



## Occupational Tax Certificate Checklist TO REGISTER A COMMERCIAL BUSINESS

THE FOLLOWING INFORMATION APPLIES TO ALL NEW BUSINESS OWNERS,  
CHANGES OF OWNERSHIP, AND BUSINESS RELOCATIONS.

*Please read and follow-through with all steps prior to signing a lease/agreement of any kind.*

**STEP 1:** The City Development Department requires all new applicants to complete and submit a Zoning Verification Form in order to review business type, business location, zoning district and tenant renovations\* for City Code compliance. This form is available online at [www.chambleega.gov](http://www.chambleega.gov), Chamblee City Hall or the Chamblee Development Department: 3506 Broad Street, Chamblee, GA 30341. *Subject to approval or denial.*

**\*RENOVATIONS/CONSTRUCTION OF ANY KIND MUST BE REVIEWED, APPROVED & PERMITTED BY THE DEVELOPMENT DEPARTMENT.**

**STEP 2:** Life-Safety review, inspection and Certificate of Completion must be completed by the DeKalb County Fire Marshal's Office. This step requires the issuance of a Fire Marshal permit number from the City of Chamblee Development Department prior to submission of documents to the **Fire Marshal's Office – 330 West Ponce De Leon Avenue, 2<sup>nd</sup> Floor, Decatur, GA 30030 (404) 371-6208**. Additional documents that may be required by the Fire Marshal Inspectors may include: Move In As-Is Affidavit, Change of Ownership Affidavit and floor plan drawings. Processing fees apply.

### GENERAL BUSINESS INFORMATION:

- Business owners needing information regarding **Federal Tax Identification Numbers (FEIN)** are urged to contact the Internal Revenue Service at [www.irs.gov](http://www.irs.gov).
- **Six digit 2012 North American Industry Classification System (NAICS) Code** can be found on your business, personal or sales tax filing. You can also find NAICS Codes on the US Census Bureau Website at: <http://www.census.gov/eos/www/naics/index.html>
- **The Business Profitability Class Schedule and Tax Rate (updated in 2016)** can be found on the city website at: <http://www.chambleega.com/DocumentCenter/View/379>

### BUSINESSES ENGAGING IN FOOD SERVICE, FOOD PREPARATION AND/OR CATERING:

- **Board of Health Food Service and most recent approved inspection report is required.**  
DeKalb County Board of Health – 445 Winn Way, Suite 320. Decatur, GA 30030 (404) 508-7900.
- **F.O.G. (fats, oils, greases) Certificate of Water Discharge permit is required.**  
DeKalb County Department of Watershed – 330 West Ponce De Leon Avenue, 3<sup>rd</sup> Floor, Decatur, GA 30030 (404) 687-7150

### BUSINESSES ENGAGING IN WHOLESALE AND/OR RETAIL PACKAGED FOOD SALES:

- **Food Sales Establishment License is required.**  
Georgia Department of Agriculture – 19 Martin Luther King, Jr. Drive SW, Atlanta, GA 30334 (404) 363-7646

### BUSINESSES ENGAGING IN RETAIL SALES OF ANY KIND:

- **Applicants must apply for and obtain a State of Georgia Sales Tax Identification number.**  
Georgia Department of Revenue – 1800 Century Blvd, Atlanta, GA 30345 <https://gtc.dor.ga.gov>

### BUSINESSES ENGAGING IN BANKING, MONEY TRANSFERS, AND/OR CHECK CASHING:

- **Money Transmitter/Check Casher Certificate is required.**  
Georgia Department of Banking and Finance – 2990 Brandywine Rd, Suite 200, Atlanta, GA 30345 (770) 986-1633

### FOR SALES OF ALCOHOLIC BEVERAGES:

- Application packet can be found on the city website at [www.chambleega.gov](http://www.chambleega.gov). Contact the City Clerk with questions at (470) 395-2305 or [eniethammer@chambleega.gov](mailto:eniethammer@chambleega.gov)

### FOR PROFESSIONAL LICENSING:

- Contact the **Georgia Secretary of State** at (678) 207-1300 [www.sos.ga.gov](http://www.sos.ga.gov)
- Contact the **Georgia Department of Insurance** at (404) 656-2070 [www.oci.ga.gov](http://www.oci.ga.gov)

### FOR BUSINESSES ENGAGING IN BODY CRAFTING:

- Contact the DeKalb County Board of Health (information listed above)

**STEP 3:** Fill out the attached Commercial Business Occupational Tax Certificate registration forms completely and attach copies of all required documentation applicable to your business type including a copy of a signed, current lease in the owner's name and submit all documents to the **City of Chamblee – Occupational Tax Office: 5468 Peachtree Road, Chamblee, GA 30341**. All copies must be presented at the time the application is filed with the City. Any missing, incomplete or false information or failure to present copies of documentation will delay approval of the application. Total tax and fees are due upon submittal. Cash, money orders, credit/debit cards, business and personal checks are accepted. A \$30 fee will be applied to all returned checks. Occupational taxes are renewable each calendar year thereafter. Businesses that show proof of non-profit status are exempt from the fee requirement but still need to register.



# APPLICATION TO REGISTER A COMMERCIAL BUSINESS

\*Please be sure that your business activity is an allowed use in the Zoning Classification for your business location prior to signing lease agreement or concerning any other type of business establishment activity.

Name of Business (include d/b/a if applicable)

Business Location (Street and Suite #) City State Zip

( ) - Business Phone ( ) - Fax Number

Type of Ownership:  Proprietorship  Partnership  Corporation  Limited Liability Corporation (LLC)  Non-Profit (copy of 501(c) required)
Professional Practitioners (State Licensed) please choose:  \$400 Flat Fee  Gross Receipts

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

Business Mailing Address (if other than above) City State Zip

Cell or Home Phone Alternate Phone Email Address

Fed. ID # (FEIN #) or SS# Tax Parcel# GA Sales Tax #

NAICS CODE (6 digit number): Start Date of Business within the City of Chamblee: / /

Dominate Business Activity:

Secondary Business Activity:

### Formula to Calculate Tax:

- 1. Taxable Gross Receipts Estimated Gross Receipts: \$ - \$50,000 = \$ (Cannot be less than \$0.00)
2. Gross Receipt Tax Total from Line 1 \$ x0.000 = \$ Tax Revenue Based on Class
3. Number of Employee(s): (Must be at least 1) x \$10 = \$
4. Flat Tax \$125.00

Total Tax Due (Add lines 2, 3, and 4) = \$

STATEMENT OF CONFIDENTIALITY: Information provided by a business or practitioner to the City of Chamblee for the purpose of determining applicability and amount of the Occupation Tax or levying or collecting the Occupation Tax is confidential to the extent it qualifies for exemption from disclosure under Article 4, Chapter 18, Title 50 of the Official Code of Georgia. Such information may be provided to the governing authority of another local government for Occupation Tax purposes or pursuant to court order or for the purpose of collecting Occupation Tax or prosecution for failure or refusal to pay Occupation Tax.

APPLICANT AFFIDAVIT: I hereby certify that all information provided herein is complete. I have answered all questions completely and truthfully to the best of my knowledge. I hereby acknowledge that I have read and understand the rules and regulations for Business Occupation in the City of Chamblee, and am aware that failure to comply with said requirements could result in revocation of my Occupation Tax Certificate (Business License) and/or legal action by the City of Chamblee.

Signature of Business Owner or Owner's Representative - Title Date: / /

### OFFICE USE ONLY:

Zoning Verification:  Approved  Denied  Fire Marshal Approval  Lease Approved: Denied: Date: Class #:

Amount paid: \$  Cash  Credit card  Check #  Money order #

# COMMERCIAL BUSINESS QUESTIONNAIRE

(Use additional sheet if necessary)

1. If the business is a Sole Proprietorship or Partnership, provide the name, home address, date of birth and driver's license information for each individual owner. If the business is a corporation, a limited liability corporation or a limited partnership, then list the name and business address of the registered agent for the business entity and the name and title of the President, CEO, or Managing Partner with driver's license and date of birth.

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Name	Title	Date of Birth	
Home Address	City	State	Zip
Home/Cell Phone Number		Driver's License Number/ State Issued	

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Name	Title	Date of Birth	
Home Address	City	State	Zip
Home/Cell Phone Number		Driver's License Number/ State Issued	

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Name	Title	Date of Birth	
Home Address	City	State	Zip
Home/Cell Phone Number		Driver's License Number/ State Issued	

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2. 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

3. 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

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4. 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

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5. Will your business be an adult entertainment establishment (SEXUALLY ORIENTED BUSINESS) As defined by City of Chamblee Code of Ordinance, Chapter 4, or will it offer any form of adult entertainment? If yes, explain in detail.  Yes  No

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Applicant Signature: Business Owner or Owner's Representative/Title \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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

By executing this affidavit under oath, as an applicant for an \_\_\_\_\_ as referenced in O.C.G.A. §36-30-6(d), from the City of Chamblee, the undersigned applicant representing the private employer known as \_\_\_\_\_ (Name of Business) verifies one of the following with respect to my application for the above mentioned document:

### Section 1:

Choose **ONE** of the following:

- a. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees. Complete Section 2 and 3 below.
- b. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees. Complete Section 3 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(a). 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  
(This number is between 4-6 digits and does not include letters)

\_\_\_\_\_  
Date of Authorization

### Section 3:

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 violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



### S.A.V.E. AFFIDAVIT

Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration Compliance Act O.C.G.A. § 50-36-1(e)(2)

This form is required for ALL LICENSES/PERMITS by State Law

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  
(Must include a copy of either current State Driver's License, Passport, Military ID, or other approved document\*.)
- I am a legal permanent resident of the United States\*\*, or  
(Must include a copy of your Permanent Resident Card or other approved document\*.)
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency\*\*(Must include a copy your Employment Authorization Card or other approved document\*.)

\*\*My alien number issued by the Department of Homeland Security or other federal immigration agency is:

\_\_\_\_\_

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e)(1), with this 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, and face criminal penalties as allowed by such criminal statute.

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_ in

\_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

\*A complete list of verifiable documents can be found on the City of Chamblee website under Occupational Tax Certificates or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).



## BUSINESS EMERGENCY CONTACT FORM

THIS FORM MUST BE FILLED OUT COMPLETELY

Name of Business

Business Street Address Suite/Apt. # City State Zip Code

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 Square Feet **or** Dimensions

Alarm System:  Yes  No If yes, Alarm system must be registered with the Chamblee Police Department and a Permit is required.

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

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

First Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Second Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Third Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Name of Building/Property Owner

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone E-mail