

# **NEW BUSINESS LICENSE APPLICATION**

Avenu Account: NEW

# Affidavit Verifying Status of Benefit Applicant

Pursuant to the Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1), effective July 1, 2007, every agency in **Fulton County** 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 for benefits from Fulton County Government:

#### 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	Printed Name		Date		
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF,20					

My Commission Expires: \_

NOTARY PUBLIC

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

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:

NOTARY PUBLIC					
My Commission Expires:					
SUBSCRIBED AND SWORN BEFORE N	IE ON THIS THE	E DAY OF	,20		
Signature of Authorized Officer or Agent	Printed Name o	f Authorized Officer o	r Agent		
I hereby declare under penalty of perjury t Executed on,, 20			y),	_(state).	
By checking this box and signing this form below yo business is not required to register with and/or utilize	e the federal work au	thorization program commo		employees and that your	
If your business employs less than ten					
Federal Work Authorization User Identification	ation Number D	ate of Authorization	Name of Private E	mployer	

\*\*FORM REQUIRED\*\*\* This form must be completed in full and returned with your Fulton County Occupational Tax Renewal and payment. Failure to return the completed Affidavit Verifying Status of Benefit Applicant, Verifiable and Secure Document, and the Private Employer Affidavit with your renewal and payment will delay the issuance of your occupational certificate.



# BUSINESS OCCUPATIONAL TAX CERTIFICATE ZONING CONFIRMATION FORM

The issuance of a Business Tax Certificate does not insure that a business can legally operate at the subject site. This form must be submitted to the Fulton County Department of Environment and Community Development as part of the application process in order to verify that the subject site is zoned appropriately for the applicant's business type.

Business Name:					
Business Address:					
City, State, and Zip Code:					
usiness Phone:Fax:					
Type of Business (Primary):					
Description and Nature of Business:					
Will you be storing any materials pertaining	g to the business at t	he Business Ac	dress listed above?		
YES NO (If yes, plea	se list materials):				
Type of Ownership: GA Corporation	Foreign Corporation	Sole Owner	Partnership Othe		
Corporate Name:	Corporate Name:Owner's Name:				
Mailing Address:	Iailing Address:City, State, Zip:				
Primary Contact:	rimary Contact:Phone:Phone:				
I, the undersigned, verify that the informat of my knowledge.	ion completed on this	form is true ar	nd correct to the best		
CUSTOMER SIGNATURE:Date:					
ENCLOSED BOX	AREA FOR OFFICE	USE ONLY			
1The above address is zonedand can be utilized for the legal operation of the applicant's referenced business type.			gal operation of the		
<ol> <li>The above address is zonedand <u>CANNOT</u> be utilized legally for the operation of the applicant's referenced business type.</li> </ol>					
taff Signature:Date:					

\*IF BUSINESS IS HOME-BASED, PLEASE REVIEW FORM ON REVERSE SIDE ARTICLE 4.12 (HOME OCCUPATION REGULATIONS) AND SIGN.

## 4.12 - Home occupation. (Added 12/4/91)

A home occupation is permitted as an accessory use of a dwelling unit in any zoning district and its operation and employees are limited to members of the resident family only. The following are limitations on home occupations:

- A. The smaller of 25 percent or 750 square feet of the gross floor area of a dwelling unit may be used for activities devoted to the home occupation.
- B. Accessory buildings and structures may not be used for the home occupation.
- C. There shall be no signs identifying the home occupation, nor shall there be any storage, display or activity associated with the home occupation visible outside the structure. (Amended 03/03/04)
- D. Said uses are excluded: auto repair or similar operations, restaurants, keeping of animals, funeral homes, retail or wholesale shops, motel type establishments, taxi services, or any other occupation found incompatible with the intent of this resolution. (Amended 03/03/04)
- E. Resident participants in a home occupation must have the appropriate occupational licensing, including business licenses.
- F. No home occupation shall generate traffic, sound, smell, vibration, light, or dust that is offensive.
- G. No more than two clients or patrons are allowed on the premises at the same time in conjunction with the home occupation (except for persons in care at a family day care homes, where no more than six clients are allowed).
- H. Vehicles kept on site in association with the home occupation shall be used by residents only.
- I. The transporting of goods by truck is prohibited. Incoming vehicles related to the home occupation shall be parked off-street within the confines of the residential driveway or other on-site permitted parking.
- J. Home occupations must exclude the use of instruments, machinery or equipment that emit sounds (i.e. musical instruments, sewing machines, saws, drills) that are detectable beyond the unit.
- K. Family day care homes are prohibited within multifamily dwelling units.
- L. Family day care homes shall provide outdoor play areas as required by Georgia law, but such areas shall be limited to side or rear yards outside the minimum yard area, and shall not occupy any yard adjoining a street.
- M. Family day care home shall be located at least 1,000 feet in all directions from any other such use operated as a home occupation.
- N. Family day care home hours of operation shall be limited to Monday through Saturday from 6:00 a.m. to 7:00 p.m.
- O. Family day care home operators shall have a current, certified copy of the operator's State of Georgia Family Day Care Home registration which shall be filed with the business license application and renewals.
- P. No home occupation shall be operated so as to create or cause a nuisance.

Avenu Account # <u>NEW</u> Business Na	me:			
NAIC No.: Fee Class: Rate		e: State Sales Tax ID#		les Tax ID#
Please provide Sales Tax ID #.				
Mailing Address (Changed? Please provide correction b		Physical Address	(C	hanged? Please provide correction below)
NAME	,	ADDRESS	`	
ADDRESS				
			~	
		ON NEW WORK		
Failure to Submit Application, Affidavits, Certifications as needed,				r Will Result in Penalties, Interest and additional in could be positive or negative
fees as applicable.	NO		allo	
TABLE 1: PREVIOUS YEAR CALCULATIONS:		XXXX		Complete the below as needed
A. NEW	\$	NEW /		Required: Is your business an adult
(If \$20,000 or less, put "20,000") a. Sales, Use or Excise Tax	$\rightarrow$	/_		entertainment establishment (sexually oriented business) as defined by the Municipal Code, or
	$\rightarrow$	/		does it offer any form of adult entertainment?
b. Inter-organizational Sales	$\rightarrow$	/		-
c. Payments to Sub-Contractors or Independent Agents**		·/		Yes: No:
d. Out of State Sales		\		
e. Sales Returns and Allowances				Are you a professional practitioner electing to
f. Total Deductions (add a through e)		/		pay a flat fee of \$400 per practitioner? Only Professional practitioners described in O.C.G.A. § 48-13-
B. Subtract Deductions from Actual Gross Receipts (A&F) (Total cannot be less than \$20,000,00)	\$	$\vee$		9(c)(1-18) can opt to pay the \$400 flat fee.
C. PRIOR YEAR Estimated Gross Receipts	\$	-		# of Practitioners x \$400.00
D. Gross Receipts Adjustment = Line B - Line C (+ or -)	•	-/-\		Total Due: \$
E. Tax Adjustment = Line D x RATE (+ or -)		-/		
F. PRIOR YEAR Actual Employees (At least one)		$/ \sim $		**Payment to sub-contractors or Independent
G.PRIOR YEAR Estimated Employees	/	/ xx		Agents - Individuals or Companies who contribute to
H. Employee Adjustment = Line F – Line G (+ or -)	/			the gross receipts of the business. Examples:
I. Employee Fee Adjustment = Line H x Rate (+ or -)				Salon/Barber Business, Construction Business, etc.
J. Total Adjustment = Line E + I (+ or -	) /			Provide name, address, phone and dollar amount on a separate sheet of paper.
TABLE 2: CURRENT YEAR ESTIMATES	Í	20		
1. 20 Estimated Gross Receipts	\$			Business Closed or Moved? Complete Table 1 to
(If \$20,000.00 or less, put "20,000")	Ψ			ensure no additional amount is due. Provide date
a. Sales, Use or Excise Tax				business closed, sign and return with any
b. Inter-organizational Sales				additional amount owed.
c. Payments to Sub-Contractors or Independent Agents**				Date Closed/Moved:
d. Out of State Sales				
e. Sales Returns and Allowances				Address Change:
f. Total Deductions (add a through e)				
2. Subtract Deductions from Est. Gross Receipts (1&F)	\$			
(Total cannot be less than \$20,000.00) 3. Standard Deduction	+	\$20,000.00		
4. Subtract Line 3 from Line 2 (use 0 if amount negative)		φ20,000.00		
5. Multiply Line 4 x RATE	'			
				If the primary business activity has changed, enter the new business description below:
		¢50.00		the new business description below.
7. Flat Fee 8. Administrative Fee		\$50.00 \$95.00		
9. Previous Year Adjustment (Table 1 Line J) (+ or -	\	<b>ф</b> Э <b>Ј.</b> 00		ALL NEW APPLICANTS MUST come in:
Phone:	,			ALL NEW APPLICANTS MUST COME IN: FULTON COUNTY GOVERNMENT BUILDING:
11. Penalty (10% of Line 10) <b>(If Paid After March 31<sup>st</sup>)</b>	+			141 PRYOR STREET SUITE 7067
12. Interest (1% of Line 10 - Per Month) (If Paid After March 31 <sup>st</sup> )	+			ATLANTA, GA 30303
	\$			BUSINESS LICENSE DIVISION
13. GRAND TOTAL DUE (add Lines 10 -12)				Phone:404-612-7722

I do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application that I may be subject to criminal prosecution and/or immediate revocation of my business occupational tax certificate issued as a result of this application. I understand that I must comply with all city and state ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expire December 31 and must be renewed annually.

Printed Name	Date	Email Address
Signature	Title	
Business Name	FEIN	

Failure to return all documentation including board certification and the affidavits can result in a delay of the issuance of the license.

### Sec. 18-41. - Payment; penalty for late payment; issuance of executions against delinquent taxpayers.

- (a) Any occupation tax with its associated administrative fees hereunder, shall be due and payable by March 31 of each calendar year. If the business or practice was not in operation on January 1, the occupation tax with its associated administrative fees shall be due and payable 30 days following the commencement of business pursuant to section 18-38. The department of finance shall assess a penalty in the amount often percent of the amount owed for each calendar year or portion thereof for:
  - (1) Failure to pay occupation taxes and administrative fees when due;
  - (2) Failure to file an application by March 31 of any calendar year, when the business or practitioner was in operation on January 1 or such calendar year; and/or
  - (3) Failure to register and obtain an occupation tax certificate within 30 days of the commencement of a new business.

Delinquent taxes and fees are subject to interest at a rate of one and one-half percent per month. Payments required by this article may be collected in any suit at law or in equity, or the department of finance may cause executions to issue against the person, firm or corporation liable for the payment. Executions may be levied and sold together with all costs thereof, by the director of finance, as ex-officio sheriff of the county. Any person whose duty it is to register any business or practice and obtain any occupation tax certificate required under this article and falls to do so, or who fails to pay the occupation tax or administrative fee required by this article, or who makes any deliberate or substantial and material false statement on an application or provides materially false information in support of an application, shall be denied an occupation tax certificate, shall be required to surrender any existing such occupation tax certificate shall be subject to a civil fine as provided by the law of this state.

(b) No business or practitioner subject to this article shall collect any gross receipts as defined herein unless such business or practitioner shall have applied for an occupation tax certificate and/or license as required hereunder. Upon application for an occupation tax certificate, any such business or practitioner may thereupon collect gross receipts, including those incurred but not collected during the period prior to the application, but such business or practitioner shall be subject to the penalties of subsection (a) of this section. If the taxes and fees remain unpaid after the due date, the business or practitioner shall not collect any gross receipts as defined herein. The provisions of this subsection (b) may be enforced by appropriate injunctive or other relief upon the application of the director of finance to the Superior Court of Fulton County.

(c) Practitioners of law may collect gross receipts as defined herein without applying for and obtaining an occupation tax certificate. However, practitioners of law must pay the occupation tax levied herein. Delinquent taxes and fees are subject to interest at a rate of one and one-half percent per month. Any occupation tax with its associated administrative fees hereunder, shall he due and payable by March 31 of each calendar year. If the business or practice was not in operation on January 1, the occupation tax with its associated administrative fees shall be due and payable 30 days following the commencement of business pursuant to section 18-38. The department of finance shall assess a penalty in the amount of ten percent of the amount owed for each calendar year or portion thereof for failure to pay occupation taxes and

administrative fees when due. In the event of failure to pay the occupation tax required by this article, the tax may be collected in any suit at law or in equity. In addition, failure to pay the occupation tax required by this article shall subject the person, firm or corporation to a civil fine as provided by the law of this state.

(Res. No. 06-0467, Exh. A, 5-3-06)

### □ Sec. 18-42. - Display of occupation tax certificate; penalty for failure to display.

The certificate holder is required to display the occupation tax certificate issued hereunder in a conspicuous location. Failure to display the occupation tax certificate in a conspicuous location may result in a fine of \$100.00. This section does not apply to practitioners of law.

(Res. No. 06-0467, Exh. A, 5-3-06; Res. No. 11-0075, 1-19-11)