3725 Park Avenue ✣ Doraville, Georgia 30340 ✣
770.451.8745 ✣ Fax 770.936.3862 ✣
www.doravillega.us

THE CITY OF Doraville

20__ RENEWAL APPLICATION for OCCUPATIONAL TAX CERTIFICATE (OTC)

For renewals with NO change in location, ownership, or name of business.

Business Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

*The first two digits of NAICS code determine class/rate		
Class 1	**.0003**	42-44-45-62-56-23
Class 2	**.0004**	81-22-48-49-72-54
Class 3	**.0005**	52-11-31-33-71-61
Class 4	**.0006**	21-53-55-51

Description: _____

Owner: _____ **NAICS Code:** _____ **FEIN:** _____

This application is for administrative use in determining occupational taxes only.
It does not grant any rights to operate a business contrary to any City ordinances, including zoning ordinances.
PLEASE TYPE OR PRINT CLEARLY – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

This application is for OTC renewals with NO change in location, ownership, or name of business. Any changes to location, ownership or name of business will require a new OTC application**.** Renewal applications are **accepted beginning January 1** of the renewal year and are **due by March 31** of the renewal year. Late applications are subject to penalties and interest. **No renewals are accepted after June 30.** Businesses failing to renew by June 30 of the renewal year are required to submit an application for a new OTC and are subject to penalties and interest.

All required information described below must be received to begin to process your OTC renewal.

- ☐ Completed **Renewal Application for OTC**
- ☐ Copy of applicant's **State- or Federally-issued Photo ID**
- ☐ If license is required by State of Georgia, copy of **Individual or Business State License**
- ☐ Copy of DeKalb County Board of Health **Food Service Permit** for food service/preparation establishments
- ☐ Copy of Georgia Department of Agriculture **Food Sales Establishment License** for food sales/processing establishments
- ☐ Copy of DeKalb County Department of Watershed Management **F.O.G. Certificate** (Fats, Oils, and Greases Wastewater Discharge Permit) for food service establishments
- ☐ **Occupational Tax Payment with Application**
  Your Occupational Tax calculation is based on your number of employees or gross receipts, whichever is higher. Alternatively, eligible applicants may opt to use the flat fee calculation. Renewal applications must be received in person at Doraville City Hall, 3725 Park Avenue, Doraville, GA 30340, or by mail. No personal checks are accepted. Cashier's checks or money order should be payed to "City of Doraville". There is a $4 credit card processing fee for those paying by credit card in person.

Occupational Tax Calculation

Line 1 – ACTUAL Number of Employees in 2018:	_____ Number of Employees	X	$ 35.00 Rate per Employee	=	$
Line 2 – ACTUAL 2018 Gross Receipts:	$ _____ Total Gross Receipts	X	$ _____ Tax Rate (see chart above)	=	$
Enter total from line 1 or line 2 ***(whichever is greater)***:	$ _____ Total Tax Due	+	$ 50.00 Application Fee	=	$ **Total Due**

☐ **I elect to pay a flat fee in lieu of reporting gross receipts and paying a tax based on gross receipts. (*400 Club Members ONLY*)**

Flat Rate:	_____ Number of Professionals	X	$ 400.00 Flat Rate per professional	=	$ **Total Due**

I understand that: Individuals, businesses and practitioners who fail or refuse to make a timely or truthful tax return or make available truthful and accurate information the City requests or requires for determining applicability or amount of occupation tax, or for levying or collecting such occupation tax shall be subject to the imposition by the City of Doraville Municipal Court of a fine per Code Sec. 6-611. Individuals, businesses and practitioners doing business in the City shall submit to the City Clerk, or his or her designee, or make available to the City within thirty (30) days such information as may be required or requested by the City to determine the applicability and amount of the occupation tax or to facilitate levying or collecting the occupation tax per Sec. 6-608(c).

I do solemnly swear or affirm that I have answered all questions truthfully and understand that any false statements made on this return may result in revocation of the Occupational Tax Certificate issued by the City of Doraville.

_____ Owner or Officer's Signature

_____ Printed Name

_____ Date

Revised 1/2019

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Doraville, Georgia Business License or Occupational Tax Certificate, Alcohol License, Permit or other public benefit as referenced in O.C. G. A. Section §50-36-1, I am stating that following with respect to my application for (check one) ❑ Occupation Tax Certificate, ❑ Alcohol License, ❑ Permit or ❑ other public benefit for: _____ [Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

❑ I am a United States citizen, **OR**

❑ I am a legal permanent resident 18 years of age or older or I am an otherwise 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.
*Copy of **Alien Registration Card**

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 Code Section 16-10-20 of the Official Code of Georgia.

Applicant Signature: _____Date: _____ / _____ / _____
**Must be signed in the presence of a Notary*

*_____
Alien Registration Number for Non-Citizens

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, stating affirmatively that the individual, firm or 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 IDENTIFICATION NUMBER NAME OF PRIVATE EMPLOYER DATE OF AUTHORIZATION

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on this the _____ day of _____, 20_____ in _____, _____.
CITY STATE

_____ _____
SIGNATURE OF AUTHORIZED OFFICER OR AGENT PRINTED NAME AND TITLE OF AUTHORIZED OFFICER OR AGENT
**Must be signed in the presence of a Notary*

SUBCRIBED AND SWORN BEFORE ME

ON THIS_____ DAY OF_____, 20_____

_____
NOTARY PUBLIC

My commission expires: _____ (Seal)

STAFF USE ONLY	**DATE**	**NOTES:**
Complete Application Received:		
Application Fee Paid: $		
Occupational Tax Paid: $		
Documents/Licenses Required:		○ Food Services ○ State License ○ ID
OTC Issued: #		○ Pickup ○ Mailed
SAVE Response: ○ PRC ○ EAC ○ other		○ Lawfully Permitted ○ **Require additional verification**
*Notes:		