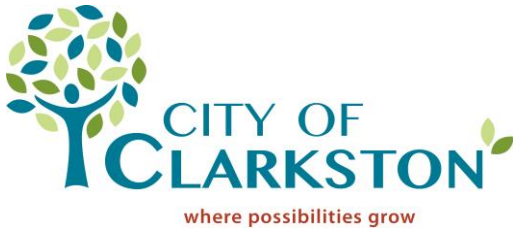


2026 NEW BUSINESS LICENSE APPLICATION



Dear Clarkston Business Owner/Manager:

To apply for a commercial business license, you must submit a City of Clarkston Zoning Compliance Form and obtain an approved Business Use Verification, along with a Fire Marshal Inspection Report from DeKalb County.

City staff will review all applications for 2026 Occupational/Business Licenses, including the required supporting documents. Please refer to the attached checklist for full details on required documentation.

Review Process:

- **Zoning Approval**
- **DeKalb County Fire Marshal Approval** (Routing Sheet must be completed with your application)
- **DeKalb County FOG Approval** (if applicable)

Inspections:

- **Building Inspection** for Certificate of Occupancy (CO)
- **DeKalb County Fire Marshal Inspection** (Routing Sheet must be completed with application)
- **Certificate of Occupancy (CO):** Issued upon successful completion of all inspections.

There are two ways to submit your application:

1. **By Mail:** Mail the completed application, along with a non-refundable \$130.00 administration fee (check or money order), to: City of Clarkston, ATTN: Occupational Tax, 736 Park North Blvd., Ste. 120, Clarkston, GA 30021. After your application is reviewed and approved, you will receive an invoice for any applicable occupational tax.
2. **In-Person:** Applications are accepted Monday through Friday, from 9:00 a.m. to 3:00 p.m. at the City of Clarkston. The non-refundable \$130.00 administration fee must be paid at the time of submission. Professionally classified businesses choosing to pay the flat tax may submit a total of \$500.00 (\$130.00 administrative fee + \$400.00 flat tax). Practitioner licensing will be verified. **Applications must be complete to be accepted for processing.**

Enclosed are the application and all related documentation requirements to register your business license. Before turning in your application, please ensure that all forms are complete, including all required documents, and pay the non-refundable \$130.00 Administrative Fee (if mailing).

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

We look forward to collaborating with all our local businesses in the year ahead.



Zoning Compliance Form

PROPERTY AND BUSINESS INFORMATION

Business Address:

Parcel ID:

Business Name:

Contact Name:

Phone:

Email:

Check all applicable boxes:

- | | |
|--|--|
| ☐ New Business | ☐ Change of Address |
| ☐ Home Occupation | ☐ Change of Ownership |
| ☐ Outdoor storage, commercial | ☐ Business vehicle/equipment |
| ☐ Auto Use | ☐ Will Serve Alcohol at this location |

Square Footage of Space:

Business Hours:

Proposed Use (please provide as much detail as possible):

APPLICANT'S CERTIFICATION FOR BUSINESS LOCATION APPROVAL

It is the responsibility of every business owner or operator to make certain that the type or nature of business activity being conducted at any location in the City of Clarkston is permitted by and conforms to the Zoning Ordinance and Building Regulations of the City before signing a lease or purchasing a property.

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. Further, I understand that any Planning and Zoning approval issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinances.

Submit this form and the required floor plan of the commercial space to the Planning & Economic Development Department prior to submitting a New Business License Application. Please note that a change in use will require a parking plan along with the floor plan. You may submit your documents in person at City Hall (736 Park North Blvd, Ste 120) or via email to fetienne@cityofclarkston.com.

Printed Name: _____

Signature: _____ Date: _____

Office Use Only – Please Leave Blank

Parcel ID: _____

Current Zoning: _____

Approved: _____

Denied: _____

Comments: _____

Zoning Certified By: _____ Date: _____

Office Use Only – Please Leave Blank

Code Compliance Inspection Date: _____

Approved: _____

Denied: _____

Comments: _____

Code Compliance Officer: _____



CITY ROUTING SHEET OF THE CITY OF CLARKSTON

CITY TEMPORARY PERMIT # _____		DEKALB AP# _____	
BUSINESS NAME: _____			
BUSINESS ADDRESS _____			
CITY _____		ZIP _____	
APPLICANT NAME: _____			
PHONE # _____		EXT. _____	
EMAIL: _____			
TO BE COMPLETED BY CITY REPRESENTATIVE ONLY			
MANDATORY DETAILS			
SQ FT: _____ (IF SQFT IS OVER 5,000, MUST SUBMIT STAMPED PLANS)		ANY RENOVATION: ☐ YES: requires architecture stamped plans ☐ NO	
WAREHOUSE: ☐ YES ☐ NO		COMMODITY LIST: ☐ YES ☐ NO	
*UNDER 5,000 SQ FT (no work) MUST SUBMIT A SKETCH OF TENANT SPACE			
PLEASE CHECK (All check marks require supporting documents) FIRE ☐ MOVE-IN-AS-IS (only for under 5,000 sq ft same use of space and no renovation) ☐ MOVE-IN-AS-IS (different use of space) choose one below: ☐ LIFE SAFETY ☐ FIRE SPRINKLER ☐ FIRE ALARM ☐ SUPPRESSION (all forms of FIRE) BLASTING ☐ WATERSHED ☐ F.O.G. ☐ BACKFLOW ☐ WATER & SEWAGE OTHER ☐ SPECIAL EVENTS/ TENTS			SKETCHES * Total SF & dimensions * Label ea. Rm * Location of emergency signs & extinguishers * ALL walls, entrances, doors, stairs
MANDATORY An affix City stamp is required on all plans that are submitted to Dekalb County.			
SCOPE OF WORK: (Please describe business)			
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

*******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 application 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 Tax, 1055 Rowland St., Clarkston, GA 30021.

NO LONGER CONDUCTING BUSINESS IN CLARKSTON?

If your business is no longer operating in Clarkston, please complete the “**Affidavit: Business Sold or Terminated/Closed/Bankruptcy or Moved**” form, indicating the date the business closed, was sold, or relocated.

The completed affidavit may be mailed to the City of Clarkston or emailed to the City Clerk’s Office at tmitchell@cityofclarkston.com or jdavis@cityofclarkston.com.

2026 New Business License Checklist

- ☐ Clarkston Zoning Compliance Form
- ☐ Application with Legible Contact Information
- ☐ Georgia Sales Tax Number of Retail Sales (All Retail Sales Businesses)
- ☐ Federal Employer Identification Number (Federal ID Number)
- ☐ Georgia Secretary of State Business Name Registration
- ☐ Proof of Registered Business under a Trade Name/ DBA (if applicable)
- ☐ S.A.V.E Affidavit
- ☐ Private Employer Affidavit
- ☐ Copy of Leasing Agreement from Owner or Leasing Management
- ☐ Identification of Business Owner/Photo ID
- ☐ Architectural drawing of Floor Plan of Commercial Spaces (Mandatory)
- ☐ Complete Business information on Routing Sheet (Mandatory)
- ☐ Submit Non-refundable Administration Fee of \$130.00 with Application
- ☐ Campaign Disclosure Form
- ☐ Home-Based Business Affidavit (Only for Home Occupations)
- ☐ Affidavit if Business Sold or Terminated/Closed/Bankruptcy or Moved (if applicable)

Business Type Checklist

RESTAURANT

- ☐ Federal Employer ID Number
- ☐ \$130.00 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
- ☐ \$130.00 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
- ☐ \$130.00 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
- ☐ \$130.00 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
- ☐ \$130.00 Administrative Fee
- ☐ Copy of Current Lease
- ☐ Copy of Driver's license/Photo ID
- ☐ Emissions Certificate

CONVENIENCE STORE/ GAS STATION

- ☐ Federal Employer ID Number
- ☐ \$130.00 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
- ☐ \$130.00 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
- ☐ \$130.00 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
- ☐ \$130.00 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 2026

Check One: ☐ New ☐ Amended ☐ Final (Date business sold or closed: _____)
Check One: ☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC.
Check One: ☐ Home-Based ☐ Commercial Space

Days of Operations: _____

Business Hours of Operation: _____

Business Name: _____
Business Address: _____
Business Phone: _____
Mailing Address: _____
Email Address: _____
Business Manager Social Security Number: _____
Federal ID Number: _____ Georgia Sales Tax Number: _____
Business Owner Name: _____
Owner's Home Address: _____
Home Phone: _____
Owner's Social Security Number: _____ D.O.B.: _____
Property Owner(s) Name: _____
Property Owner(s) Home Address: _____
Property Owner(s) Contact Information: _____
Description and Nature of Business: _____

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: _____
Compliance Code: _____	Approved by: _____	Date Approved: _____	Comments Attached: _____
Zoning: _____	Parcel #: _____	Approved by: _____	
Comments: _____	Date: _____		
Occ Tax Billed: _____	Occ Tax Paid: _____	Check # _____	Amount Paid: _____
		Rec'd by: _____	

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:

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

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 2026 \$ _____ - \$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) **\$ 130.00**

6. Total Amount Due (Add Lines 4 – 5) (6) _____

Return the application and completed Calculation Worksheet with a check or money order made payable to City of Clarkston. If mailing, send to: Attn: Occupational Tax, 736 Park North Blvd., Ste. 120, Clarkston, GA 30021.

For assistance, please call (404) 296-6489 or email tmitchell@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 in 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:** _____



DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Pursuant to OCGA, Section 36-67A-3(a), the following disclosure is mandatory when an applicant or any representative has made campaign contributions aggregating \$250.00 or more to a local government within two (2) years immediately preceding the filing of this application.

It shall be the duty of the applicant and the attorney representing the applicant to file a disclosure with the governing authority of the respective local government. The following questions **must** be answered:

Have you, the applicant, made \$250.00 or more in campaign contributions to a **local** government official within two years immediately preceding the filing of this application?

Yes ☐ No ☐

If the answer is **yes**, you must file a disclosure report with the governing authority of City of Clarkston showing:

1. The name and official position of the local governing authority in City of Clarkston to whom the campaign contribution was made.

Name and official position of the applicant/representative (Please Print)

2. The dollar amount and description of each campaign contribution made during the two (2) years immediately preceding the filing of this application and the date of each such contribution was made.

_____ Description of Campaign Contribution (Please Print)	\$ _____ Dollar Amount
---	---------------------------

This disclosure must be filed within ten (10) days after the application is first filed and must be submitted to the City of Clarkston, 736 Park North Blvd., Ste. 120, Clarkston, GA 30021.

Signature (choose one) Applicant ☐ Owner ☐

Date

Notary Signature

Date and Seal

HOME-BASED BUSINESS AFFIDAVIT

If you intend to operate a business from a residential property, you must read and sign this affidavit.

Sec. 407. Home Occupations.

- (a) It is the intent and purpose of this section to provide for certain types of restricted occupational uses within residential zoning districts. Such uses are restricted to those which:
 - (1) Are incidental to the use of the premises as a residence;
 - (2) Are compatible with residential uses; and
 - (3) Do not detract from the residential character of the neighborhood.
- (b) In all residential zoning districts, any building used for residential occupancy may conduct a home occupation use provided that:
 - (1) The primary use of the unit is a dwelling;
 - (2) The following standards are complied with in full at all times:
 - (i) Such use shall be conducted entirely within the dwelling unit;
 - (ii) At least one (1) resident of the dwelling unit shall be present and engaged in the home occupation at all times that the home occupation is open for business;
 - (iii) No more than three (3) total persons (including residents) may be employed by the home occupation at any given time.
 - (iv) No mechanical or electrical equipment is to be utilized except that which is necessarily, customarily, or ordinarily used for household or leisure purposes;
 - (v) No equipment that interferes with radio and/or television reception shall be allowed.
 - (vi) No toxic, explosive, flammable, combustible, corrosive, radioactive, or other restricted materials shall be used or stored on the premises;
 - (vii) There shall be no outside operations, storage, or display of materials or products;
 - (viii) No accessory buildings shall be used in connection with the home occupation.
 - (ix) No alteration of the residential appearance of the premises occurs, including the creation of a separate entrance to the dwelling or utilization of an existing entrance exclusively for the business;
 - (x) There shall be no exterior evidence of the home occupation, except for the sign permitted by this section;
 - (xi) No commodity shall be stocked or sold on the premises to the general public;
 - (xii) No process shall be used which is hazardous to public health, safety, or welfare;

HOME-BASED BUSINESS AFFIDAVIT

- (xiii) Visitors, customers, or deliveries shall not exceed that normally and reasonably occurring for a residence and shall, under no circumstance, exceed more than eight (8) business visitors/customers per day and not more than two (2) manufacturer or wholesaler direct deliveries of products or materials per week;
 - (xiv) No on-street parking associated with the business shall be permitted;
 - (xv) Only vehicles used primarily as passenger vehicles shall be permitted in connection with the conduct of the home occupation; and
 - (xvi) The home occupation shall be restricted to fifty (50) percent of the dwelling's floor space and shall not exceed four hundred and fifty (450) square feet of total floor area. Said home occupation use shall be clearly secondary to the use of the dwelling for dwelling purposes.
- (c) In all non-residential zoning districts, any building used for residential occupancy may conduct business provided that:
- (1) The home occupation shall not involve more than three (3) employees on site who do not live in the dwelling unit;
 - (2) A home occupation may include professional and medical offices that are properly licensed and insured when required, office of a licensed/certified health service practitioner, including a surgeon, dentist dental surgeon, osteopathic physician, psychologist, or other medical practitioner licensed by the state, who receives and treats patients on the premises;
 - (3) A home occupation may include the office of a person engaged in a profession, including a lawyer, an accountant, an auditor, an engineer, an architect, a real estate agent, or another profession similar in character, who receives and consults with clients on the premises;
- (d) A home occupation may have a single sign indicating the name of the business mounted as a wall sign on the dwelling, secured to the primary residential use, and having an area of no more than two (2) square feet.
- (e) Adult day care centers, day care nurseries, child care learning centers, family child care learning homes, tutoring and academic instruction are expressly permitted as home occupations by this zoning code.

Signature

Title

Print Name

Date



AFFIDAVIT: BUSINESS SOLD OR TERMINATED/CLOSED/BANKRUPTCY OR MOVED

If the business has closed, please return this affidavit signed and notarized by the owner or authorized agent.

I _____ owner/authorized agent of _____

located at _____ do hereby certify that on

_____, said business was (please check one):

☐ **SOLD TO:** _____
PRINT NAME

PRINT ADDRESS (Including Street Number, Suite, Town or City, State and Zip Code)

☐ **TERMINATED/CLOSED/BANKRUPTCY**

☐ **MOVED TO:** _____
PRINT ADDRESS (Including Street Number & Suite)

City, State and Zip Code

I _____ attest that these facts are true and correct.
PRINT NAME

Signature of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires: _____