

DEPARTMENT OF PLANNING & SUSTAINABILITY

DEKALB COUNTY BUSINESS  
REGISTRATION  
2026 MULTIPLE YEAR RENEWAL APPLICATION  
178 SAMS STREET | DECATUR GA 30030 | (404) 371-2461

Please complete the information based on the following year of your last active business license.

BUSINESS INFORMATION			
BUSINESS ACCOUNT #:	<input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NON-PROFIT (501c3)	<input type="checkbox"/> CHECK HERE IF NO LONGER OPERATING DATE CLOSED: _____	
Legal/ Entity Name:		Trade Name:	
Phone:		Email:	
Physical (Location) Address <i>Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
		GA	
BUSINESS OCCUPATION TAX			
1. GEORGIA GROSS RECEIPTS (2026 Estimate)			
2. EXEMPTION		\$20,000.00	
3. TAXABLE GROSS RECEIPTS (Subtract line 2 from line 1, if negative enter \$0.00)			
4. CHECK ONLY ONE <input type="checkbox"/> EMPLOYEE      PROFESSIONALS ELECTION (At least one)		Number of Employees or Professionals:	

2025

1. GEORGIA GROSS RECEIPTS (2025 Actual Gross Revenue from tax return)	
2. EXEMPTION	\$20,000.00
3. TAXABLE GROSS RECEIPTS (Subtract line 2 from line 1, if negative enter \$0.00)	
4. CHECK ONLY ONE EMPLOYEE <input type="checkbox"/> PROFESSIONALS ELECTION (At least one)	Number of Employees or Professionals:

## 2024

1. GEORGIA GROSS RECEIPTS (2024 Actual Gross Revenue from tax return)	
2. EXEMPTION	\$20,000.00
3. TAXABLE GROSS RECEIPTS (Subtract line 2 from line 1, if negative enter \$0.00)	
4. CHECK ONLY ONE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PROFESSIONALS ELECTIONS (At least one)	Number of Employees or Professionals: 

## 2023

1. GEORGIA GROSS RECEIPTS (2023 Actual Gross Revenue from tax return)	
2. EXEMPTION	\$20,000.00
3. TAXABLE GROSS RECEIPTS (Subtract line 2 from line 1, if negative enter \$0.00)	
4. CHECK ONLY ONE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PROFESSIONALS ELECTIONS (At least one)	Number of Employees or Professionals: 

## 2022

1. GEORGIA GROSS RECEIPTS (2022 Actual Gross Revenue from tax return)	
2. EXEMPTION	\$20,000.00
3. TAXABLE GROSS RECEIPTS (Subtract line 2 from line 1, if negative enter \$0.00)	
4. CHECK ONLY ONE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PROFESSIONALS ELECTIONS (At least one)	Number of Employees or Professionals: 

### ACCEPTANCE AND ACKNOWLEDGEMENT

I certify that the ACTUAL figures are true and correct, and the 2026 ESTIMATE for this year is a good faith estimate or last year's actual.

Print Owner's/ Authorized Agent Full Name

Signature

Date

**NO CHANGE AFFIDAVIT- 20\_\_**

The undersigned, \_\_\_\_\_ being duly sworn says the following:  
(Licensee)

1. Have there been changes of ownership of the establishment? ☐ Yes ☐ No If yes, please explain  
\_\_\_\_\_
2. There have been no changes in any information and data contained in and furnished with my original DeKalb County Business Registration Application.
3. In the past year, have you been convicted of pleaded nolo contendere to a violation of any federal, state or county law concerning crime of moral turpitude, misdemeanor, or violation of this Code directly relates to the business for which the certificate is sought? If yes, please explain the violation and provide the date of adjudication and the court of adjudication:  
\_\_\_\_\_  
\_\_\_\_\_
4. I am familiar with all laws, rules and regulations of the State of Georgia and all ordinances of DeKalb County covering the operation of the business establishment I will operate under this renewal

I swear that all the information contained in the original application is true and I understand that such application is made a part of this renewal application and the renewal is based upon the information contained in the original application. DeKalb County sec. 15-45(a). A license issued pursuant to the provisions of this division shall be denied, suspended or revoked by the director if the licensee furnishes fraudulent or untruthful information in the original, renewal or transfer application for a license or omits information required in the original, renewal or transfer application for a license and for failure to pay all fees, taxes or other charges imposed under the provisions of this chapter.

\_\_\_\_\_  
Licensee's Signature

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_  
(SEAL)

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)** employees<sup>1</sup>

\*\*\* 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

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**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: \_\_\_\_\_

<sup>1</sup>Sec. 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.

\_\_\_\_\_  
Business Name\_\_\_\_\_  
License#/Occupation Tax#☐ Business Occupation Tax Certificate☐ Alcohol License**SAVE AFFIDAVIT****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, 1-551, 1-766, 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: \_\_\_\_  
(SEAL)