

# 2020 NEW BUSINESS LICENSE APPLICATION



Dear Clarkston Business Owner/Manager:

Thank you for locating your business to the City of Clarkston! All applications for 2020 Occupational/Business Licenses are handled personally by our staff at the City of Clarkston Annex, located at 1055 Rowland Street in Clarkston.

All business will submit the \$100 administrative fee payment with their application. The Finance Department will calculate if any occupational tax is owed for the business and they will mail an invoice statement for occupational tax due. Qualified Professionals businesses, electing to pay the flat tax may remit \$500 (\$400 flat tax and \$100 admin fee).

Enclosed you will find your application and all related documentation requirements to register your 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. To ensure efficient processing of all paperwork, **the City will not be accepting any incomplete applications**. If you have any questions in reference to required documents or any of the forms, you are encouraged to call us to ask questions or to schedule an appointment to meet with our staff for assistance.

Please note that several forms in the application packet require a notarized signature. If you do not have access to your own notary public, some of our staff are notaries and can assist by notarizing your signature for an additional fee per each page requiring notary signatures. If you choose to have our staff perform the public notary process, please do not sign your signature until you are in the presence of the notary public.

Once the application is completed with the required documents, it will need to be turned in at 1055 Rowland Street Clarkston, GA 30021. You have the option to mail-in or bring in to the location when the application is completed. If you have any questions or need any assistance, please contact us at (404) 296-6489.

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

Thank You!

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

**As Required by O.C.G.A ~ 36-60-6(a):** Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented.

If it is determined your occupational license requires board certification, you must submit a copy of that certification along with your application. Failure to supply this documentation could result in a delay of the issuance of your certificate.

**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 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 application to City of Clarkston. You may also email Clarkston Business License Dept. at [tashby@cityofclarkston.com](mailto:tashby@cityofclarkston.com) or [levans@cityofclarkston.com](mailto:levans@cityofclarkston.com)

### **2020 Business License Checklist**

- Georgia Sales Tax Number of Retail Sales (All Retail Sales Businesses)
- A Federal Employer Identification Number ( Federal ID Number)
- Submit \$100 Administrative Fee with Application
- Certificate of Occupancy

**\*\*Checklist continued on next page\*\***

## **RESTAURANT**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Current F.O.G. Permit
- GA. Dept. of Public Health: Food Services Permit
- If applicable \_\_\_\_\_
  - City Alcohol License
  - State Alcohol License
  - Copies of Employees services permit

## **GROCERY STORE**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Current F.O.G. Permit
  - Cooking food on site
- GA. Dept. of Agriculture: Food Sales
- State Tobacco License
- Other \_\_\_\_\_

## **RETAIL BUSINESS**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- GA. Dept. of Public Health: Food Services Permit
- Pharmacy/Pharmacists
  - Evidence of Qualifications
- Other \_\_\_\_\_

## **DAYCARE**

- Federal Employer ID Number
- \$100 Administrative Fee
- GA. State License-*Bright from the Start*
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Current F.O.G. Permit
  - Cooked food on site
- GA. Dept. of Public Health: Food Services Permit
- Other \_\_\_\_\_

## **EMMISSION/AUTO REPAIR**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Emissions Certificate

## **CONVENIENCE STORE/ GAS STATION**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Current F.O.G. Permit
  - Cooked food on site
- GA. Dept. of Agriculture: Food Sales Establishment
- Alcohol License
  - City
  - State
- COAM License
  - L & B Application
  - City License
- State Weights and Measures Fuel Registration
- State of Tobacco License

## **PROFESSIONAL PRACTITIONERS/MEDICAL OFFICE/MEDICINE**

- Federal Employer ID Number
- \$100 Administrative Fee
- GA. State License
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Evidence of Qualifications:
  - Chiropractor
  - Pharmacy/Pharmacists
  - Lawyer

## **OFFICE**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Evidence of Qualifications
  - Insurance
  - Real Estate
  - Auto Broker
  - IRS Tax Registration
- Other \_\_\_\_\_

## **BARBER/HAIR/NAIL SALON**

- Federal Employer ID Number
- \$100 Administrative Fee
- Copy of Current Lease
- Copy of Driver's license/Photo ID
- Copy of Shop license
- Copy of State license
  - Barber
  - Stylist
  - Nail Technician

**BUSINESS REGISTRATION/OCCUPATIONAL TAX CERTIFICATE APPLICATION**

**For Calendar Year 2020**

Check One:    New                    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: _____
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 \_\_\_\_\_

<b><u>For Office Use Only</u></b>			
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 application, and payment. Failure to return the completed Affidavit with your application 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

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

Executed on \_\_\_\_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.**

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

**My Commission Expires:**

\_\_\_\_\_

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

**BUSINESS OCCUPATIONAL TAX CALCULATION WORKSHEET  
2020**

BUSINESS NAME: _____		INDUSTRY DESCRIPTION: _____
PHYSICAL ADDRESS: _____		
MAILING 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 mailed an Invoice.**

**Gross Receipts for Current Year**

1. Estimated Annual Gross Receipts for 2020 \$ \_\_\_\_\_ - \$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. Total Amount Due (Add Lines 4 - 5) (6) \_\_\_\_\_

**Return Application & Completed Worksheet with Check or Money Order 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 [tashby@cityofclarkston.com](mailto:tashby@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 application. 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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Remit To: City of Clarkston 1055 Rowland St Clarkston, GA 30021**  
**Phone: (404) 296-6489 Email: [tashby@cityofclarkston.com](mailto:tashby@cityofclarkston.com)**

**Business Emergency Contact Information**

The Clarkston Police Department maintains a file of Emergency Contact Information for businesses that are located within the City of Clarkston. By providing this information, our police department will know whom to contact should an emergency arise after your normal business hours. In order that we may be assured of having the most current information possible, please complete this form and thereafter advise the City Clerk of any changes as soon as possible.

Should you choose not to provide this information, please check the block provided, sign the form and return it so we will know that it was not an oversight on your part.

**All Information provided will be considered confidential and will not be shared with any external entity.**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:**

Name	Relationship	Telephone Number
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I choose not to provide emergency contact information for my business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date