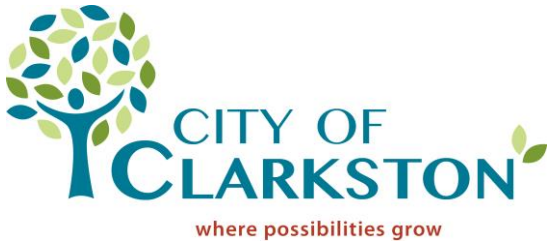


# 2024 NEW BUSINESS LICENSE APPLICATION



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**To apply for a commercial business license, an approved business use verification and fire marshal inspection report are required.**

Application Submittal/Supporting Documents for 2024 Occupational/Business Licenses will be reviewed by City Staff. **See Checklist Requirements (attached).**

**Permit Required:**

Certificate of Occupancy (CO) permit application for business license (see attached).

**Reviews:**

Zoning Approval - Dekalb County Fire Marshal Approval\*\*\* - Dekalb County FOG Approval, if necessary.

**Inspections:**

Building Inspection for Certificate of Occupancy (CO)

Dekalb County Fire Marshal (Routing Sheet to be completed with Application) \*\*\*\*

Certificate of Occupancy (CO): issued when all inspections are approved\*\*\*\*

This Application is for Commercial Business Use Requirements, only.

**Additional Information:**

There are 2 options to submit your new business application:

1) Via mail: You may mail the completed application to City of Clarkston City Hall Annex, 1055 Rowland St, ATTN: NEW OCCUPATIONAL LICENSE, Clarkston, GA 30021. The Application must be accompanied with a **non-refundable** Administration Fee of \$100 paid by check or money order.

An invoice will be provided via email for any occupational tax due (if applicable) after your file has been reviewed and approved, only.

2) In-Person: Applications are accepted Monday through Friday between the hours of 9am - 4pm **3pm only**, at the City Hall Annex. Payment of a **non-refundable** Administration Fee of \$100 will be remitted at the time of submittal for a complete application. **Incomplete applications will not be accepted.**

Professionally classified businesses electing to pay the flat tax may remit \$500 (\$100 admin fee + \$400 flat tax). Practitioner licensing will be verified.

Enclosed is the application and all related documentation requirements to register your business license. Before turning in your application, please ensure that all forms are complete, include all required documents, and pay the non-refundable \$100 administrative fee (if mailing). **Please note: Incomplete applications will NOT BE REVIEWED or ACCEPTED, if submitted in person.**

Please note that several forms in the application packet **require a notarized signature**. If you do not have access to a notary public, city staff may assist by notarizing your signature with the proper identification and for an additional fee of \$2 per page.

If city staff is needed to notarize your forms, please do not sign the documents until you are in the presence of the notary public.

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

Thank You!

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

**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: Occupational License Office, 1055 Rowland Street, Clarkston, GA 30021.

**\*\*\*\*\*NO LONGER CONDUCTING BUSINESS IN CLARKSTON? \*\*\*\*\***

If you are no longer operating a business in the City of Clarkston, please complete an Affidavit indicating the date the business closed, moved, or was sold and by Terminated/Closed/Bankruptcy.

You may mail the affidavit to City of Clarkston or email the Clarkston Business License Dept. at [tlewis@cityofclarkston.com](mailto:tlewis@cityofclarkston.com) or [levans@cityofclarkston.com](mailto:levans@cityofclarkston.com)

**2024 New Business License Checklist**

- Application with Legible Email Address in the Application
- Georgia Sales Tax Number of Retail Sales (All Retail Sales Businesses)
- Federal Employer Identification Number (Federal ID Number)
- S.A.V.E Affidavit
- Private Employer Affidavit
- Copy of Leasing Agreement from Owner or Leasing Management
- Identification of Business Owner/Photo ID
- Architectural drawing of Floor Plan of Commercial Spaces (Mandatory)
- Complete Business information on Routing Sheet (Mandatory)
- Submit **Non-refundable** Administration Fee of \$100 with Application

**\*Business Type Checklist continues next page\***

**RESTAURANT**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Current F.O.G. Permit
- GA. Dept. of Public Health: Food Services Permit
- If applicable \_\_\_\_\_
  - o City Alcohol License
  - o State Alcohol License
  - o Copies of Employees services permit

**GROCERY STORE**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Current F.O.G. Permit
  - o Cooking food on site
- GA. Dept. of Agriculture: Food Sales
- State Tobacco License
- Other \_\_\_\_\_

**RETAIL BUSINESS**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- GA. Dept. of Public Health: Food Services Permit
- Pharmacy/Pharmacists
  - o Evidence of Qualifications
- Other \_\_\_\_\_

**DAYCARE**

- Federal Employer ID Number
- \$100 Administrative Fee
- GA. State License-*Bright from the Start*
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Current F.O.G. Permit
  - o Cooked food on site
- GA. Dept. of Public Health: Food Services Permit
- Other \_\_\_\_\_

**EMMISSION/AUTO REPAIR**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Emissions Certificate

**CONVENIENCE STORE/ GAS STATION**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Current F.O.G. Permit
  - o Cooked food on site
- GA. Dept. of Agriculture: Food Sales Establishment
- Alcohol License
  - o City
  - o State
- COAM License
  - o L & B Application
  - o City License
- State Weights and Measures Fuel Registration
- State of Tobacco License

**PROFESSIONAL PRACTITIONERS/MEDICAL OFFICE/MEDICINE**

- Federal Employer ID Number
- \$100 Administrative Fee
- GA. State License
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Evidence of Qualifications:
  - o Chiropractor
  - o Pharmacy/Pharmacists
  - o Lawyer

**OFFICE**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Evidence of Qualifications
  - o Insurance
  - o Real Estate
  - o Auto Broker
  - o IRS Tax Registration
- Other \_\_\_\_\_

**BARBER/HAIR/NAIL SALON**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Copy of Shop license
- Copy of State license
  - o Barber
  - o Stylist
  - o Nail Technician

# BUSINESS REGISTRATION/OCCUPATIONAL TAX CERTIFICATE APPLICATION

## For Calendar Year 2024

Check One: New Amended Final (Date business sold or closed: \_\_\_\_\_)  
Check One: Sole Owner Partnership Corporation LLC.  
Check One: Home-Based Commercial Space  
Days of Operations: \_\_\_\_\_ Business Hours of Operation: \_\_\_\_\_

Business Name: _____
Business Address: _____
Business Phone: _____
Mailing Address: _____
Email Address: _____
Business Manager Social Security Number: _____
Federal ID Number: _____ Georgia Sales Tax Number: _____
Business Owner Name: _____
Owner's Home Address _____
Home Phone: _____
Owner's Social Security Number _____ D.O.B. _____
Property Owner(s) Name: _____
Property Owner(s) Home Address: _____
Property Owner(s) Contact Information: _____
<b>Description and Nature of Business:</b> _____
_____

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

### FOR OFFICE USE ONLY

SIC Code: \_\_\_\_\_ Business Type: \_\_\_\_\_ Business Class: \_\_\_\_\_ App Fee Pd: \_\_\_\_\_

Compliance Code: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Comments Attached: \_\_\_\_\_

**Zoning:** \_\_\_\_\_ **Parcel #:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_

**Comments:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**\*\*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 CALCULATION WORKSHEET  
2024**

BUSINESS NAME: _____	INDUSTRY DESCRIPTION: _____
PHYSICAL ADDRESS: _____	
MAILING ADDRESS: _____	
EMAIL 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 emailed an invoice.**

**Gross Receipts for Current Year**

1. Estimated Annual Gross Receipts for 2024 \$ \_\_\_\_\_ - \$20,000 = \_\_\_\_\_  
(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 – 5) (6) \_\_\_\_\_

**Return Application & Completed Calculation Worksheet**  
**(with Check or Money Order, if Mailing) 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 [tlewis@cityofclarkston.com](mailto:tlewis@cityofclarkston.com) or [levans@cityofclarkston.com](mailto: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 renewal. I understand that failure to supply this documentation could result in a delay in 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:** \_\_\_\_\_



## COIN OPERATED AMUSEMENT MACHINE OPERATIONS

Pursuant to Sec. 11-95 of ARTICLE IV of City Code, “ Regulations for operation of coin-operated amusement machines.

**Definition** - Coin-operated amusement machine means every machine of any kind or character used by the public to provide amusement or entertainment whose operation requires the payment of or the insertion of a coin, bill, other money, token, ticket, or similar object, the result of whose operation depends in whole or in part upon the skill of the player, and which affords an award to a successful player.

**License required.**

**Regulations for operation of coin-operated amusement machines, where permitted use:**

(a) Machines to be kept in plain view. Every coin-operated amusement machine within the city shall at all times be kept and placed in plain view. For purposes of this section, plain view requires that the machine be visible through a window from the exterior of the location and shall also be visible from the main entryway of the location. No coin-operated amusement machine shall be located behind a doorway, in a back room or side room, or in any other location that is not in plain view as defined by this section.

(b) Gambling prohibited. Nothing in this article is intended to permit any gambling device as defined by O.C.G.A. § 16-12-20(2). Use of a licensed coin-operated amusement machine for gambling in violation of O.C.G.A. § 16-12-21 shall be grounds for revocation of all coin-operated amusement machine licenses held by the person found to have offered or permitted gambling on the licensed premises.

(c) Number of machines limited. No location may offer the public more than six Class B coin-operated amusement machines that reward the player. Rewards are limited exclusively to noncash merchandise, prizes, toys, gift certificates, or novelties.

(d) Disclosures required.

(1) The owner or operator of a business location which offers to the public any coin operated amusement machine that rewards the player must inform all employees of the prohibitions and penalties set out in subsections (e), (f), and (g) of official Code of Georgia Section 16-12-35.

(2) The owner or possessor of any coin operated amusement machine that rewards the player must inform each location owner or location operator of the business location where such machine is located of the prohibitions and penalties set out in subsections (e), (f), and (g) of official Code of Georgia Section 16-12-35.

(3) Every location owner or location operator of any business location which offers to the public one or more-coin operated amusement machines must post prominently in the location a notice including the following language:

GEORGIA LAW PROHIBITS PAYMENT OR RECEIPT OF MONEY FOR WINNING A GAME OR GAMES ON THIS AMUSEMENT MACHINE; PAYMENT OR RECEIPT OF MONEY FOR FREE REPLAYS WON ON THIS AMUSEMENT MACHINE; PAYMENT OR RECEIPT OF MONEY FOR ANY MERCHANDISE, PRIZE, TOY, GIFT CERTIFICATE, OR NOVELTY WON ON THIS AMUSEMENT MACHINE; OR AWARDING ANY MERCHANDISE, PRIZE, TOY, GIFT CERTIFICATE, OR NOVELTY OF A VALUE EXCEEDING \$5.00 FOR A SINGLE PLAY OF THIS MACHINE.;

(e) Monthly reporting required; audits. Every location owner or location operator subject to paragraph (1) of subsection (b) of official Code of Georgia Section 50-27-84 must provide the city clerk with a copy of each verified monthly report prepared in accordance with such Code section. The city is authorized, at its discretion, to conduct an annual audit of such reports from the location owner or location operator.

**(f) Proximity to certain uses of property. No license for a coin-operated amusement machine may be obtained for a location:**

**(1) Within fifty (50) yards of the property line of any single family residence;**

**(2) within one hundred (100) yards of the property line of any public park, or the entrance of any church or library;**

**(3) Within two hundred (200) yards of the property line of any school or school grounds.**

(g) Proportion of revenue limited. No business location licensed to offer coin-operated amusement machines pursuant to this article shall derive more than fifty (50) percent of its monthly gross retail receipts from coin-operated amusement machines, provided that revenues due to a master licensee or the Georgia Lottery Corporation shall not be deemed revenue derived from coin-operated machines.



# CITY ROUTING SHEET OF \_\_\_\_\_

CITY NAME

CITY TEMPORARY PERMIT # \_\_\_\_\_

DEKALB AP# \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY

ZIP

APPLICANT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

EXT/ \_\_\_\_\_

EMAIL: \_\_\_\_\_

## \*TO BE COMPLETED BY CITY REPRESENTATIVE ONLY

### MANDATORY DETAILS

#### SQ FT:

(IF SQFT IS OVER 5,000, MUST SUBMIT STAMPED PLANS)

#### ANY RENOVATION

YES: requires architecture stamped plans  NO

#### WAREHOUSE

YES  NO



#### COMMODITY LIST

YES  NO

**\*UNDER 5000 SF(no work) MUST SUBMIT A SKETCH OF TENANT SPACE**

#### ★ SKETCHES

PLEASE CHECK (All check marks require supporting documents)

#### FIRE

- MOVE-IN-AS-IS (only for under 5000 sf same use of space and no Renovation)
- MOVE-IN-AS-IS (different use of space)

#### choose only one below:

- LIFE SAFETY
- FIRE SPRINKLER
- FIRE ALARM
- SUPPRESSION (All Forms of FIRE)

**BLASTING**

#### WATERSHED

- F.O.G.
- BACKFLOW
- WATER & SEWAGE

#### OTHER

SPECIAL EVENTS / TENTS

**WRITE-  
IN**

- \* Total SF & dimensions
- \* Label ea. Rm
- \*location of emergency signs & extinguishers
- \* ALL walls, entrances, . Doors, stairs

**\*MANDATORY\***

An affix City Stamp is required on all plans that are submitted to DeKalb County

#### SCOPE OF WORK

\_\_\_\_\_  
(Please describe business)

\_\_\_\_\_  
CITY REPRESENTATIVE

\_\_\_\_\_  
DATE

I hereby certify that I understand that it is my responsibility to submit the required documents for the reviews listed above

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE