



3725 Park Avenue
 Doraville, GA 30340
 770/451-8745

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 ACCEPTED

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

APPLICATION FOR YEAR 20 _____

LEGAL BUSINESS NAME: _____

DBA: _____

BUSINESS LOCATION: _____
STREET ADDRESS SUITE/UNIT ZIP

TAX PARCEL ID: _____ - _____ - _____ - _____

APPLICANT: _____

APPLICANT IS: Business Owner Manager/Employee Agent for Business Owner

CONTACT EMAIL: _____ CONTACT PHONE: _____

CITY CLERK USE	DATE	PLANNING & ZONING USE	DATE
Complete Application Received:		Zoning:	
NAICS Code:		Zoning Use:	
Prior Occupant:		Conditions:	
Date Last OTC in this Space Expired:			
Use by Last Occupant:		Approved By:	
Documents/Licenses Required:		BUILDING OFFICIAL USE	DATE
Application Fee Paid: \$		Occupancy Type:	
Occupational Tax Paid: \$		Prior Occupancy Type:	
OTC Issued: #		Fire Marshal Review Approved:	
OTC Fee Calculation:		Fire Marshal Inspection Passed :	
		OTC Inspection Passed:	
Approved By:		Approved By::	

REQUIRED INFORMATION CHECKLIST – INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

NEW APPLICATIONS

For all applications, except renewals without changes submitted prior to June 30 (see below):

- Completed **Application Form**
- Copy of **Lease Agreement** (must show suite/unit number and square footage) **OR Proof of Ownership** of property
- Floor Plan** – 2 copies (must be drawn to scale, with dimensions; show locations of fire extinguishers and exit signs)
- Site Plan** (must be drawn to scale; show parking spaces with dimensions; show location of suite within building)
- Copy of **Articles of Incorporation** for Corporations and Limited Liability Companies **OR** copy of **Social Security Card(s)** for Sole Proprietors and Partnerships
- Copy of applicant's **State- or Federally-Issued Photo ID**
- Copy of **Alien Registration Card**, if applicable
- If license 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
- Payment with Application:**
 - o \$50.00 Fee for Zoning Determination of Appropriateness and Occupancy Inspection
- Payment when Occupational Tax Certificate issued:**
 - o \$50.00 Administration Fee
 - o Occupational Tax (calculation based on estimated gross receipts or number of employees, whichever is higher)
 - o Certificate of Occupancy (if required)
 - o Fire Marshal Review and Inspection Fees (if required)

RENEWAL APPLICATIONS

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

Renewal application are due by December 31 of the current year. Late applications will be subject to penalties and interest. Late applications received after June 30 are considered new applications (see above requirements).

- Completed **Application Form**
- Copy of prior year's Doraville Occupational Tax Certificate
- Copy of **Lease Agreement** (must show suite/unit number and square footage) **OR Proof of Ownership** of property
- Copy of **Articles of Incorporation** for Corporations and Limited Liability Companies **OR** copy of **Social Security Card(s)** for Sole Proprietors and Partnerships
- Copy of applicant's **State- or Federally-issued Photo ID**
- Copy of **Alien Registration Card**, if applicable
- If license is required by State of Georgia, copy of **Individual or Business State License**
- Payment with Application:**
 - o \$50.00 Administration Fee
 - o Occupational Tax (calculation based on estimated gross receipts or number of employees, whichever is higher)

ANNUAL REQUIREMENTS FOR ALL BUSINESSES

Renewal: Occupational Tax Certificates must be renewed every year **by December 31**. Renewal forms will be mailed in November, but are also available at www.doravillega.us under Forms and Documents.

Gross Receipts Return: Businesses must verify gross receipts and number of employees for the prior year by filing a Gross Receipts Return **by March 31**. The forms are mailed to businesses each February and are also available on the City's website. Any adjustment to the amount of occupational tax due will be invoiced.

Posting of Occupational Tax Certificate: The City of Doraville requires that the current Occupational Tax Certificate be prominently posted in a public area of the business premises.



APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

APPLICATION TYPE (check one)

- Application type options: New Business, Renewal, Late Renewal, Location Change, New Owner, Name Change, Annexed.

BUSINESS LOCATION

Location: STREET ADDRESS SUITE/UNIT ZIP

Shopping Center/Office Park:

Parcel Number: Total Square Footage of Space:

Property Owner:

Space Is: Owned Leased Anticipated Date of Operation:

- Move In As Is, Move In with Alterations, Building Permit #, Sign Permit #.

BUSINESS / OWNER INFORMATION

Legal Business Name:

Trade Name (DBA):

Year Business First Operated in Doraville Business Phone:

Mailing Address: ADDRESS SUITE/UNIT CITY STATE ZIP

Business Owner: FIRST LAST

Home Address: ADDRESS SUITE/UNIT CITY STATE ZIP

Email: Phone:

Contact (if other than owner): NAME TITLE

Address: ADDRESS SUITE/UNIT CITY STATE ZIP

Email: Phone:

AFFIDAVIT CERTIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this Affidavit under oath, as an applicant for an Occupational Tax Certificate or other public benefit from the City of Doraville, Georgia, as referenced in O.C.G.A. Section 50-36-1, I state that that I, _____
[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.*

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:** ____ / ____ / ____

SUSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC
My commission expires: ____ / ____ / ____

O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens who do not have an alien registration number may supply another identifying number below.

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

SUSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC
My commission expires: ____ / ____ / ____

PRACTITIONERS OF PROFESSIONS

Certain Practitioners of Professions may elect to pay \$400 per practitioner in lieu of paying a tax on gross receipts. If you are eligible, and if you and all members of your firm elect to pay the flat fee per practitioner this year, check below.

I elect to pay a flat fee in lieu of reporting gross receipts and paying a tax based on gross receipts.

CERTIFICATION

I, _____, hereby certify that I have provided complete and accurate information in this application for Occupational Tax Certificate. I acknowledge that I am aware that any false statements made on this application or failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and/or zoning enforcement action under the Zoning Ordinance. I acknowledge that I have read and understood the City of Doraville Zoning Ordinance and regulatory codes and agree to abide by the same.

I agree to report any changes to the information in this application and/or the cessation of my business operations at this location to the City Clerk within ten (10) days of such change.

Furthermore, it is my responsibility to apply for and maintain all required Federal and State Licenses. Failure to be properly licensed may result in substantial penalties.

I acknowledge that all fees, charges and assessments related to this application are non-refundable. I understand that City of Doraville representatives are authorized to inspect and audit books and records, and that under-reporting gross receipts and employee numbers can result in civil and criminal penalties and costs per Sec. 6-610 of the City Code.

Applicant Signature: _____ Date: ____ / ____ / _____

SUSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC
My commission expires: ____ / ____ / _____