

City of Tucker

Business License Application

(Occupational Tax Certificate)

YEAR _____

New Business Change of Ownership - Previous Business Name: _____

Name Change - Previous Business Name: _____

Business Name (DBA): _____

Business Telephone Number: _____ Fax Number: _____

Business Address (physical location): _____ Suite or Apt No.: _____

City, State, Zip: _____ E-mail: _____

Type of Ownership (check one): GA Corporation LLC Sole Owner Partnership Other _____

Corporate/Owner's Name: _____

Corporate/Owner's Address: _____

Mailing Address: _____ Suite or Apt No.: _____

City, State, Zip: _____

Contact Person: _____ Phone Number: _____

Fed ID or SSN (Owner): _____ Sales Tax ID: _____

Are you a NON-PROFIT Organization? Yes No *If yes, please provide proof of 501-C status.*

Have you obtained your Certificate of Completion from the DeKalb County Fire Marshal? Yes No

What is the square footage of the building or suite? _____

Date business commenced in City of Tucker: _____

Number of Employees: _____

Estimates of the gross receipts for the year \$ _____

Are you a professional electing to pay the flat fee? Yes or No *If yes, please submit a copy of all practitioners' state licenses.*

Is this a home-based occupation? Yes or No *If yes, please submit a copy of your driver's license that matches your home address.*

Will your business be an adult entertainment establishment (sexually oriented business) as defined by the City of Tucker Code, or will it offer any form of adult entertainment? Yes or No

Is this business required by the State of Georgia to have a state license? Yes or No *If yes, please submit a copy of the state license.*

Does your business engage in international business activity? Yes or No

Give a description of the primary business activity: _____

Office Use Only:

Fee: \$ _____ Paid: \$ _____ Due: \$ _____ Date: _____

Act. No: _____ NAICS: _____ Class: _____ Rate: _____ Staff Initial: _____

City of Tucker City Hall
4119 Adrian Street
Tucker, GA 30084

PLEASE COMPLETE THE APPLICATION IN FULL

Make checks or money orders payable to: **City of Tucker**

PENALTIES

The City of Tucker shall assess a penalty in the amount of ten percent (10%) 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 no later than April 30 of any calendar year, when the business or practitioner was in operation the preceding calendar year; and/or
3. Failure to register and obtain an occupation tax certificate within thirty (30) days of the commencement of business.

Delinquent taxes and fees are subject to interest at a rate of 1 percent per month.

Issuance of a business occupational tax certificate is not to be considered as an approval of said business use and in no way confirms that said business meets the requirements of the City of Tucker Zoning Ordinance or the conditions of zoning approval.

Any incidence of “nonconformity” relating to the above zoning requirements will subject the certificate holder to possible revocation of the certificate.

Printed Name Date

Signature Title

As an applicant for a home-based occupational tax certificate, I have received a copy of the regulations pertaining to home based business of the City of Tucker. If not applicable write NA on the signature line below.

Signature Date

NEWBUSINESS WORKSHEET

TAX CALCULATION FOR CURRENT YEAR

1. Estimated Gross Receipts for Current Year (1) _____
Less Allowable Deductions
- a. Sales, Use or Excise Taxes (a) _____
 - b. Inter-organizational Sales (b) _____
 - c. Payments to Sub-Contractors (c) _____
 - d. Out of State Sales (d) _____
 - e. Sales Returns and Allowances (e) _____
 - f. Total Deductions (add a - e) (f) _____
2. Subtract Deductions from Estimated Gross Receipts (1-f) (2) _____
3. NAICS Code (North American Industry Classification System) _____

(The NAICS code can be found by going to the web address below and searching by the type of business activity) <http://www.census.gov/eos/www/naics/>

Checklist – For Office Use Only

- _____ *Copy of Lease.
 - _____ *Copy of Government issued I.D
 - _____ *DeKalb County Sanitation Location Account (10 digit#) _____
 - _____ Date of verification from DeKalb County along with email from DeKalb
 - _____ *Copy of State License (if applicable, Barber, Attorney, Doctor)
 - _____ *Affidavit's notarized
 - _____ Fire Inspection / Certificate of Completion (DeKalb County Fire Marshal)
Provide applicant the Occupational Tax Certificate routing sheet. Only check once Certificate of Completion has been received by City from DeKalb.
 - _____ Commodity Sheet for warehouse only along with routing sheet to DeKalb County Fire
Applicant to delivers paperwork to DeKalb County. Approved paperwork will be provided to the City by DeKalb County.
 - _____ Watershed Management Approval (Routing Checklist from DeKalb County)
Provide applicant the Occupational Tax Certificate routing sheet. Applicant to provide approval from Dekalb.
 - _____ Copy of FOG Inspection Report (if applicable, Report to be provided by applicant to City)
 - _____ Health Score (if applicable. Applicant will provide to City)
Applicant to call Board of Health at 404-294-3700 to request inspection.
 - _____ Date routed for zoning approval. _____ Date of Zoning Approval along with copy of approval
 - _____ Date routed for Building Approval. _____ Date of Building Approval along with copy of approval
- *Applicant must provide at the time of application.

**Affidavit Verifying Lawful Presence
Within the United States**

I, (print name) _____, swear or affirm under penalty of perjury that (check one):

I am a United States citizen or legal permanent resident 18 years of age or older;

Or

I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (check one):

Alcoholic Beverage License for _____
Print Business Name

Occupation Tax Certificate for _____
Print Business Name

Door-to-Door Salesman/Solicitors Permit

Taxi Permit

Execution of Contract

Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Applicant Signature

Date

Subscribed and sworn to before me:

(Clerk/Notary Public)

This _____ day of _____, 20_____.

My commission expires:_____

City of Tucker City Hall
4119 Adrian Street
Tucker, GA 30084

Business Name: _____

Account No.: _____

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6(d), stating affirmatively that _____ (name of the individual, firm or corporation) employs as follows:

1. Select an option below

- A. ___ On January 1st of the below signed year the individual, firm, or corporation employed eleven (11) or more employees.
- B. ___ On January 1st of the below signed year the individual, firm, or corporation employed fewer than eleven (11) employees.

If employer selected (A) please fill out Section 2 below.

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:

E-verify number (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 _____, 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:

For more information on E-verify: www.dhs.gov/E-verify/ www.law.ga.gov