

**City of Chamblee
5468 Peachtree Road
Chamblee, GA 30341**



**APPLICATION
FOR
OCCUPATION TAX CERTIFICATE
(Business License)**

**COMMERCIAL
BUSINESS**

Linda McDaniel, Assistant City Clerk
770-986-5010, Ext. 226
Fax: 770-986-5014

APPLICATION TO REGISTER A COMMERCIAL BUSINESS

TO ALL NEW BUSINESS REGISTRATION APPLICANTS

1. Before a business can be registered with the City, it must be approved for the City zoning district it is located in. Planned renovations to a space must be permitted and inspected by the City. Retail establishments and office/warehouse uses must have a floor plan and details on materials storage approved by the DeKalb County Fire Marshal. All restaurants, caterers and businesses engaged in food preparation must have a floor plan and kitchen layout reviewed the DeKalb County Board of Health (404-508-7900, www.dekalbhealth.net) and a F.O.G (greasetrap) permit from DeKalb Watershed Management (770-621-7200, www.dekalbwatershed.com). All signs (freestanding, building, or temporary banners) are regulated by the City and require permits. Contact the Permits Department at 770-986-5024 for assistance with these processes and permits.
2. Attach copies of all required documentation. Copies must be presented at the time the application is filed. Any missing, incomplete or false information or failure to present copies of documentation will delay approval of the application. A **copy of a current lease**, in the owners name, or a letter from the property owner must be provided.
3. Contact the DeKalb County Fire Marshal at 404-371-2611 for an inspection after you have received a Certificate of Occupancy and have moved into the approved building or tenant space.
4. Applicants opening a new business in the City of Chamblee are urged to contact the Georgia Department of Revenue offices at 404-417-4490 for instructions on how to obtain a **State of Georgia Tax ID** number. Information and online application forms are available at www.georgia.gov.
5. If, as a business owner, you need additional information regarding Federal Tax information, contact the Internal Revenue Service web site at www.irs.gov.
6. Contact the Georgia Secretary of State at 678-207-1300 for information on professional licensing. Information and application forms are available at www.sos.state.ga.us.
7. Any business engaged in catering, food service or food preparation must submit a copy of an approved inspection report from the DeKalb County Board of Health (404-508-7900) with the business license application. If wholesale/retail packaged food sales exceed \$2,000 per year, a certificate from the Department of Agriculture (404-363-7646) is required. For alcoholic beverage licenses, contact the City Clerk at 770-986-5018.
8. A certificate from the Georgia Department of Banking and Finance is required for banking institutions, money transfers, or check cashing.
9. Complete the Business Emergency Information form included with this application. Provide complete contact information in case of after hour emergencies.
10. Total tax **due upon approval** from the City Manager. Cash, checks, money orders and charge cards (No AmEx) are accepted, payable to the City of Chamblee. Occupation taxes are renewable each calendar year thereafter. Businesses that show proof of non-profit status are exempt from the fee requirement.
11. Please fill out the attached Commercial Business Registration Application **COMPLETELY** and return to the City of Chamblee, Occupation Tax Office, 5468 Peachtree Road, Chamblee, GA 30341. If you have any questions regarding this form, contact Linda McDaniel at 770-986-5010, ext. 226.
12. To establish or change trash collection service, contact the Chamblee Sanitation Department at 770-986-5019.

Provide the names, home addresses, date of birth, social security and driver's license information for the business owner. If a Corporation, list the corporation's agent and officers with titles. If a Sole Proprietorship or Partnership, list business owner(s) with titles.

Name		Title		
Street Address		City	St	Zip
Home Phone Number		Cell Phone		
Date of Birth	Social Security Number	Applicant Driver's License No. & State	Expires	

Name		Title		
Street Address		City	St	Zip
Home Phone Number		Cell Phone		
Date of Birth	Social Security Number	Applicant Driver's License No. & State	Expires	

Name		Title		
Street Address		City	St	Zip
Home Phone Number		Cell Phone		
Date of Birth	Social Security Number	Applicant Driver's License No. & State	Expir	

Does the State of Georgia regulate your business? If yes, please attach a photocopy of your state card or proof of non-profit status. Yes No

Has this business ever been denied from operating, or had its right to operate revoked or suspended in any state? If yes, explain in detail. Yes No

Have you or any partner, stockholder or local manager (if a corporation) ever been convicted of a felony? If yes, explain in detail including dates, locations and offenses. Yes No

Applicant Signature: Business Owner or Owner's Representative/Title _____ Date: ____ / ____ / ____

S.A.V.E. AFFIDAVIT

Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration Compliance Act

By executing this affidavit under oath, as an Applicant, as a City Vendor, or as a Recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act , (O.C.G.A. § 50-36-1), I am stating the following:

I am a United States citizen, or

(Check one)

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, 18 years of age or older, and lawfully present in the United States.*

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 Section 16-10-20.

Signature of Applicant

Date

Printed Name

Alien Registration Number for Non-Citizens

Name of Associated Business

NOTARIZATION REQUIRED:

Subscribed and sworn before me this _____ day of _____, 20____

Notary Seal

Notary Public Signature: _____ My Commission Expires: _____

***Note:** O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of "alien", legal permanent residents must also provide their alien registration number.

Indicate the document verifying your residency status and ATTACH A COPY of the front and back of the document.	
<input type="checkbox"/> I-327 Re-entry Permit	<input type="checkbox"/> Machine Readable Immigrant Visa
<input type="checkbox"/> I-551 Permanent Resident Card	<input type="checkbox"/> Temporary I-551 Stamp (on passport or I-94)
<input type="checkbox"/> I-571 Refugee Travel Document	<input type="checkbox"/> I-94 Arrival/Departure Record
<input type="checkbox"/> I-688 Temporary Resident Card	<input type="checkbox"/> I-688A Employment Authorization Card
<input type="checkbox"/> Naturalization Certificate	<input type="checkbox"/> I-688B Employment Authorization Document
<input type="checkbox"/> Certification of Citizenship	<input type="checkbox"/> Unexpired Foreign Passport
<input type="checkbox"/> DS2019 Certificate of Eligibility for Exchange Visitor (J-1) Status	<input type="checkbox"/> I-20 Certificate of Eligibility for Nonimmigrant (F-1) Student Status
<input type="checkbox"/> I-766 Employment Authorization Card	<input type="checkbox"/> Other - Description of Document:

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

By executing this affidavit under oath, as an applicant for an *occupational tax certificate*, as referenced in O.C.G.A. § 36-60-6(d), from The City of Chamblee, the undersigned applicant representing the private employer known as _____ [*printed name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012, and June 30, 2012.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than five hundred (500) employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2012, and June 30, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than one hundred (100) employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

4. 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. § 13-10-90. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

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, and face criminal penalties allowed by such statute.

Executed on the ___ date of _____, 2012 in _____ (city), _____(state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:



CITY OF CHAMBLEE BUSINESS EMERGENCY CONTACT FORM

EMERGENCY SERVICES CONTACT INFORMATION. THIS FORM MUST BE FILLED OUT COMPLETELY.

Name of Business

Business Street Address Suite/Apt. # City State Zip

Name of Business Owner (Company and/or Individual – Please print)

Business Phone Emergency Phone Cell Phone E-mail

Type of Business (Explain) Size of Business in sq. feet, or Dimensions x _____

Alarm System: Yes No If yes, Alarm systems must be registered with the Police Department and an Alarm Permit is required

Hazardous or flammable materials stored on site? No Yes If yes, please list:

IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT: (List in the order to be called)

First Contact

Home Street Address Suite/Apt. # City State Zip

Home Phone Cell Phone

Second Contact

Home Street Address Suite/Apt. # City State Zip

Home Phone Cell Phone

Third Contact

Home Street Address Suite/Apt. # City State Zip

Home Phone Cell Phone

Name of Building/ Property Owner

Home Street Address Suite/Apt. # City State Zip

Home Phone Cell Phone E-mail



PERMITS REQUIRED

CHAPTER 18-SECTION 11 - PERMITS REQUIRED: It shall be unlawful for any owner, authorized agent, or contractor who desires to construct, enlarge, alter, repair, move, demolish, or change the occupancy of a building, signboard, billboard or other structure, or who desires to erect, install, enlarge, alter, repair, remove, convert or replace any electrical, gas mechanical or plumbing system, the installation of which is regulated by technical codes, without first making application to the City of Chamblee and obtaining the required permits for the work.

(This applies to residential and commercial properties. Permits shall not be required for the repair of an existing driveway or parking area in those cases where no extension or enlargement of the same is involved. Fences and accessory buildings such as: sheds, garages, greenhouses, maintenance buildings, etc., require permits.)

CHAPTER 34-SECTION 405 - TREE REMOVAL: No person, firm, organization, public agency or society shall directly or indirectly destroy or remove any trees situated on or adjoining commercial property without obtaining a permit. Violators are subject to fines of \$1000 per specimen tree and \$500 per non-specimen tree. Single and two-family residential properties are not subject to tree replacement requirements for renovations or rebuilds if their property meets minimum density requirements. Permits may be obtained for removal of hazardous, dangerous or diseased trees as certified by an arborist.

ZONING-SECTION 1311 - SIGN PERMITS: It shall be unlawful for any person to post, display, substantially change or erect any sign or advertising device in the City without first having obtained a permit except for those signs specifically exempted under subsection 1311B. Almost all signs (building, freestanding, window, canopy, etc.) on commercial property are regulated and require permits. *Note: All freestanding signs (temporary or permanent) must be set back at least ten feet or out of the right-of-way, whichever is greater.*

ZONING-SECTION 1310 - TEMPORARY EVENT SIGNS: Temporary events are defined in the City's Zoning Ordinance Article XIII, Section 1310. Signs for many of these events do not need permits as long as the regulations are complied with; however, **temporary signs for business promotion events DO require permits**. They may be no larger than 32 square feet in size and can be displayed for a period not to exceed sixteen consecutive days. No such special permit shall be issued for the same premises at less than four-month intervals. New businesses may display a banner for 45 days.

ZONING-SECTION 1305 - SIGN MAINTENANCE: Signs must be maintained in good order and removed or repaired if broken. The City Manager may have any sign removed, after due notice, if the sign shows gross neglect or becomes dilapidated.

PLANNED UNIT DEVELOPMENTS - MASTER SIGN PLAN REQUIRED: Standards as to the type, number, size, height, location, orientation or other design provisions shall be established and approved for multi-tenant buildings or shopping/office centers.

See website www.chambleega.com for permit forms or call 770-986-5024 (Permits Dept.) for information.