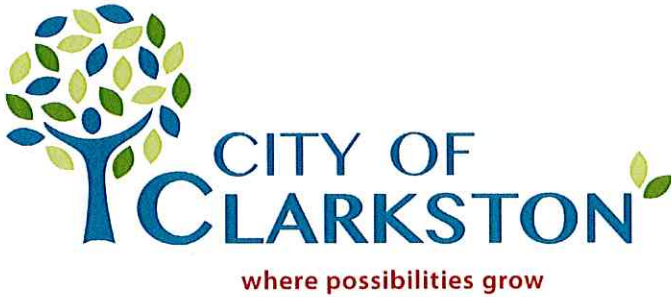


2023 NEW BUSINESS LICENSE APPLICATION



December 5, 2022

Dear Clarkston Business Owner/Manager:

Thank you for locating your business to the City of Clarkston! All applications for 2023 Occupational/Business Licenses will be reviewed by City Staff.

There are 3 options to submit your new business application:

1) Via mail: You may mail the application to City of Clarkston, 1055 Rowland St, ATTN: NEW OCCUPATIONAL LICENSE, 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) Electronically: You may email a clear, scanned copy of the application to jdavis@cityofclarkston.com. Please be sure to include the business's name in the subject line. You will be invoiced via email for the \$100 admin fee, as well as any occupational tax due (if applicable) after your file has been reviewed. *****It is critical to provide a working, LEGIBLE email on your paperwork**. Please be prepared to pay any invoices/occupational tax due (if applicable) via credit card.***

3) In-Person: Tuesdays & Thursdays between the hours of 10am-2pm, 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 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 (if mailing). **Please note: incomplete applications will delay the processing and issuance of your 2023 Business License.**

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 of \$2 per page. 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 submitted for review.

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 or levans@cityofclarkston.com

2023 New 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
- ☐ Completed Business Routing Sheet with Floor Plan for Commercial Spaces

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 _____
 - o City Alcohol License
 - o State Alcohol License
 - o 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
 - o 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
 - o 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
 - o 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
 - o Cooked food on site
- ☐ GA. Dept. of Agriculture: Food Sales Establishment
- ☐ Alcohol License
 - o City
 - o State
- ☐ COAM License
 - o L & B Application
 - o 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:
 - o Chiropractor
 - o Pharmacy/Pharmacists
 - o Lawyer

OFFICE

- ☐ Federal Employer ID Number
- ☐ \$100 Administrative Fee
- ☐ Copy of Current Lease
- ☐ Copy of Driver's license/Photo ID
- ☐ Evidence of Qualifications
 - o Insurance
 - o Real Estate
 - o Auto Broker
 - o 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
 - o Barber
 - o Stylist
 - o Nail Technician



BUSINESS ROUTING SHEET: CITY OF CLARKSTON

CITY NAME _____

CITY 4- DIGIT PERMIT # _____

DEKALB AP# _____

BUSINESS NAME: _____

BUSINESS ADDRESS _____
CITY _____ ZIP _____

BUSINESS OWNER(S) NAME: _____
PHONE # _____ EXT/ _____

EMAIL: _____

MANDATORY DETAILS

SQ FT: _____
(ANYTHING OVER 5000 sf MUST SUBMIT PLANS)

ANY RENOVATION ☐ YES ☐ NO

WAREHOUSE ☐ YES ☐ NO

COMMODITY LIST ☐ YES ☐ NO

***UNDER 5000 SF MUST SUBMIT A SKETCH OF TENANT SPACE**

★ SKETCHES

PLEASE CHECK ONE

FIRE - choose only one

- | | |
|--------------------------|--|
| <input type="checkbox"/> | MOVE-IN-AS-IS (only for under 5000 sf) |
| <input type="checkbox"/> | CHANGE OF OCCUPANCY |
| <input type="checkbox"/> | CHANGE OF OWNERSHIP/NAME |
| <input type="checkbox"/> | LIFE SAFETY |
| <input type="checkbox"/> | FIRE SPRINKLER |
| <input type="checkbox"/> | FIRE ALARM |
| <input type="checkbox"/> | SUPPRESSION (all forms of FIRE) |

PLEASE CHECK IF NEEDED

WATERSHED

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | F.O.G. |
| <input type="checkbox"/> | BACKFLOW |
| <input type="checkbox"/> | WATER & SEWAGE |

OTHER

☐ _____
☐ _____

- * Total SF & dimensions
- * Label ea. Rm
- * location of emergency signs & extinguishers
- * ALL walls, entrances, Doors, stairs

***FOR ALL MOVE-IN-AS-IS/CHANGE OF OCCUPANCY/CHANGE OF OWNERSHIP/NAME MUST HAVE A NOTARIZED AFFIDAVIT**

SCOPE OF WORK: (Please describe business)

PLANS - (MUST HAVE GA CERTIFIED ARCHITECT/ENGINEER STAMP)

FIRE: 4 SETS WATERSHED : 2 SETS

CITY REPRESENTATIVE

DATE

I hereby certify that I understand that it is my responsibility to submit the required documents for the reviews listed above

APPLICANT SIGNATURE

DATE

SUBMIT TO: DEKALB COUNTY • 330 W. PONCE DE LEON AVE - 2ND FLOOR DECATUR, GA 30030

BUSINESS REGISTRATION/OCCUPATIONAL TAX CERTIFICATE APPLICATION

For Calendar Year 2023

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: _____	
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 CALCULATION WORKSHEET
2023**

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 Current Year

1. Estimated Annual Gross Receipts for 2023 \$ _____ - \$20,000 = _____
(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 Calculation Worksheet

(with Check or Money Order, if Mailing) 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 or
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: _____