



1975 Lakeside Parkway  
 Suite 350  
 Tucker, GA 30084  
 Phone: 678-597-9040  
 Website: [tuckerga.gov](http://tuckerga.gov)  
 Email: [licenses@tuckerga.gov](mailto:licenses@tuckerga.gov)

# Business Application Packet

## BUSINESS APPLICATION PACKET INFORMATION

The following business application packet is the first step to open or modify a business in the City of Tucker. The packet includes application pages for three separate processes.

1. **Zoning Use Approval (ZUA):** Ensures proposed use complies with the zoning regulations for the property.
2. **Certificate of Occupancy (CO)-New Business:** Ensures the business space is safe to occupy and that life safety systems for the specific use are in working order.
3. **Occupational Tax Certificate (OTC):** Businesses are required to pay an occupational tax to the City of Tucker based on gross receipts and number of employees. Must be renewed annually.

Additional permits and/or licenses may be required (sign permit, alcohol license, amusement game room license, etc). Please visit [tuckerga.gov/biz](http://tuckerga.gov/biz) for more information about these processes and other requirements.

## BUSINESS AND PROPERTY INFORMATION

Application Type:  New Business  Change of Address  Change of Ownership  
 Name Change  Use Change

Type of Business:  Commercial  Home Based (home occupation)  Non-Profit

Legal Name of Business:

Trade Name (DBA) and Registration Number:

Business Location Address:

Suite #:

Parcel ID of Business Location, If Known:

Mailing Address (if different from above):

Space is:  Owned  Leased  Subleased/Shared

Business Owner Name:

Owner Email:

Owner Phone:

On-Site Contact (if different from business owner):

On-Site Contact Email:

On-Site Contact Phone:

Business Website:

Proposed Use (please provide as much detail as possible):

## REQUIRED DOCUMENTS

- Completed application pages (pages 1, 3, 5, 6, 8)
- SAVE & E-Verify page, with notary (page 4)
- Floor Plan (see pages 6 and 7 for more information)
- Copy of business owner's identification; copy of applicant's identification, if applicable
  - Current/valid passport
  - Driver's license
  - Military ID
  - State issued ID
  - Current work authorization or permanent resident card, non-US citizens only (front and back)

## THE FOLLOWING DOCUMENTS MAY ALSO BE REQUIRED

- Copy of Articles of Incorporation (if corporation or LLC; provide 1<sup>st</sup> page only)
- Copy of sales agreement or property/warranty deed (if change of ownership)
- Copy of lease agreement (if requested by planning and zoning)
- ZUA Home Occupation Affidavit (required for home-based businesses; available on [tuckerga.gov/biz](http://tuckerga.gov/biz))

## FEES

Zoning Use Approval: \$75

CO-New Business: \$150

Occupational Tax Certificate: \$125 administration fee; tax based on gross receipts and number of employees

## NON-DISCRIMINATION

All City of Tucker business owners should be aware that the city has passed the following resolution and ordinance pertaining to Non-Discrimination.

R2021-10-20: Resolution of the City of Tucker, Georgia to Provide for an Inclusive, Fair and Welcoming City.

O2023-05-08: Unlawful Discrimination

## CERTIFICATION

I hereby certify that I am duly authorized to submit the application documents included herein.

I hereby certify that all of the information contained herein to be true and correct.

I hereby certify that I understand that any approval issued based upon false information or misrepresentation provided by the applicant will be null and void and subject to penalty as provided by law and ordinances.

I hereby certify that I understand that the issuance of a Zoning Use Approval, CO-New Business, and/or Occupational Tax Certificate are based solely on the information included herein, and that any changes may require me to submit a new application packet.

I hereby certify that I understand that the issuance of a Zoning Use Approval, CO-New Business, and/or Occupational Tax Certificate does not grant me or my business other permissions, such as construction approval, signage approval, or the approval to sell alcohol, etc.

I hereby certify that I understand that failure to comply with the requirements for the City of Tucker may result in a citation.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAM (SAVE)**

I, (print name) \_\_\_\_\_, swear or affirm under penalty of perjury that:

- I am a United States citizen (state or federal issued photo ID)
- I am a legal permanent resident of the United States (permanent resident or authorization card)
- I am a qualified alien or nonimmigrant under the Federal Immigration and Nationally Act 18 years of age or older lawfully present in the United States. My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

I am applying for the following public benefit:  Occupational Tax Certificate

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that the state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

\_\_\_\_\_  
Signature of Applicant (in presence of notary)

**E-VERIFY (PRIVATE EMPLOYER AFFIDAVIT)**

The Georgia Department of Law is a registered participant in the federal work authorization program commonly known as E-Verify, and uses such program to verify employment eligibility of all employees hired on or after July 1, 2007.

- EMPLOYER DOES NOT EMPLOY MORE THAN 11 EMPLOYEES** (if checked, skip to signature/notary fields)
- EMPLOYER DOES EMPLOY MORE THAN 11 EMPLOYEES** (if checked, complete remaining fields and then sign/notarize)  
By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating Affirmatively that the individual, firm, corporation employs more than ten employees and 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:

_____	_____	_____
Federal Work Authorization User ID #	Name of Private Employer	Date of Authorization

**All applicants must sign below, notarize, and return this affidavit with your occupational tax certificate application.**

In making the above representation under oath, I understand that any person who knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation O.C.G.A. § 16-10-20 and Face criminal penalties by such statute.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

Print Name and Title: \_\_\_\_\_

Signature of Authorized Officer or Agent (in presence of notary): \_\_\_\_\_

**NOTARY (SAVE and E-Verify)**

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

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

# Zoning Use Approval Application (ZUA)

## PLANNING & ZONING - BUSINESS INFORMATION

Per Section 46-1496, prior to the commencement of any new business in any zoning classification in the city, the owner or operator thereof shall apply to and obtain from the planning and zoning director or designee for approval of the location of the business. We recommend completing this step before you sign a lease or purchase a property, as this process ensures your proposed use complies with the zoning regulations for the property.

### Business Hours:

**Additional Use Information:** Please check all applicable boxes that apply to your business:

- Alcohol sales (on site consumption or retail sales)
- Auto use
- Business vehicles/equipment storage on site
- Check cashing (cashing checks, money orders, etc)
- COAM/amusement game room
- Convenience store
- Drive through
- Home occupation\*
- Home occupation with customer contact
- Massage therapy
- Outdoor storage, commercial

\* Home Occupations are required to complete the ZUA Home Occupation Affidavit (available [tuckerga.gov/biz](http://tuckerga.gov/biz)).

**Other:** Please provide any additional information on the proposed use. For example: type of wholesale products, materials being stored, accessory uses, etc.

# Certificate of Occupancy (CO) - New Business

## LIFE SAFETY - BUSINESS INFORMATION

Scope of Work:  Move In As In  Alteration

Occupancy Classification:

Assembly  Business  Educational  Factory and Industrial  High Hazard  
 Institutional  Mercantile  Residential  Storage  Utility and Miscellaneous

Square Footage of Space Being Occupied by Business:  Under 5,000 square feet  Over 5,000 Square Feet

Total Square Footage of Space Being Occupied by Business: \_\_\_\_\_ (square feet)

Is there a Fire Sprinkler?  Yes  No

Is there a Fire Alarm?  Yes  No

## ADDITIONAL REQUIREMENTS

**Floor Plan - Office and retail spaces under 5,000 square feet shall provide a sketch of the tenant space.**

See the following page for more information. An example floor plan is available at [tuckerga.gov/biz](http://tuckerga.gov/biz).

**Floor Plan - Businesses over 5,000 square feet, buildings greater than one story, and all assembly, education, institutional and residential occupancies are required to submit plans by a licensed architect/engineer.**

The plans shall include the following:

- Name of commercial tenant
- Project address (building and suite number)
- Scope of work narrative
- Seal and date stamp of registered architect/engineer
- Occupancy classification
- Occupancy fire rated separation
- Type of construction
- Occupancy load
- Sprinkler system information
- Fixture requirements
- Applicable codes
- Key plan
- Site plan
- Life safety plan

**On-Site Life Safety Inspection.** The Fire Marshal will reach out to schedule an on-site life safety inspection once the application is processed and the floor plan is reviewed.

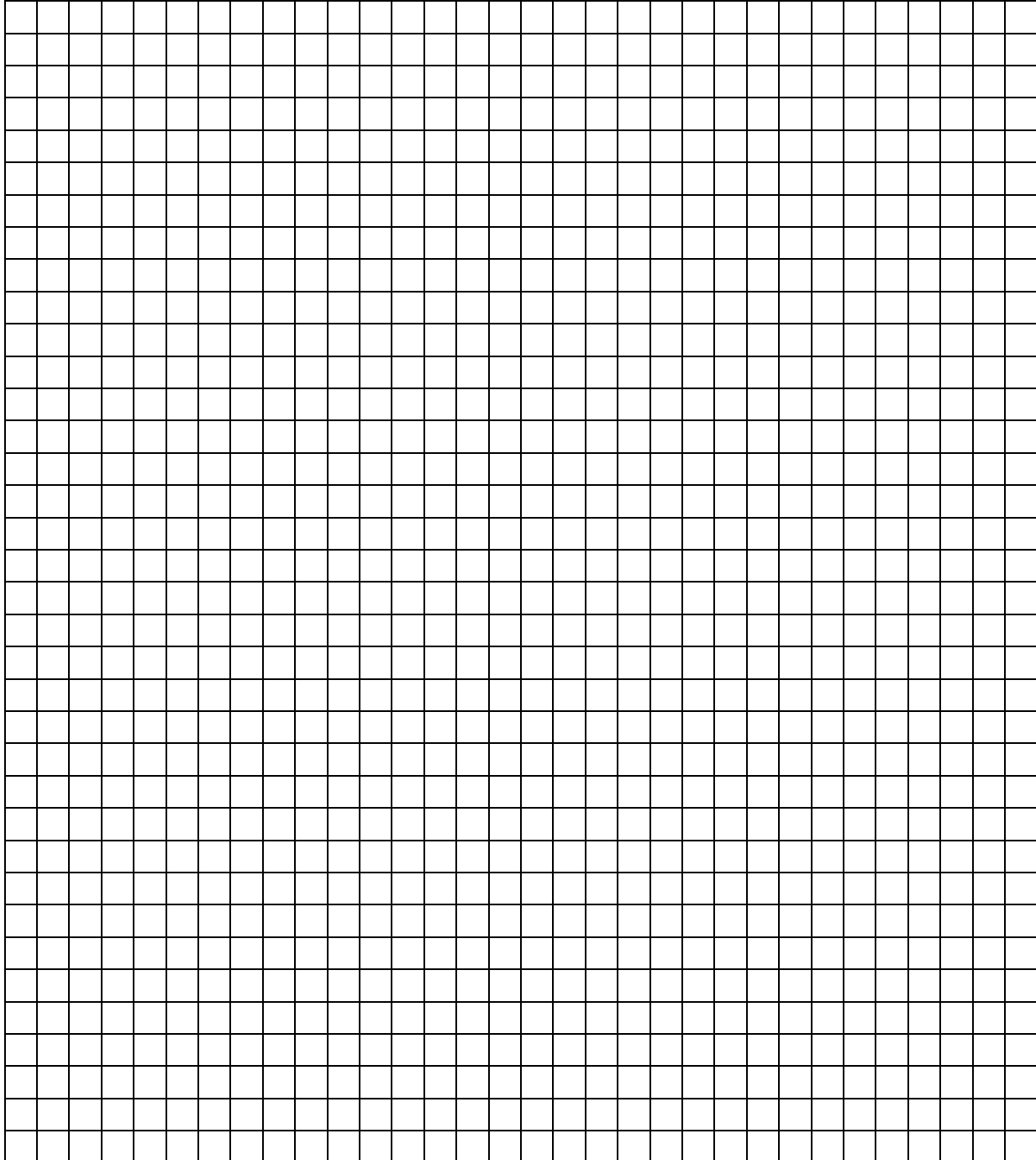
**Resources:** Please visit [tuckerga.gov/biz](http://tuckerga.gov/biz) for helpful resources including example floor plans, occupancy classification information, and a life safety inspection checklist for new businesses.

**Note:** Home based businesses are exempt from the CO-New Business requirement.

## FLOOR PLAN – UNDER 5,000 SQUARE FEET

Office and retail spaces under 5,000 square feet shall provide a sketch of the tenant space. The drawing can be done by the applicant and shall include the following:

- Total square footage and dimensions of space being occupied by the business.
- Label the use of each room/area; Dimensions of each room/area.
- Location of all emergency lighting, exit signs, fire extinguishers.
- All walls, entrances/exits, doors, stairs, and bathrooms.



# Occupational Tax Certificate (OTC)

## OTC - BUSINESS INFORMATION

Type of Business:

- Partnership   
  Corporation   
  Sole Owner   
  LLC   
  Non-profit  
 Other (please specify): \_\_\_\_\_

Ownership:  Female Owned     Veteran Owned     Minority Owned: \_\_\_\_\_

Six-Digit NAICS #:

Business Start Date in City of Tucker:

Federal Employer ID # (FEIN):

E-Verify #/Date Obtained (for 11 or more employees):

Estimated Gross Receipts:

Number of Employees:

## PRINCIPAL OFFICERS OF BUSINESS

Name:	Social Security # (Last 4 Digits Only):
-------	---

Mailing Address:

Email:	Phone #:
--------	----------

Name:	Social Security # (Last 4 Digits Only):
-------	---

Mailing Address:

Email:	Phone #:
--------	----------

## OTHER

**Audit:** All businesses are subject to Audit by the City of Tucker Finance Department. If selected for audit, Pursuant to City Ordinance Chapter 10-39, businesses must attach a copy of their prior year tax return (IRS Forms 1120, 1065, or Georgia Forms 500 through 700).

**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.

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

**Resources:** For more information about the fields above, please visit <https://www.irs.gov/> or <https://www.naics.com/>

**Note:** Non-profit businesses are exempt from paying occupational taxes.