

DEKALB COUNTY BUSINESS REGISTRATION APPLICATION

Internal Audit & Licensing, 330 W. Ponce De Leon Ave., Decatur Ga. 30031 (404) 371-2461 Fax (404) 371-2946 ACCOUNT # _____

1	OFFICE USE ONLY:	NAICS _____	Class _____	Type _____	H.O.P. _____	District _____	Lot _____	Block _____	Parcel _____
2	Zoning:	Approved by _____	Denied by _____	Date _____	Denial Reason _____				
3	Pending Items:	C.O. _____	Fire _____	Health _____	Sanitation Service _____	State License _____	Insurance (Taxi/Limos) _____	Police _____	Other _____
	Business License Items:	Primary ID# _____	Owner's ID# _____	Bill To ID# _____					

4 Type or Line(s) of Business to be conducted: _____

5	Business /Trade Name _____	Applicant's Name _____	Title: _____
6	Street Address: _____	Ownership Type: Single Owner/Sole Proprietor _____	Partnership _____
7	City/State/Zip _____	Owner(s) Name: _____	
8	Business Telephone # _____	Ownership Type : Association _____	Corporation _____
9	E-Mail : _____	LLC _____	
10	Bill To/Mailing Name: _____	Corporate or LLC Name: _____	
11	Bill To /Mailing Address: _____	State Where Incorporated: _____	Date Inc: _____
12	City/State/Zip: _____	Agent's Name: _____	Title: _____
		Owner/Agent's Home Address: _____	
		Owner/Agent's City/State/Zip: _____	
		Owner/Agent's Telephone (Home No.): _____	

13 **Applicant's must provide copies of driver's license or other Governmental Issued Photographic Identification with Application**

- 14 DeKalb County Sanitation Account Number: _____ Private sanitation service name: _____
- 15 Does your business have a Georgia Sales and Use Tax Number? Yes ___ No __, If yes provide your Georgia Sales and Use Tax Number _____
- 16 Will business be based out of your home? Yes ___ No __. If yes, is a "Home Occupation Supplemental Registration Form" included? Yes ___ No ___
- 17 Will your business be an adult entertainment establishment (sexually oriented business) as defined by the DeKalb County Code or does (will) it offer any form of adult entertainment? Yes _____ No _____ See reverse side of this form for Code definitions.
- 18 Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? Yes _____ No _____. If yes, attach written explanation.
- 19 **Georgia Open Records Act prohibits public viewing of gross receipts & number of employees. The public may view other information on this form.**

20	DeKalb plus Georgia Gross Receipts (estimate)	\$ _____	X _____	\$ _____
21	Employee Fee (at least one, includes owner/operator)	# _____	X _____	\$ _____
22	Flat Fee of \$50.00. (except for professionals paying optional \$400)			<u>\$50.00</u>
23	Administrative Fee (no refund or transfer)			<u>\$75.00</u>
24	Total Amount Due or Professional Option. (\$400 per practitioner by O.C.G.A.)			\$ _____

25 This application must be executed under oath and notarized. 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. All tax certificates expires December 31 and must be renewed annually

26 Signature _____ Position _____ Date _____

27 Sworn to and subscribed before me this _____ day of _____, 20 _____.

28 Notary Public Signature _____