



November 4, 2015

Dear Clarkston Business Owner/Manager:

It is time to renew your business license with the City of Clarkston. First of all, we would like to inform you of our new business license process. The renewals for 2016 will be handled personally by our staff at the City of Clarkston. In recent years, we had outsourced our processing to an outside firm called RDS (Revenue Discovery Systems). All future business license transactions will be handled by our staff located at the Clarkston City Hall Annex located at 1055 Rowland Street in Clarkston.

Enclosed you will find your renewal application and all related documentation requirements to renew your annual business license and calculate your Occupation Tax due for the renewal. Before turning in your application please make sure that all forms have been completed and that you have all required documents. To ensure efficient processing of all paperwork, the City will not be accepting any incomplete applications. If you have any questions in reference to required documents or any of the forms you are encouraged to call us to ask questions or to schedule an appointment to meet with our staff for assistance.

Please note that several forms in the application packet require a notarized signature. If you do not have access to your own notary public, some of our staff are notaries and can assist by notarizing your signature for an additional fee of \$5 per page. If you choose to have our staff perform the public notary process, please do not sign your signature until you are in the presence of the notary public.

Once the application is completed with the required documents, it will need to be turned at 1055 Rowland Street Clarkston, GA 30021. You have the option to mail-in or bring in to the location when the application is completed. If you have any questions or need any assistance, please contact us at (404) 296-6489.

We look forward to working with all of our local businesses in the coming year.

Thank You!

**\*\*\*\*\*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 renewal. 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 renewal 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: City Clerk 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](mailto:tashby@cityofclarkston.com) or [cmontfort@cityofclarkston.com](mailto:cmontfort@cityofclarkston.com)

**\*\*\*\*\*Additional Documentation Required\*\*\*\*\***  
**2016 Renewal Business License Checklist**

- Georgia Sales Tax Number of Retail Sales

*(If you are not selling anything then you will not have a Georgia Sales Tax Number)*

- A Federal Employer Identification Number ( Federal Id Number)
- Copy of Tax Return ( Last Filed Tax Return )
- Copy of the business entity’s accounting system reports or schedules showing 2015 year-to-date or final sales, gross revenue or receipts. If providing year-to-date reports, please indicate the estimated final 2015 annual gross revenue for the entire 2015 year.
- Copy of Driver’s License/Photo ID
- Current Certificates/Inspections for all that apply”
  - DeKalb Board of Health Inspection
  - DeKalb Board of Agriculture
  - F.O. G
  - Certificate of Occupancy

**Annual Business Expense Calculation Sheet**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Monthly Fees & Expenses:

Rent: \$ \_\_\_\_\_

*(Please provide a copy of your lease agreement)*

Electricity: \$ \_\_\_\_\_

Gas: \$ \_\_\_\_\_

Water: \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

*(Add up the rent and utilities to get the total expenses)*

Estimate Annual Profit: \$ \_\_\_\_\_

Estimate Gross Receipts: \$ \_\_\_\_\_

*(Add total expenses with annual profit to get your estimate gross receipts for the year)*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_



# 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 Renewal, and payment. Failure to return the completed Affidavit with your renewal and payment will delay the issuance of your occupational certificate

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

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.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, **stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_ Federal Work Authorization User Identification Number

\_\_\_\_\_ Date of Authorization

\_\_\_\_\_ Name of Private Employer

**If your business employs less than ten (10) employees, please check  this box and sign below.**

*By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.*

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 Renewal and payment. Failure to return this completed Private Employer Affidavit with your renewal and payment will delay the issuance of your occupational certificate.

**BUSINESS OCCUPATIONAL TAX RENEWAL WORKSHEET CLARKSTON, GA (1554)  
2016 Renewal**

**\*Failure to Submit Application and Fees on or before Jan 16<sup>th</sup> of Each Year 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: \_\_\_\_\_

**Are you a professional practitioner electing to pay a flat fee of \$300?** YES or NO (If yes, please submit a copy of your State license with this return.) Enter \$300 on line 8 below and complete calculations.

**Does your business have a State of Georgia Sales Tax ID #? YES or NO** If yes, please provide the ID # \_\_\_\_\_  
Please provide your FEIN or SSN if you are a sole proprietorship: \_\_\_\_\_

**NUMBER OF EMPLOYEES (REQUIRED)**

- 1. Actual Gross Receipts from 2014 (need tax return) (1) \_\_\_\_\_
- 2. Prior Year estimated taxable receipts (2) \_\_\_\_\_
- 3. Receipts Adjustment (Line 1 minus Line 2 (+ or -)) (3) \_\_\_\_\_
- 4. Tax Adjustment= Line 3 x Rate: \_\_\_\_\_ (4) \_\_\_\_\_

**Tax Calculation for Current Year**

- 5. Estimated Annual Gross Receipts for 2015 (Cannot be less than Actual reported on Line 1 above) (5) \_\_\_\_\_
- 6. Multiply Line 5 by **Rate** \_\_\_\_\_ (6) \_\_\_\_\_
- 7. Enter prior year Tax Adjustment from Line 4 above (7) \_\_\_\_\_
- 8. Occupational Tax Due (Add lines 6 and 7) (8) \_\_\_\_\_
- 9. Penalty (See Chart Below) (9) \_\_\_\_\_

Jan 17 through Feb 15 , 2016	5%
Feb 16 through Apr 16,2016	10%
Apr 17 through Oct 13,2016	15%
Oct 14 through Jan 16, 2016	20%
More than one year	30%

- 10. Subtotal (Add Lines 8 and 9) (10) \_\_\_\_\_
- 11. Administrative Fee (11) \_\_\_\_\_ \$ 50.00
- 12. Credit for Previous Tax Overpayment (12) \_\_\_\_\_
- 13. **Total Amount Due (Add Lines 10 through 12) (+ or -)** (13) \_\_\_\_\_

**Return Completed Worksheet & Renewal Application with Check or Money Order Made Payable To: City of Clarkston.  
Mail To: City of Clarkston • City Clerk Ofc • 1055 Rowland St • Clarkston, GA 30021.  
For assistance call (404)296-6489. You can also email us at [tashby@cityofclarkston.com](mailto:tashby@cityofclarkston.com)  
or [cmontfort@cityofclarkston.com](mailto:cmontfort@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 renewal. 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](mailto: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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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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I choose not to provide emergency contact information for my business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date