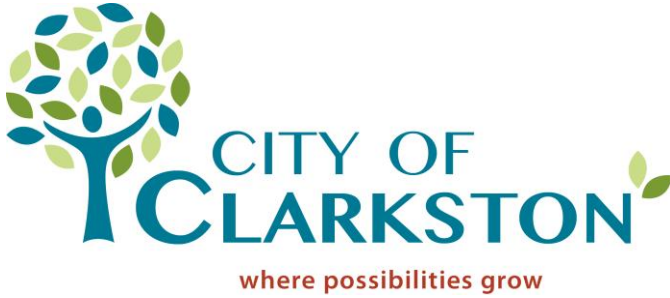


2026 BUSINESS LICENSE RENEWAL APPLICATION



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 2026 Occupational/Business Licenses. Please verify that your business name and address are correct and that there have been no changes in ownership. If either the business name or ownership has changed, you will need to submit a new business license application.

There are two ways to submit your renewal application:

1. **By Mail:** Send your application to the City of Clarkston, ATTN: Occupational Tax, 736 Park North Blvd., Ste. 120, Clarkston, GA 30021. Include a check or money order for \$130.00 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 \$530.00 (\$130.00 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 \$130.00 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, 2025, with a grace period until March 1, 2026. If a licensee fails to apply for renewal of a business license by March 1, 2026, 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. Any existing or new business that transacts business within the city without first paying the required occupation tax for the applicable calendar year shall be subject to a civil penalty in the form of a percentage of the tax owed, to be determined by the length of the delinquency.

We look forward to collaborating with all 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, 736 Park North Blvd., Ste. 120, 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 or jdavis@cityofclarkston.com.

2026 Renewal Business License Checklist

- Georgia Secretary of State Business Name Registration
- Georgia Sales Tax Number of Retail Sales (All Retail Sales Businesses)
- A Federal Employer Identification Number (Federal ID Number)
- Legible Contact Information & Identification of Business Owner/Photo ID
- Copy of Current Lease Agreement from Owner or Leasing Management
- Annual Dekalb County Fire Rescue Inspection Report (if applicable)
- Annual Dekalb County F.O.G. Inspection Permit (if applicable)
- Copy of Dekalb County Public Health Inspection Permit (if applicable)
- Current Food Sales Establishment License (if applicable)
- Submit \$130.00 Administration Fee with Application
- Copy of 2024 Tax Return; and Copy of the business entity’s accounting system reports or schedules showing 2025 year-to-date or final sales, gross revenue or receipts. If providing year-to-date reports, please indicate the estimated final 2025 annual gross revenue for the entire 2025 year.
- Copy of your previous year’s license issued by the City of Clarkston

BUSINESS REGISTRATION/OCCUPATIONAL TAX CERTIFICATE RENEWAL APPLICATION

For Calendar Year 2026

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 DECEMBER 31, 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 2024 (provide IRS Tax Return) (1) _____
2. Projected Gross Receipts for 2025 (Provide P/L Statement) (2) _____

Gross Receipts for Current Year:

3. Estimated Annual Gross Receipts for 2026 \$ _____ - \$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) **\$ 130.00**

6. Penalties (See Chart Below) (6) _____

Jan 20 through Feb 15, 2026	5%
Feb 16 through Apr 15, 2026	10%
Apr 16 through Oct 15, 2026	15%
Oct 16 through Jan 15, 2026	20%
More than one year	30%

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

Please return the Renewal Application and completed Calculation Worksheet, along with a check or money order made payable to the City of Clarkston, to: City of Clarkston • Attn: Occupational Tax • 736 Park North Blvd., Ste. 120 • Clarkston, GA 30021.

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: _____