



# New Application for Business Occupational Tax Certificate

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 [ ] LLC [ ]

Corporate Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fed ID 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 \_\_\_ No \_\_\_

Are you a NON-PROFIT Organization? Yes \_\_\_ No \_\_\_ *If yes, please provide proof of 501C3 status.*

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 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.*

Give a description of the primary business activity: \_\_\_\_\_

\_\_\_\_\_

<b>Office Use Only:</b>	Fee: \$ _____	Amount paid: \$ _____	Bal. Due: \$ _____	Date: _____
Act. No: _____	<input type="checkbox"/> Cash _____	<input type="checkbox"/> Check # _____	<input type="checkbox"/> CC _____	Staff Initial: _____
<b>Zoning</b> [ ] Yes [ ] No	Approved By: _____	Date: _____		
Comments:	Denied By: _____			
_____				
_____				



**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 10% of the amount owed for each calendar year or portion thereof and delinquent taxes and fees are subject to interest at a rate of 1.5% 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 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.

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Printed Name Date

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Signature Title

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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.

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Signature Date



SANDY SPRINGS  
GEORGIA

NEW BUSINESS WORKSHEET

NAICS CODE / FEE CLASS \_\_\_\_\_ / \_\_\_\_\_ [www.naics.com](http://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. 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 (**Non-Refundable**) (8) \_\_\_\_\_ **\$75.00**
- 9. Total Amount (Add Lines 5 through 8) (9) \_\_\_\_\_
- 10. 8% Reduction-(Line 9x.08) (10) \_\_\_\_\_
- 11. Sub-Total Amount Due-(Line 9 - Line 10) (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:** (14) \_\_\_\_\_





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. Please select either (A) or (B) below:**

A. \_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

B. \_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or less employees.

*If employer selected 1(A) please fill out 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 \_\_\_ 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/](http://www.dhs.gov/E-verify/) [www.law.ga.gov](http://www.law.ga.gov)