New Application for Business Occupational Tax Certificate

Business Name: __________________________________________

Business Telephone Number: ____________________________ Fax Number: ____________________________

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

Sandy Springs, GA Zip: ____________________________ E-mail: ____________________________

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

Corporate Name: __________________________________________

Corporate Address: __________________________________________

Owner’s Name: __________________________________________

Owner's Address: __________________________________________

Mailing Address: __________________________________________

Contact Person: ____________________________ Phone Number: ____________________________

EIN or SSN (Owner): ____________________________ Sales Tax ID: ____________________________

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

Are you the Property Owner? [ ] Yes or [ ] No

Are you a NON-PROFIT Organization? [ ] Yes or [ ] No

If yes, please provide a copy of the IRS Determination Letter of 501(c)3 status.

Date business commenced in the City of Sandy Springs: ____________________________

Name of your Solid Waste Provider/Hauler: __________________________________________

Number of Employees: ____________________________

Estimated gross receipts for the current year: ____________________________

Are you a professional electing to pay the flat fee? [ ] Yes [ ] No If yes, $400 per professional

Is this a home-based occupation? [ ] 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 Ord. No. Art. II., §§ 26-21—26-39, 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.

Description of the primary business activity:

________________________________________

NAICS CODE / NAICS Title ____________________________ / ____________________________

(www.NAICS.com)

Office Use Only:

Fee: $__________ Amt. paid: $__________ Bal. Due: $__________ Date: ________

Acct. No: ________

☐ Cash ☐ Check # ________ ☐ CC ________

Staff Initial: ________

Zoning [ ] Yes [ ] No

Approved By: ________ Denied By: ________ Date: ________

Comments:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Updated 6.8.20
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 10% penalty of the amount owed for each calendar year or portion thereof and a 1.5% penalty each month 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.

Issuance of a business occupational tax certificate should not be considered 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 N/A on the signature line below.

Signature ___________________________ Date ___________________________

Revenue Division, 1 Galambos Way, Sandy Springs, GA 30328
NEW BUSINESS WORKSHEET

NAICS CODE / FEE CLASS: ______________ / __________

www.NAICS.com

TAX CALCULATION FOR YEAR:

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. Deductions from Estimated Gross Receipts (Subtract line f from (1))
   (Cannot be less than $20,000) (2) ______________________

3. Standard Deduction (3) ______________

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: (Non-Refundable) (8) ______________

9. Total Amount: (Add Lines 5 - 8) (9) ______________________

10. 8% Reduction: (Multiply line 9 by .08) (10) ______________________

11. Subtotal Amount Due: (Subtract Line 10 from Line 9) (11) ______________________

12. Late Penalty Fee: (10% of Line 11 after 30 days of start of business) (12) ______________________

13. Late Interest Fee: (1.5% per month of Line 11) (13) ______________________

14. Grand Total Due: (Add lines 11 - 13) (14) ______________________

Revenue Division, 1 Galambos Way, Sandy Springs, GA 30328
Affidavit Verifying Lawful Presence within the United States

<table>
<thead>
<tr>
<th>I, (print name) __________________________________________, swear or affirm under penalty of perjury that (check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I am a United States citizen</td>
</tr>
<tr>
<td>or</td>
</tr>
<tr>
<td>☐ 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.</td>
</tr>
<tr>
<td>Alien Registration Number: ________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I am applying for the following public benefit (check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Alcoholic Beverage License for __________________________</td>
</tr>
<tr>
<td>Print Business Name</td>
</tr>
<tr>
<td>☐ Occupation Tax Certificate for __________________________</td>
</tr>
<tr>
<td>Print Business Name</td>
</tr>
<tr>
<td>☐ Door-to-Door Salesman/Solicitors Permit</td>
</tr>
<tr>
<td>☐ Taxi Permit</td>
</tr>
<tr>
<td>☐ Other: __________________________</td>
</tr>
<tr>
<td>Public Benefit</td>
</tr>
<tr>
<td>__________________________</td>
</tr>
<tr>
<td>Name of Business (if applicable)</td>
</tr>
</tbody>
</table>

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 if I knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit I shall be guilty of Code Section 16-10-20 of the Official Code of Georgia. A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website: [http://law.ga.gov/immigration-reports](http://law.ga.gov/immigration-reports).

*Documents include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

**Documents include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

Applicant Signature __________________________ Date __________________________

Subscribed and sworn to before me: __________________________________________ (Clerk/Notary Public)

This _____ day of ____________, 20____.  My commission expires: _______________
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. Please select either (A) or (B) below:
   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 1(A) please complete Section 2 below

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(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 ____ day of ________, 20___ in _________________________ (city), ______ (state).

____________________________________
Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

____________________________________
Notary Public

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF ______________ 20___

My Commission Expires

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

Revenue Division, 1 Galambos Way, Sandy Springs, GA 30328