



CITY OF DORAVILLE, GEORGIA

3725 PARK AVENUE
DORAVILLE, GA 30340-1111
TEL: 770-451-8745

OCCUPATIONAL TAX PLACARD/PRECIOUS METAL APPLICATION

BUSINESS NAME _____

BUSINESS ADDRESS _____

APPLICANT _____

Office Use Only:	Fee \$ _____	Amount paid: \$ _____	Date: _____	Bal. Due: \$ _____	Date: _____
0 Cash	0 Check # _____	0 Cash	0 Check # _____	0 Cash	0 Check _____
FINAL					
_____	_____	_____	_____	_____	_____
City Planner	Date	City Inspector	Date		
_____	_____	_____	_____	_____	_____
City Clerk	Date	Deputy City Clerk	Date		

OCCUPATIONAL TAX/PRECIOUS METAL **SUBMISSION CHECK LIST**

NEW PLACARD

(Anything submitted after June 30 is considered a new application)
(Any change of ownership is considered a new application)

- _____ Completed Occupational Tax and Precious Metal applications
Background Check.
- _____ Copy of Drivers License
- _____ Floor Plan
- _____ Copy of Lease
- _____ Copies of Articles of Incorporation or if using your social security
number for tax purposes a copy of your social security card.
- _____ \$50.00 Determination of Appropriateness/Inspection fee
(770-451-8745) Tony Pierce.
- _____ \$50.00 Occupational Tax Administrative Fee
- _____ \$35.00 X # of employees

Once completed and submitted staff will forward to the Planning and Zoning
Department for the scheduling of an inspection.

OCCUPATIONAL TAX/PRECIOUS METAL **SUBMISSION CHECK LIST**

PLACARD FOR BUSINESS WITH PRIOR YEAR OCCUPATIONAL TAX PLACARD

**(Anything submitted after June 30 is considered a new application)
(Any change of ownership is considered a new application)**

- _____ Completed Occupational Tax and Precious Metal applications

- _____ Copy of Drivers License

- _____ Copy of lease agreement

- _____ Copy of State/County license

- _____ Copy of Articles of Incorporation (If changed from prior year; includes name changes)

- _____ \$50.00 Occupational Tax Administrative Fee

- _____ \$35.00 X # of employees or gross receipts multiplier whichever is higher



The City of Doraville
3725 Park Avenue
Doraville, GA 30340
(770) 451-8745

OCCUPATIONAL TAX PLACARD APPLICATION

All Applications Due by December 31st

Did you have an active prior year license? _____ Yes _____ No

If yes, has the ownership changed since the prior year? _____ Yes _____ No

**Prior year license only apply to existing owner, location and suite number.
Applications received after June 30th will be processed as a new Occupational Tax application.**

Name of Business: _____

DBA: _____

Business Address: _____
(Include Suite #)

City: _____ State: _____ Zip: _____

Mailing Address (if different from business address)

Contact Person: _____

Business Phone: _____ Fax No.: _____

Cellular Phone Number: _____

CORRECT LEGAL COMPOSITION OF BUSINESS: _____
(Corporation; L.L.C.; Partnership or Sole Proprietor).

*****Copy State registration documentation required*****

LIST ALL REGISTERED AGENT(S) AND ADDRESS:

(Attach additional sheets if necessary)

OWNER INFORMATION:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address if different from above: _____

Telephone Number: _____

Federal EIN Number: _____ Date of Birth: _____

FORM OF I.D. ATTACHED: _____

******FEDERAL OR STATE ISSUED I.D. ONLY******

PLEASE GIVE A DETAILED DESCRIPTION OF THE TYPE OF BUSINESS TO BE CONDUCTED:

YEAR BUSINESS FIRST OPERATED IN THE CITY OF DORAVILLE: _____

HOURS (include a.m. or p.m.): _____ **# OF EMPLOYEES:** _____

(Business Owner counts as 1)

ESTIMATED GROSS RECEIPTS FOR 20__: _____

Business signage being installed?

- Yes (you must first obtain a separate sign permit from the City)
- No (Note: no signage of any type may be installed without a sign permit)

Home Occupation (business within a dwelling in which you reside)? Yes No

If yes, for Home Occupation, also complete the following or print N/A if not applicable:

Percentage of dwelling (principal structure) being occupied by the business: _____ %

Percentage of accessory structure being occupied by the business: _____ %

Number of employees who are also residents of the dwelling: _____

There is a \$50.00 non-refundable Determination of Appropriateness fee due for all first time applications.

I do solemnly swear or affirm that I have answered all questions truthfully and understand that any false statements made on this application may result in the revocation of the Occupational Tax Placard by the City of Doraville. Furthermore, I understand and agree that any changes shall be reported to the City Clerk within ten (10) days of such change.

Further, my signature attests to the truthfulness and completeness of the information contained herein and that I have read and understood the City of Doraville Zoning Ordinance and regulatory codes and agree to abide by the same.

I understand that the City Representatives are authorized to inspect and audit books and records, and that underreporting can result in civil and criminal penalties and costs, per Doraville City Code, Occupational Tax Sec. 6-610, et seq.

Applicant's Signature: _____ Date: _____

****Issuance of Occupational Tax Placard does not authorize the opening of the business, a Certificate of Occupancy must be issued prior to the opening of the business.****

.....
Do Not Write Below this Line – for Office Use Only

Occupational Tax
as Described in Sec. 6-601: \$ _____

Penalties: \$ _____

Interest: \$ _____

Total Due: \$ _____

Approved: _____ Date: _____

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 Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Doraville Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit [circle one] for: _____
_____ [Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

1) _____ I am a United States citizen

OR

2) _____ 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.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20__.

* _____
Alien Registration number for non-citizens

Notary Public
My commission expires:

*Note: 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 that do not have an alien registration number may supply another identifying number below.



DORAVILLE POLICE DEPARTMENT
PRECIOUS METALS DEALER PERMIT APPLICATION

1st Issue
Renewal
Exp. Date

Business Name
Business Phone
Address

Employee Name
Previous Last Name
Home Phone
Home Address
Are you a US Citizen?
Cell Phone
Race
Sex
Wgt
Hgt
Eyes
Hair
SSN
Date of Birth
Driver's License #
Lic.State
Age
Place of Birth

List all cities and states where you have lived or worked for the past ten years

List all DeKalb businesses where you have previously received a work permit

Have you had a permit denied in DeKalb County? If yes, list business name, date, and appeal date

ARRESTS and CITATIONS(Except minor traffic offenses). List DUI's and arrests which were given "First Offender" status or in which a "Nolo" please was entered.

Table with 4 columns: Date of Arrest, Arresting Agency, Type of Arrest, Final Disposition

Attach a sheet of paper to this page with a list of arrests if additional space is required. As part of the process resulting from my application for a background investigation, for permit, I hereby authorize personnel of the Doraville Police Department to receive, verify, and disseminate any criminal history information which may be in the files of any local, state, or federal criminal justice agency for investigative purposes, denials, or appeals.

O.C.G.A. 16-10-20: A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or fraudulent statement or representation; or makes or uses any false writing or documents, knowing the same to contain any false, fictitious, fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of any county, city or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more that \$1000.00 or by imprisonment for not less than one nor more than five years or both.

Signature of Applicant

Notary

Date

Date

(seal)

Approval (Doraville Police Dept. Representative)

Fee Paid



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 Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Doraville Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit [circle one] for: _____ [Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

1) _____ I am a United States citizen

OR

2) _____ 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.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20__.

* _____
Alien Registration number for non-citizens

Notary Public
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