

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.

330 W. PONCE DE LEON AVE. 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**

**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

Chief Executive Officer

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director

Michael Thurmond

Andrew A. Baker, AICP

HOME OCCUPATION SUPPLEMENTAL REGISTRATION FORM

BUSINESS INFORMATION				
Description of Business Home Office For: _____ Other: _____				
Address (Street, City, State, Zip) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
APPLICANT INFORMATION				
First Name:	Last Name:			
Phone Number:	Email:			
Address If Different (Street, City, State, Zip) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
APPLICANT'S ACCEPTANCE AND ACKNOWLEDGEMENT OF SEC. 27-4.2.31				
<p>A. A home occupation where no customer contact occurs shall be considered a Type I home occupation and may be conducted with administrative approval by the director of planning.</p> <ol style="list-style-type: none"> 1. Up to two (2) full-time residents of the premises are allowed to conduct separate home occupations in the same dwelling. In reviewing such a request, the local government may consider the reason, potential residential impact, parking needs, hours of operation and other relevant factors. <p>B. All home occupations other than Type I home occupations shall be considered a Type II home occupation and shall require a special land use permit (SLUP). Additional conditions may be placed on the approval of a Type II home occupation in order to ensure the home occupation will not be a detriment to the character of the residential neighborhood.</p> <ol style="list-style-type: none"> 1. Customer contact is allowed for Type II home occupations. 2. Up to two (2) full-time residents of the premises are allowed to conduct separate home occupations in the same dwelling. In reviewing such a request, the local government may consider the reason, potential residential impact, parking needs, hours of operation and other relevant factors. <p>C. All home occupations shall meet the following standards:</p> <ol style="list-style-type: none"> 1. There shall be no exterior evidence of the home occupation. 2. No use shall create noise, dust, vibration, odor, smoke, glare or electrical interference that would be detectable beyond the dwelling unit. 3. The use shall be conducted entirely within the dwelling unit, and only persons living in the dwelling unit shall be employed at the location of the home occupation. 4. No more than twenty-five (25) percent of the dwelling unit and or five hundred (500) square feet, whichever is less, may be used for the operation of the home occupation. 5. No more than one (1) business vehicle per home occupation is allowed. 6. No home occupation shall be operated so as to create or cause a nuisance. 7. Home occupation shall not include the use of a dwelling unit for the purpose of operating any automobile repair establishment, or car wash. 8. Occupations that are mobile or dispatch-only may be allowed, provided that any business vehicle used for the home occupation complies with Section 6.1.3, and is limited to one (1) business vehicle per occupation. 				

DEPARTMENT OF PLANNING & SUSTAINABILITY

D. Private educational services shall comply with home occupation standards and no more than three (3) students shall be served at a time. Family members residing in the home are not counted towards the three (3) students allowed.

I agree to abide by the regulations listed above.

Applicant's Signature

Date

OWNER'S AUTHORIZATION

The property owner should complete this form, or a similar signed and notarized form, if the individual who is filling the application with the County is not the property owner. If there is more than one (1) property owner, please attach additional authorizations.

TO WHOM IT MAY CONCERN.

(I), (We), _____
Name of Owners

Being (owner), (owners) of the subject property identified in this application, hereby delegate(s) authority to

_____ to use my property as a
Name of Applicant or Representative

Home Based Business in accordance with Sec. 27.4.2.31 of the DeKalb County Code.

Notary Public

Owner(s)

Date: _____

Stamp/Seal:

ZONING OFFICE USE ONLY

Zoning Classification:

APPROVED
YES NO

DATE

Print Name

Signature

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.



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

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	<i>Enter Sum Lines 4, 5, 6 & 7</i>	
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	

THE FOLLOWING OPTIONS ARE AVAILABLE FOR YOU TO SUBMIT YOUR FORMS AND PAY YOUR FEES:

Option 1 – Submit Forms via Email and Pay Online

Complete and submit the application along with the required documentation to blicense@dekalbcountyga.gov. Once received, allow one (1) week for review and processing. Upon completion, the department will generate fees and post to your account for online payment. **(You must register online to make payments online).**

Option 2 – Submit Forms and Payment via Mail

Complete and submit the application along with the required documentation and payment to DeKalb County Business License P.O. Box 100020 Decatur, GA. 30031-7020. Once received, allow two (2) weeks for review and processing.

Option 3 – Submit Forms and Payment in Person

Complete and bring your application along with the required documentation and payment to 330 W. Ponce de Leon Ave. 2nd floor Decatur, GA 30030. Intake will review the application for completeness. Please allow one (1) week for the final review after submission.

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