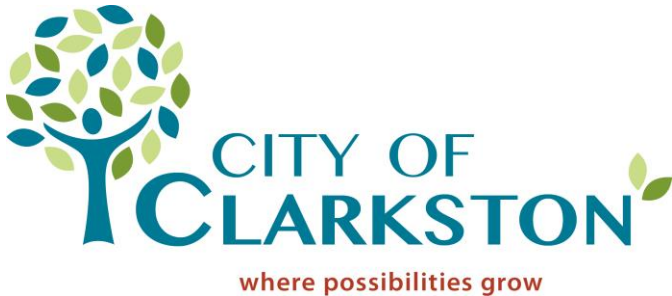


# 2025 BUSINESS LICENSE RENEWAL APPLICATION



Dear Clarkston Business Owner/Manager:

It's time to renew your business license with the City of Clarkston. City staff will handle all renewals for 2025 Occupational/Business Licenses.

There are two ways to submit your renewal application:

1. **By Mail:** Send your application to the City of Clarkston, 1055 Rowland St., ATTN: Occupational Tax, Clarkston, GA 30021. Include a check or money order for \$100.00 to cover the Administrative Fee. After your file is reviewed, you will receive an invoice by email for any applicable occupational tax due.
2. **In Person:** Submit your application Monday through Friday, between 9:00 a.m. and 3:00 p.m., at the Clarkston City Hall Annex. Payment is due at the time of application submission.

Professionally classified businesses choosing to pay the flat tax may submit a total of \$500.00 (\$100.00 administrative fee + \$400.00 flat tax). Practitioner licensing will be verified.

Enclosed is the renewal application and the required documentation for renewing your annual business license. Before submitting your application, please verify that all forms are completed, all required documents are included, and the \$100.00 Administrative Fee is enclosed (if mailing). **PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Business license applications are due to be submitted by December 31, 2024, with a grace period until March 1, 2025. All applications submitted after January 20, 2025, will begin accruing financial penalties. If a licensee fails to apply for renewal of a business license by March 1, 2025, such license shall automatically be deemed suspended, and the licensee shall not be allowed to conduct business in the city until and unless such license is approved for renewal and all fees and penalties paid. Renewal is not a matter of right and no person or entity shall have a vested right to a license or the renewal thereof.

We look forward to collaborating with all of our local businesses in the year ahead.

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 Tax, 1055 Rowland St., Clarkston, GA 30021.

**NO LONGER CONDUCTING BUSINESS IN CLARKSTON?**

If your business is no longer operating in Clarkston, please complete the **Affidavit: Business Sold or Terminated/Closed/Bankruptcy or Moved** form, indicating the date the business closed, was sold, or relocated. You can mail the completed affidavit to the City of Clarkston, or email it to the Clarkston Business License Department at [tmitchell@cityofclarkston.com](mailto:tmitchell@cityofclarkston.com) or [levans@cityofclarkston.com](mailto:levans@cityofclarkston.com).

**2025 Renewal Business License Checklist**

- Georgia Sales Tax Number of Retail Sales (All Retail Sales Businesses)
- A Federal Employer Identification Number (Federal ID Number)
- Legible Email Address
- Submit \$100.00 Administration Fee with Application (in mailing application)
- Copy Photo ID
- Copy of 2023 Tax Return
- Copy of the business entity’s accounting system reports or schedules showing 2024 year-to-date or final sales, gross revenue or receipts. If providing year-to-date reports, please indicate the estimated final 2024 annual gross revenue for the entire 2024 year.
- Copy of your previous year’s license issued by the City of Clarkston
- Copy of your Georgia of Georgia Entity Registration

**BUSINESS REGISTRATION/OCCUPATIONAL TAX CERTIFICATE RENEWAL APPLICATION**

**For Calendar Year 2025**

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

**Exact Description and Nature of Business:**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email 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

**FOR OFFICE USE ONLY**  
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: \_\_\_\_\_

# 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 RENEWAL CALCULATION WORKSHEET**  
**FAILURE TO SUBMIT APPLICATION AND FEES ON OR BEFORE JANUARY 20, 2025**  
**WILL RESULT IN PENALTIES.**

|                         |                  |                             |  |
|-------------------------|------------------|-----------------------------|--|
| 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 Prior Year:**
1. Actual Gross Receipts from 2023 (provide IRS Tax Return) (1) \_\_\_\_\_
  2. Projected Gross Receipts for 2024 (Provide P/L Statement) (2) \_\_\_\_\_

**Gross Receipts for Current Year:**

3. Estimated Annual Gross Receipts for 2025 \$ \_\_\_\_\_ - \$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. Penalties (See Chart Below) (6) \_\_\_\_\_

|                             |     |
|-----------------------------|-----|
| Jan 20 through Feb 15, 2025 | 5%  |
| Feb 16 through Apr 15, 2025 | 10% |
| Apr 16 through Oct 15, 2025 | 15% |
| Oct 16 through Jan 15, 2025 | 20% |
| More than one year          | 30% |

7. **Total Amount Due (Add Lines 4 - 6 )** (7) \_\_\_\_\_

**Return Renewal Application & Completed Calculation Worksheet**  
**(with Check or Money Order, if Mailing Renewal)**  
**Made Payable To: City of Clarkston • Attn: Occupational Tax • 1055 Rowland St • Clarkston, GA 30021.**  
**For assistance call (404)296-6489. You can also email us at [tmitchell@cityofclarkston.com](mailto:tmitchell@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 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:** \_\_\_\_\_