

## DEKALB COUNTY BUSINESS REGISTRATION APPLICATION INSTRUCTIONS

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

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

<b>STATE OR JURISDICTION REGISTERED</b> <i>(continued)</i>	<b>ENTER</b> state or jurisdiction where business entity is registered with the secretary of state
<b>PHONE</b>	<b>ENTER</b> owner 1 phone number
<b>EMAIL</b>	<b>ENTER</b> owner 1 email address
<b>ADDRESS</b>	<b>ENTER</b> owner 1 address
<b>TITLE/ POSITION</b>	<b>ENTER</b> owner 1 corporate officer Title and Position
<b>OWNERSHIP INTEREST PERCENTAGE (%)</b>	<b>ENTER</b> owner 1 ownership interest of the business as a percentage.
<b>OWNER 2 (INDIVIDUAL) FIRST &amp; LAST NAME</b>	<b>CHECK BOX</b> , if owner 2 is an individual <b>ENTER</b> Individual's First and Last Name. <ul style="list-style-type: none"> <li><b>MUST MATCH driver's license.</b></li> </ul>
<b>DRIVER'S LICENSE #:</b>	<b>ENTER</b> driver's license number <ul style="list-style-type: none"> <li><b>INDIVIDUAL APPLICANT ONLY</b></li> </ul>
<b>OWNER 2 (BUSINESS ENTITY) LEGAL AND TRADE NAME</b>	<b>CHECK BOX</b> , if owner 2 is a business entity <b>ENTER</b> legal entity and Trade Name <ul style="list-style-type: none"> <li><b>MUST BE REGISTERED AND ACTIVE</b></li> </ul>
<b>STATE OR JURISDICTION REGISTERED</b>	<b>ENTER</b> state or jurisdiction where business entity is registered with the secretary of state
<b>PHONE</b>	<b>ENTER</b> owner 2 phone number
<b>EMAIL</b>	<b>ENTER</b> owner 2 email address
<b>ADDRESS</b>	<b>ENTER</b> owner 2 address
<b>TITLE/ POSITION</b>	<b>ENTER</b> owner 2 corporate officer Title and Position
<b><i>(Attach Additional Sheet(s) As Needed)</i></b>	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 &amp; 2)</i>
<b>TOTAL NUMBER OF OWNERS</b>	<b>ENTER</b> the sum of the number of owners.
<b>TOTAL OWNERSHIP INTEREST PERCENTAGE (%)</b>	<b>ENTER</b> the sum of the percentage of the ownership interest. <ul style="list-style-type: none"> <li><b>MUST EQUAL TO 100%</b></li> </ul>
<b>BUSINESS OCCUPATION TAX</b>	
<b>LINE 1 GEORGIA GROSS RECEIPTS</b>	<b>ENTER</b> Current year Estimated Gross Receipts as defined by DeKalb County Ordinance Section 15-27(9).
<b>LINE 2 EXEMPTION</b>	<b>\$20,000.00</b> Allowance
<b>LINE 3 TAXABLE GROSS RECEIPTS</b>	<b>Subtract LINE 2 from LINE 1, If Negative ENTER "0"</b>
<b>LINE 4 GROSS RECEIPT TAX</b>	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"><b>STEP 1</b></div> Use the DeKalb County Business Occupation Tax Table to get the <b>Gross Receipt Tax Rate</b> that corresponds to the first three (3) digits of your <b>NAICS CODE</b> , which describes the primary business activity.
	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"><b>STEP 2</b></div> <b>ENTER Gross Receipt Tax Rate</b> identified in <b>STEP 1</b> .

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