SANDY SPRINGS
GEORGIA

New Application for Business Occupational Tax Certificate

YEAR _____

Business Name: _____

Business Telephone Number: _____ Fax Number: _____

Business Address *(physical location)*: _____ Suite or Apt No.: _____

City, State, Zip: _____ E-mail: _____

Type of Ownership (*check one*): [ ] **GA Corporation** [ ] **Foreign Corporation** [ ] **Sole Owner** [ ] **Partnership** [ ]

Other_____

Corporate Name: _____

Corporate Address: _____

Owner's Name: _____

Owner's Address: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____ Phone Number: _____

Fed ID or SSN (Owner): _____ Sales Tax ID: _____

Corporations and partnerships must provide the name of all officers or partners, their titles, mailing addresses and SSN's on a separate sheet of paper.

Are you the Applicant? Yes ____ No ____ Are you the Property Owner? Yes ____ No ____

Are you a NON-PROFIT Organization? Yes _____ No _____ *If yes, please provide proof of 5013-C status.*

Have you obtained your certificate of occupancy? Yes _____ No _____

Date business commenced in the City of Sandy Springs: _____

Who is your Solid Waste Provider/Hauler? _____

Number of Employees : _____

Estimates of the gross receipts for the year $_____

Are you a professional electing to pay the flat fee? _____

Is this a home-based occupation? [ ] Yes or [ ] No Have you registered your trade name? [ ] Yes or [ ] No

Is your business engaged in International Business? [ ] Yes or [ ] No

Will your business be an adult entertainment establishment (sexually oriented business) as defined by the City of Sandy Springs Code, or will it offer any form of adult entertainment? [ ] Yes or [ ] No

Is this business required by the State of Georgia to have a state license? [ ] Yes or [ ] No ***If yes, please submit a copy of the state license.***

Previous use of location *(if known):* _____

Give a description of the primary business activity: _____

_____

Office Use Only: Fee: $ _____ Amount paid: $ _____ Bal. Due: $_____ Date: _____

Act. No:_____ ❑ Cash ❑ Check #_____ ❑ CC ❑ Cash ❑ Check #_____ ❑ CC Staff Initial:_____

Zoning [ ] Yes [ ] No **Approved By:** _____ **Date:** _____

PLEASE COMPLETE THE APPLICATION IN FULL

ALL NEW APPLICATIONS MUST BE PRESENTED IN PERSON WITH PROPER IDENTIFICATION

Make checks or money order payable to: **City of Sandy Springs**

PENALTIES

The City of Sandy Springs shall assess a penalty in the amount of ten percent (10%) of the amount owed for each calendar year or portion thereof for:

1. Failure to pay occupation taxes and administrative fees when due;
2. Failure to file an application no later than March 31 of any calendar year, when the business or practitioner was in operation the preceding calendar year; and/or
3. Failure to register and obtain an occupation tax certificate within thirty (30) days of the commencement of business.

Delinquent taxes and fees are subject to interest at a rate of 1.5 percent per month.

Issuance of a business occupational tax certificate is not to be considered as an approval of said business use and in no way confirms that said business meets the requirements of the City of Sandy Springs Zoning Resolution or the conditions of zoning approval.

Any incidence of "nonconformity" relating to the above zoning requirements will subject the certificate holder to possible revocation of the certificate.

_____

Printed Name Date

_____

Signature Title

_____

Business Name

As an applicant for a home-based occupational tax certificate, I have received a copy of Article 4.12 of the Zoning Resolution of City of Sandy Springs entitled "Home Occupation." If not applicable write NA on the signature line below.

_____

Signature Date

NEW BUSINESS WORKSHEET

TAX CALCULATION FOR CURRENT YEAR 2012

1. Estimated Gross Receipts for Current Year (1) _____
   Less Allowable Deductions
   - a. Sales, Use or Excise Taxes (a) _____
   - b. Inter-organizational Sales (b) _____
   - c. Payments to Sub-Contractors (c) _____
   - d. Out of State Sales (d) _____
   - e. Sales Returns and Allowances (e) _____
   - f. Total Deductions (add a - e) (f) _____

2. Subtract Deductions from Estimated Gross Receipts (1-f) (2) _____

3. Standard Deduction (3) $20,000

4. Subtract Line 3 from Line 2 (use 0 if amount is negative) (4) _____

5. Multiply Line 4 by Rate _____ (5) _____

6. Flat Fee (6) $50.00

7. No. of Employees _____ x $13.00 (7) _____

8. Administrative Fee (8) $75.00

9. Total Amount (Add Lines 5 through 9) (9) _____

10. 8% Reduction-(Line 9x.08) (10) _____

11. Total Amount Due-(Line 9 – Line 10) (11) _____

Revenue Division, 7840 Roswell Rd-Building 500, Sandy Springs, GA 30350
Telephone 770-730-5600 Fax 770-206-2576 www.sandyspringsga.org

Affidavit Verifying Lawful Presence within the United States

I, (print name)_____, swear or affirm under penalty of perjury that (check one):

☐ I am a United States citizen

or

☐ I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.
Alien Registration Number: _____

I am applying for the following public benefit (check one):

☐ Alcoholic Beverage License for _____
Print Business Name

☐ Occupation Tax Certificate for _____
Print Business Name

☐ Door-to-Door Salesman/Solicitors Permit

☐ Taxi Permit

☐ Other:_____ _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

_____ _____
Applicant Signature Date

Subscribed and sworn to before me:

_____
(Clerk/Notary Public)

This_____ day of_____, 20____. My commission expires: _____

Business Name: _____ **Account No.:_____**

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6(d), stating affirmatively that _____ (name of the individual, firm or corporation) employs as follows:

1. **Fill out this section between July 1, 2012 and June 30, 2013.**
   - **A.** ___ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
   - **B.** ___ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If employer selected 1(A) please fill out Section 3 below.

2. **Fill out this section on or after July 1, 2013**
   - **A.** ___ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
   - **B.** ___ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or less employees.

If employer selected 2(A) please fill out Section 3 below.

3. **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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

_____

E-verify number (Federal Work Authorization User Identification Number)

_____

Date of Authorization

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, and face criminal penalties allowed by such statute.

Executed on the ____ date of _____, 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:

For more information on E-verify: www.dhs.gov/E-verify / www.law.ga.gov