

*******IMPORTANT PLEASE READ*******
*******Additional Documentation Required*******

As Required by O.C.G.A – 36-60-6(a): Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented.

If it is determined your occupational license requires board certification, you must submit a copy of that certification along with your application. Failure to supply this documentation could result in a delay of the issuance of your certificate.

Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1 through 3): All businesses are now required to complete and return the "Affidavit Verifying Status of Benefit Applicant". This form must be completed in full, signed by an officer of the company, notarized and returned along with your completed worksheet and payment in full. As specified on the Affidavit, you must also provide at least one "secure and verifiable" document with the completed Affidavit. Some examples of a secure and verifiable document are a current state issued ID, driver's license or passport.

Immigration Legislation (HB87) Passed on April 14, 2011: Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

Remittance Information: Make your check payable to: **City of Clarkston** and mail it to City of Clarkston, ATTN: Occupational License Office, 1055 Rowland Street, Clarkston, GA 30021.

No longer conducting business in Clarkston? If you are no longer operating a business in Clarkston, please indicate the date the business closed, moved or was sold on the enclosed application. You can mail the application to City of Clarkston. You may also email Clarkston Business License Dept. at tashby@cityofclarkston.com or GHartley@cityofclarkston.com

*******Additional Documentation Required*******
2017 Business License Application Checklist

- Georgia Sales Tax Number of Retail Sales (All Retail Sales Businesses)
- A Federal Employer Identification Number (Federal ID Number)
- Submit \$100 Administration Fee with Application ****NEW****
- Copy of Tax Return (Last Filed Tax Return 2015)
- Copy of the business entity's accounting system reports or schedules showing 2016 year-to-date or final sales, gross revenue or receipts. If providing year-to-date reports, please indicate the estimated final 2016 annual gross revenue for the entire 2016 year.
- Current Copy of Lease Agreement
- Copy of Driver's License/Photo ID
- Submit a copy of Current Certificates/Inspections for all that apply
 - DeKalb Board of Health Inspection (Food Service, Food Preparation and/or Catering Business)
 - DeKalb Board of Agriculture (Wholesale and/or Retail Packaged Food Sales)
 - F.O.G (Food Service, Food Preparation and/or Catering Business)
 - Certificate of Occupancy

BUSINESS REGISTRATION/OCCUPATIONAL TAX CERTIFICATE APPLICATION

For Calendar Year 2017

Check One: New Amended Final (Date business sold or closed : _____)

Check One: Sole Owner Partnership Corporation LLC

Business Days Open: _____ Business Hours of Operation: _____

Exact Description and Nature of Business: _____

Business Name: _____
Business Address: _____
Mailing Address: _____
Federal ID Number: _____ Georgia Sales Tax Number: _____
Business Owner Name: _____
Owner's Home Address _____
Business Phone: _____ Home Phone: _____
Owner's Social Security Number _____ D.O.B. _____
Business Manager: _____
Manager's Home Address: _____
Business Phone: _____ Home Phone: _____
Manager's Social Security Number: _____
Name and Address of Places of Employment of Owner and Manager for Past Five Years: _____

In accordance with the business ordinance of the City of Clarkston, Georgia, I (print name) _____, being the (insert title) _____ of the business, do certify that I am the person duly authorized by the business herein named to file this application. I understand that this application does not authorize me to conduct business and that the license cannot be issued without the approval of the Fire Marshall.

Applicant Signature _____
Date

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.
Executed in _____(City), _____(State).

Signature of Applicant _____
Date

Printed Name

Subscribed to and sworn before me on this the
_____ Day of _____ 20 _____.

Notary Public
My Commission Expires: _____

<u>For Office Use Only</u>			
SIC Code: _____	Business Type: _____	Business Class: _____	App Fee Pd: _____
To Code: _____	Code Approved by: _____	Date Approved: _____	Comments Attached: _____
To P&Z: _____	P&Z Approved by: _____	Date Approved: _____	Comments Attached: _____
Occ Tax Billed: _____	Occ Tax Paid: _____	Check # _____	Amount Paid: _____ Rec'd by: _____

Affidavit Verifying Status of Benefit Applicant

****REQUIRED****

Pursuant to the Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1), effective July 1, 2007, every agency in **Clarkston** providing public benefits through any local program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application on for benefits from the City of Clarkston:

Select one of the below.

_____ I am a United States citizen 18 years of age or older;

_____ I am a legal permanent resident 18 years of age or older;

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency is _____.

The undersigned applicant also hereby verifies that he or she 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:

(Please enclose legible copy of document with Affidavit.)

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.

Executed in _____ (City), _____ (State).

Signature of Applicant

Date

Printed Name

Subscribed to and sworn before me on this the

_____ Day of _____ 20 _____.

Notary Public

My Commission Expires:

****FORM REQUIRED**** This form must be completed and returned with a copy of your secure and verifiable document, your Clarkston Occupational Tax Application, and payment. Failure to return the completed Affidavit with your application and payment will delay the issuance of your occupational certificate

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

****REQUIRED FORM****

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 1.

*** 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 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

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 201__ 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 _____, 201__.

NOTARY PUBLIC

My Commission Expires:

****FORM REQUIRED**** This form must be completed and returned with your Clarkston Occupational Tax Application and payment. Failure to return this completed Private Employer Affidavit with your application and payment will delay the issuance of your occupational certificate.

**BUSINESS OCCUPATIONAL TAX CALCULATION WORKSHEET
2017**

***Failure to Submit Application and Fees on or before March 1st Will Result in Penalties.**

BUSINESS NAME: _____	INDUSTRY DESCRIPTION: _____	
PHYSICAL ADDRESS: _____		
SIC CODE: _____	FEE CLASS: _____	FEE RATE: _____

Notice: If your business has discontinued in Clarkston, ENTER THE DISCONTINUED DATE, SIGN AND RETURN THIS FORM.
Date Business Moved, Closed, or Sold: _____ Signature: _____

For Professional Practitioners (OCGA §48-13-9(c) Check one: \$400 Flat Fee Gross Receipts
(If electing Professional Flat Tax - Enter \$400 on line 4 below and complete calculations.)
When electing to pay a flat fee, please submit a copy of your State license with this return

Submit Gross Receipt Totals ONLY. The Finance Department will calculate any Occupational Tax Owed and you will be mailed an Invoice.

Gross Receipts for Current Year

1. Estimated Annual Gross Receipts for 2017 \$ _____ - \$20,000 = (3) _____
(First \$20,000 in Gross Receipts is Exempt) (Cannot be less than \$0.00)

4. Professional Flat Tax (ONLY) (4) _____

5. Administrative Fee (ALL BUSINESSES PAY) (5) \$ 100.00

6. Total Amount Due (Add Lines 4 - 6) (6) _____

Return Application & Completed Worksheet with Check or Money Order Made Payable To:
City of Clarkston • Attn: Occupational License Office • 1055 Rowland St • Clarkston, GA 30021.
For assistance call (404)296-6489. You can also email us at tashby@cityofclarkston.com or levans@cityofclarkston.com

I hereby swear under penalty of perjury that the information reported on this worksheet is to the best of my knowledge true, correct and complete. I understand that the issuance of the Occupational Tax Certificate does not permit the business to operate unless the business is properly zoned and in compliance with all applicable City of Clarkston and State of Georgia ordinances and regulations.

I understand that if it is determined that my occupational license requires board certification; I must submit a copy of that board certification along with my application. I understand that failure to supply this documentation could result in a delay of the issuance of my Occupational Tax Certificate. I also understand that if I do not complete and return the "Affidavit Verifying Status of the Applicant" and the "Private Employer Affidavit" this will result in a delay of the issuance of my Occupational Tax Certificate.

Printed Name: _____ **Title:** _____ **Email:** _____

Signature: _____ **Date:** _____ **Phone Number:** _____

Remit To: City of Clarkston 1055 Rowland St Clarkston, GA 30021
Phone: (404) 296-6489 Email: tashby@cityofclarkston.com

Business Emergency Contact Information

The Clarkston Police Department maintains a file of Emergency Contact Information for businesses that are located within the City of Clarkston. By providing this information, our police department will know whom to contact should an emergency arise after your normal business hours. In order that we may be assured of having the most current information possible, please complete this form and thereafter advise the City Clerk of any changes as soon as possible.

Should you choose not to provide this information, please check the block provided, sign the form and return it so we will know that it was not an oversight on your part.

All Information provided will be considered confidential and will not be shared with any external entity.

Business Name: _____

Address: _____

Emergency Contacts:

Name	Relationship	Telephone Number
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I choose not to provide emergency contact information for my business.

Signature

Title

Printed Name

Date