEKALB COUNTY BUSINESS OCCUPATION TAX TABLE

First Three (3) Digits of NACIS CODE	Gross Receipts Tax Rate	Employee Fee	Description of Primary Business Activity	Tax Class
111	0.0009	\$10.00	Crop Production	4
112	0.0007	\$8.00	Animal Production	3
113	0.0009	\$10.00	Forestry and Logging	4
114	0.0009	\$10.00	Fishing, Hunting and Trapping	4
115	0.0013	\$14.00	Crop Production Support Activities	6
153	0.0009	\$10.00	Forestry Support Activities	4
211	0.0011	\$12.00	Oil and Gas Extraction	5
212	0.0009	\$10.00	Metal Ore Mining	4
213	0.0009	\$10.00	Mining Support Activities	4
221	0.0005	\$6.00	Electric, Gas, and Sanitary Services	2
233	0.0007	\$8.00	Construction-Building, Developing and General Contractors	3
234	0.0007	\$8.00	Heavy Construction Other Than Building-Contractors	3
235	0.0007	\$8.00	Construction-Special Trade Contractors	3
311	0.0005	\$6.00	Manufacturing - Food	2
312	0.0009	\$10.00	Manufacturing-Beverage and Tobacco Product	4
313	0.0009	\$10.00	Manufacturing-Textile Mills	4
314	0.0009	\$10.00	Manufacturing-Textile Product Mills	4
315	0.0009	\$10.00	Manufacturing-Apparel	4
316	0.0007	\$8.00	Manufacturing-Leather and Leather Products	3
321	0.0007	\$8.00	Manufacturing-Lumber and Wood Products, Excepts Furniture	3
322	0.0007	\$8.00	Manufacturing-Paper and Allied Products	3
323	0.0011	\$12.00	Manufacturing-Printing, Publishing and Allied Industries	5
324	0.0007	\$8.00	Manufacturing-Petroleum and Coal Products	3
325	0.0013	\$14.00	Manufacturing-Chemicals and Allied Products	6
326	0.0005	\$6.00	Manufacturing-Plastics and Rubber Products	2
327	0.0007	\$8.00	Manufacturing-Stone, Clay, Glass and Concrete Products	3
331	0.0009	\$10.00	Manufacturing-Primary Metal Industries	4
332	0.0011	\$12.00	Manufacturing-Fabricated Metal Products, Except Machinery & Transport	5
333	0.0009	\$10.00	Manufacturing-Machinery, Except Electrical	4
334	0.0009	\$10.00	Manufacturing-Computer and Electronic Product	4
335	0.0007	\$8.00	Manufacturing-Electrical Equipment, Appliance and Component	3
336	0.0013	\$14.00	Manufacturing-Transportation Equipment	6
337	0.0009	\$10.00	Manufacturing-Furniture and Fixtures	4
339	0.0009	\$10.00	Manufacturing-Miscellaneous Manufacturing Industries	4
421	0.0003	\$4.00	Wholesale Trade-Durable Goods	1
422	0.0005	\$6.00	Wholesale-Trade-Nondurable Goods	2
441	0.0003	\$4.00	Retail Trade-Motor Vehicle Parts Dealers	1
442	0.0007	\$8.00	Retail Trade-Home Furniture, Furnishings, and Equipment Stores	3
443	0.0007	\$8.00	Retail Trade-Electronics and Appliance Stores	3
444	0.0007	\$8.00	Retail Trade-Building Materials, Hardware, Garden Supply Dealers	3
445	0.0007	\$8.00	Retail Trade-Food Stores	3
446	0.0007	\$8.00	Retail Trade-Health and Personal Care Stores	3
447	0.0005	\$6.00	Retail Trade-Gasoline Service Stations	2
448	0.0007	\$8.00	Retail Trade-Apparel and Accessory Stores	3
451	0.0007	\$8.00	Retail Trade-Sporting Goods, Hobby, Book and Music Stores	3
452	0.0007	\$8.00	Retail Trade-General Merchandise Stores	3
453	0.0007	\$8.00	Retail Trade-Miscellaneous Stores	3
454	0.0007	\$8.00	Retail Trade-Non store Retailers, Not Elsewhere Classified	3
481	0.0005	\$6.00	Air Transportation	2
482	0.0003	\$4.00	Railroad Transportation	1
483	0.0005	\$6.00	Water Transportation	2
484	0.0009	\$10.00	Truck Transportation	4
485	0.0003	\$4.00	Transit and Ground Passenger Transportation	1
486	0.0005	\$6.00	Pipeline Transportation, Except Natural Gas	2
487	0.0003	\$4.00	Scenic and Sightseeing Transportation	1
488	0.0013	\$14.00	Transportation Support Activities	6
492	0.0013	\$14.00	Couriers and Messengers	6
493	0.0009	\$10.00	Warehousing and Storage	4
511	0.0011	\$12.00	Publishing Industries	5



DEKALB COUNTY BUSINESS OCCUPATION TAX TABLE

First Three (3) Digits of NACIS CODE	Gross Receipts Tax Rate	Employee Fee	Description of Primary Business Activity	Tax Class
512	0.0009	\$10.00	Motion Pictures and Sound Recording Industries	4
513	0.0003	\$4.00	Broadcasting and Telecommunications	1
514	0.0013	\$14.00	Information and Data Processing Services	6
522	0.0013	\$14.00	Credit Intermediation and Related Activities	6
523	0.0013	\$14.00	Investment and Commodity	6
524	0.0013	\$14.00	Insurance Carriers (Underwrites)	6
525	0.0013	\$14.00	Funds, Trusts and Other Financial Vehicles	6
531	0.0013	\$14.00	Real Estate	6
532	0.0009	\$10.00	Rental and Leasing Services	4
533	0.0013	\$14.00	Lessors of Other Non-financial Intangible Asset	6
541	0.0013	\$14.00	Professional, Scientific and Technical Services	6
551	0.0013	\$14.00	Management of Companies and Enterprises	6
561	0.0013	\$14.00	Administrative and Support Services	6
562	0.0009	\$10.00	Waste Management and Remediation Services	4
611	0.0013	\$14.00	Educational Services	6
621	0.0013	\$14.00	Health Practitioners	6
622	0.0013	\$14.00	Hospitals	6
623	0.0013	\$14.00	Nursing and Residential Care Facilities	6
624	0.0013	\$14.00	Social Services	6
711	0.0013	\$14.00	Perform Arts, Spectator Sports and Related Industries	6
712	0.0011	\$12.00	Museums, Historical Sites	5
713	0.0013	\$14.00	Amusement, Dance, Theater, and Sports	6
721	0.0007	\$8.00	Hotels, Motels, Campgrounds	3
722	0.0007	\$8.00	Retail Trade-Eating and Drinking Places	3
811	0.0009	\$10.00	Repair and Maintenance	4
812	0.0013	\$14.00	Dry-cleaning and Laundry Services	6
813	0.0009	\$10.00	Civic and Social Organizations	4
814	0.0013	\$14.00	Private Households	6
PROFESSIONALS ELECTION O.C.G.A 48-13-9 (c)(2)				
First Three (3) Digits of NACIS CODE	Gross Receipts Tax Rate	Professional Rate	Description of Primary Business Activity	Tax Class
541	0.00	\$400.00	Professional, Scientific and Technical Services	7
621	0.00	\$400.00	Health Practitioners	7