



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:** _____

Description: _____

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

*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

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

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:	_____	X	\$ 400.00	=	\$
	<small>Number of Professionals</small>		<small>Flat Rate per professional</small>		<small>Total Due</small>

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 _____

