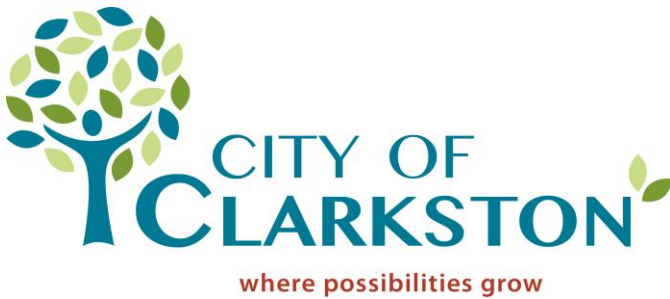


# 2024 BUSINESS LICENSE RENEWAL APPLICATION



November 10, 2023

Dear Clarkston Business Owner/Manager:

It is time to renew your business license with the City of Clarkston. All renewals for 2024 Occupational/Business License will be renewed by City Staff.

There are 2 options to submit your renewal application:

1) Via mail: You may mail the application to City of Clarkston, 1055 Rowland St, ATTN: OCCUPATIONAL TAX, Clarkston, GA 30021. It must be accompanied with a check or money order of \$100 for the Admin Fee. You will be invoiced via email for any occupational tax due (if applicable) after your file has been reviewed.

2) In-Person: Monday through Friday from 9am-3pm, at Clarkston City Hall Annex. Payment will be remitted at the time of submittal for the completed application.

Professionally-classified businesses electing to pay the flat tax may remit \$500 (\$100 admin fee + \$400 flat tax). Practitioner licensing will be verified.

Enclosed you will find your renewal application and all related documentation requirements to renew your annual business license. Before turning in your application, please make sure that all forms have been completed, that you have included all required documents, and have provided your \$100 administrative fee payment (if mailing). **Please note: incomplete applications will NOT BE ACCEPTED.**

**Business license applications are due to be submitted by December 31, 2023 with a grace period until January 19, 2024.** All applications submitted after January 19, 2024 will begin accruing financial penalties. If a business owner fails to apply for renewal of a business license by March 1, 2024, the business (1) is also subject to citations, (2) license shall automatically be deemed suspended, and (3) the licensee shall not be allowed to conduct business in the city until and unless such license is approved for renewal and all fees and penalties paid.

We look forward to working with all of our local businesses in the coming year.

Thank You!

**\*\*\*\*\*IMPORTANT PLEASE READ\*\*\*\*\***  
**\*\*\*\*\*Additional Documentation Required\*\*\*\*\***

**Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1 through 3):** All businesses are now required to complete and return the “Affidavit Verifying Status of Benefit Applicant“. This form must be completed in full, signed by an officer of the company, notarized and returned along with your completed renewal worksheet and payment in full. As specified on the Affidavit, you must also provide at least one “secure and verifiable” document with the completed Affidavit. Some examples of a secure and verifiable document are a current state issued ID, driver’s license or passport.

**Immigration Legislation (HB87) Passed on April 14, 2011:** Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

**Remittance Information:** Make your check payable to: **City of Clarkston** and mail it to City of Clarkston, ATTN: Occupational License Office, 1055 Rowland Street, Clarkston, GA 30021.

**NO LONGER CONDUCTING BUSINESS IN CLARKSTON?** If you are no longer operating a business in Clarkston, please indicate the date the business closed, moved or was sold by completing the ***Affidavit: Business Sold or Terminated/Closed/Bankruptcy Or Moved*** form. You can mail the affidavit to City of Clarkston. You may also email Clarkston Business License Dept. at [tlewis@cityofclarkston.com](mailto:tlewis@cityofclarkston.com) or [levans@cityofclarkston.com](mailto:levans@cityofclarkston.com)

**2024 Renewal Business License Checklist**

- Georgia Sales Tax Number of Retail Sales (All Retail Sales Businesses)
- A Federal Employer Identification Number ( Federal ID Number)
- Legible Email Address
- Submit \$100 Administration Fee with Application (in mailing application)
- Copy Photo ID
- Copy of 2022 Tax Return
- Copy of the business entity’s accounting system reports or schedules showing 2023 year-to-date or final sales, gross revenue or receipts. If providing year-to-date reports, please indicate the estimated final 2023 annual gross revenue for the entire 2023 year.
- Copy of your previous year’s license issued by the City of Clarkston

**BUSINESS REGISTRATION/OCCUPATIONAL TAX CERTIFICATE RENEWAL APPLICATION**

**For Calendar Year 2024**

Check One:    Renewal        Amended        Final (**Date business sold or closed** : \_\_\_\_\_)

Check One:    Sole Owner    Partnership    Corporation    LLC

Check One:    Home-Based    Commercial Space

Business Days Open: \_\_\_\_\_ Business Hours of Operation: \_\_\_\_\_

**Exact Description and Nature of Business:** \_\_\_\_\_

Business Name: _____
Business Address: _____
Mailing Address: _____
Email Address: _____
Federal ID Number: _____ Georgia Sales Tax Number: _____
Business Owner Name: _____
Owner's Home Address _____
Business Phone: _____ Home Phone: _____
Owner's Social Security Number _____ D.O.B. _____
Business Manager: _____
Manager's Home Address: _____
Business Phone: _____ Home Phone: _____
Manager's Social Security Number: _____
Name and Address of Places of Employment of Owner and Manager for Past Five Years: _____
_____

In accordance with the business ordinance of the City of Clarkston, Georgia, I (print name) \_\_\_\_\_, being the (insert title) \_\_\_\_\_ of the business, do certify that I am the person duly authorized by the business herein named to file this application. I understand that this application does not authorize me to conduct business and that the license cannot be issued without the approval of the Fire Marshall.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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 O.C.G.A. 16-10-20.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

Subscribed to and sworn before me on this the

\_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public \_\_\_\_\_

**FOR OFFICE USE ONLY**

SIC Code: \_\_\_\_\_ Business Type: \_\_\_\_\_ Business Class: \_\_\_\_\_ App Fee Pd: \_\_\_\_\_

To Code: \_\_\_\_\_ Code Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Comments Attached: \_\_\_\_\_

To P&Z: \_\_\_\_\_ P&Z Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Comments Attached: \_\_\_\_\_

# Affidavit Verifying Status of Benefit Applicant

## **\*\*REQUIRED\*\***

Pursuant to the Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1), effective July 1, 2007, every agency in **Clarkston** providing public benefits through any local program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application on for benefits from the City of Clarkston:

**Select one of the below.**

\_\_\_\_\_ I am a United States citizen 18 years of age or older;

\_\_\_\_\_ I am a legal permanent resident 18 years of age or older;

\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency is \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_  
*(Please enclose legible copy of document with Affidavit.)*

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 O.C.G.A. 16-10-20.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Printed Name*

Subscribed to and sworn before me on this the

\_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

My Commission Expires:

\_\_\_\_\_

**\*\*FORM REQUIRED\*\*** This form must be completed and returned with a copy of your secure and verifiable document, your Clarkston Occupational Tax Renewal, and payment. Failure to return the completed Affidavit with your renewal and payment will delay the issuance of your occupational certificate

# **Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)**

## **\*\*REQUIRED FORM\*\***

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

### **Section 1. Please check only one:**

(A) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees 1.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

### **Section 2.**

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (City) \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

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

\_\_\_\_\_  
**NOTARY PUBLIC**

**My Commission Expires:**  
\_\_\_\_\_

**\*\*FORM REQUIRED\*\*** This form must be completed and returned with your Clarkston Occupational Tax Renewal and payment. Failure to return this completed Private Employer Affidavit with your renewal and payment will delay the issuance of your occupational certificate.

**BUSINESS OCCUPATIONAL TAX RENEWAL CALCULATION WORKSHEET  
2024 Renewal**

**Failure to Submit Application and Fees on or before January 19, 2024 Will Result in Penalties.**

BUSINESS NAME: _____		INDUSTRY DESCRIPTION: _____	
PHYSICAL ADDRESS: _____			
MAILING ADDRESS: _____			
EMAIL ADDRESS _____			
SIC CODE: _____	FEE CLASS: _____	FEE RATE: _____	

**Notice: If your business has discontinued in Clarkston, ENTER THE DISCONTINUED DATE, SIGN AND RETURN THIS FORM.**  
Date Business Moved, Closed, or Sold: \_\_\_\_\_ Signature: \_\_\_\_\_

**For Professional Practitioners (OCGA §48-13-9(c) Check one:**  \$400 Flat Fee  Gross Receipts  
(If electing Professional Flat Tax - Enter \$400 on line 4 below and complete calculations.)  
When electing to pay a flat fee, please submit a copy of your State license with this return

**Submit Gross Receipt Totals ONLY. The Finance Department will calculate any Occupational Tax Owed and you will be emailed an invoice.**

**Gross Receipts for Prior Year**

- 1. Actual Gross Receipts from 2022 (provide IRS Tax Return) (1) \_\_\_\_\_
- 2. Projected Gross Receipts for 2023 (Provide P/L Statement) (2) \_\_\_\_\_

**Gross Receipts for Current Year**

- 3. Estimated Annual Gross Receipts for 2024 \$ \_\_\_\_\_ - \$20,000 = (3) \_\_\_\_\_  
(First \$20,000 in Gross Receipts is Exempt) (Cannot be less than \$0.00)

- 4. Professional Flat Tax (ONLY) (4) \_\_\_\_\_

- 5. **Administrative Fee (ALL BUSINESSES PAY)** (5)       \$ 100.00

- 6. Penalties (See Chart Below) (6) \_\_\_\_\_

Jan 20 through Feb 15, 2024	5%
Feb 16 through Apr 15, 2024	10%
Apr 16 through Oct 15, 2024	15%
Oct 16 through Jan 15, 2024	20%
More than one year	30%

- 7. **Total Amount Due (Add Lines 4 - 6 )** (7) \_\_\_\_\_

**Return Renewal Application & Completed Calculation Worksheet**  
(with Check or Money Order, if Mailing Renewal) Made Payable To: **City of Clarkston • Attn: Occupational License Office • 1055 Rowland St • Clarkston, GA 30021. )**  
For assistance call (404)296-6489. You can also email us at [tlewis@cityofclarkston.com](mailto:tlewis@cityofclarkston.com) or [levans@cityofclarkston.com](mailto:levans@cityofclarkston.com)

I hereby swear under penalty of perjury that the information reported on this worksheet is to the best of my knowledge true, correct and complete. I understand that the issuance of the Occupational Tax Certificate does not permit the business to operate unless the business is properly zoned and in compliance with all applicable City of Clarkston and State of Georgia ordinances and regulations.

I understand that if it is determined that my occupational license requires board certification; I must submit a copy of that board certification along with my renewal. I understand that failure to supply this documentation could result in a delay of the issuance of my Occupational Tax Certificate. I also understand that if I do not complete and return the "Affidavit Verifying Status of the Applicant" and the "Private Employer Affidavit" this will result in a delay of the issuance of my Occupational Tax Certificate.

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_