



# 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](http://www.NAICS.com))

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



**SANDY SPRINGS**  
GEORGIA

**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



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. Deductions from Estimated Gross Receipts (Subtract line 1 from (f)) (Cannot be less than \$20,000)	(2)	_____
3. Standard Deduction	(3)	<b>20,000.00</b>
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)	<b>50.00</b>
7. No. of Employees _____ x \$13.00	(7)	_____
8. Administrative Fee: (Non-Refundable)	(8)	<b>75.00</b>
9. Total Amount: ( <b>Add</b> Lines 5 - 8)	(9)	_____
10. 8% Reduction: ( <b>Multiply line 9 by</b> .08)	(10)	_____
11. Subtotal Amount Due: (Subtract Line 9 from 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% <u>per month</u> of Line 11)	(13)	_____
14. <b>Grand Total Due:</b> ( <b>Add</b> lines 11 - 13)	(14)	_____



## 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 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>.

\*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: \_\_\_\_\_



**SANDY SPRINGS**  
GEORGIA

**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 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

**SUBSCRIBED AND SWORN BEFORE ME**  
**ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

For more information on eVerify visit: [www.dhs.gov/E-verify/](http://www.dhs.gov/E-verify/) [www.law.ga.gov](http://www.law.ga.gov)