

2022 NEW BUSINESS LICENSE APPLICATION



Dear Clarkston Business Owner/Manager:

Thank you for locating your business to the City of Clarkston! All applications for 2022 Occupational/ Business Licenses are handled personally by our City staff in a Contactless process. It is imperative that all contact info, especially your email address, is written clearly and legibly throughout the application.

Currently, applications Will NOT be accepted in person. There are 2 options to submit your 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/ processed.

2) Electronically: You may email a clear, scan copy of the application to gabrielleu@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.

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). To ensure efficient processing of all paperwork, **the City will not be accepting any incomplete applications.**

Please note that several forms in the application packet require a notarized signature. Once the application is completed with the required documents, it will need to be submitted for review.

Currently, applications Will NOT be accepted in person. There are 2 options to submit your 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/ processed.

2) Electronically: You may email a clear, scan copy of the application to gabrielleu@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.

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 tlewis@cityofclarkston.com or levans@cityofclarkston.com
*******Additional Documentation Required*******

2022 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
- 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 _____
 - 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 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)

WAREHOUSE YES NO

ANY RENOVATION YES NO

COMMODITY LIST YES NO

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

★ SKETCHES

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

PLEASE CHECK ONE

FIRE - choose only one

-
-
-
-
-
-
-

- MOVE-IN-AS-IS (*only for under 5000 sf*)
- CHANGE OF OCCUPANCY
- CHANGE OF OWNERSHIP/NAME
- LIFE SAFETY
- FIRE SPRINKLER
- FIRE ALARM
- SUPPRESSION (all forms of FIRE)

PLEASE CHECK IF NEEDED

WATERSHED

-
-
-

- F.O.G.
- BACKFLOW
- WATER & SEWAGE

OTHER

-
-

***FOR ALL MOVE-N-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 2022

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 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

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 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
2022**

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 2022 \$ _____ - \$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 on this form email us at 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: tlewis@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
------	--------------	------------------

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

Signature

Title

Printed Name

Date