



Application New Commercial Occupational Tax Certificate

Business Information

Name of Business: _____ d/b/a (if applicable): _____

Business Address: _____

Mailing Address, if different from Business Address: _____

Business Phone: _____ Business Fax: _____ Website: _____

Tax Parcel #: _____ Zoning Classification*: _____ Begin Date in Duluth: ___/___/___

Is this the first business in this location? ___ Yes ___ No (If not, previous tenant if known: _____)

Is this the only business in this location? ___ Yes ___ No (If not, sublease from/share with: _____)

Ownership Type: ___ Sole Owner ___ Partnership ___ Corporation

Total # of Employees -excluding owner(s): _____ Does this company have more than one location? _____

Description of Business Activity (Please be as specific as possible, attach additional paper if needed): _____

**Please be sure that your business activity is an allowed use in the Zoning Classification for your business location prior to signing lease agreements or commencing any other type of business establishment activity.*

Will this business serve alcohol? ___ Yes ___ No Will there be coin operated amusement devices? ___ Yes ___ No

Owner Information

Name of Business Owner: _____ Federal Tax ID (EIN) Number: _____

Owner Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Ga. State Sales Tax Number: _____ Driver's License No. / State: _____ / _____ Expiration Date: _____

United States Citizen? ___ Yes ___ No SAVE Affidavits must be completed with all initial applications. Applicant must also supply valid photographic identification with application.

Note: Corporations and partnerships must provide the names of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.

For City Use	For City Use	For City Use
Received: _____	NAICS Code: _____	Copy of Photo ID: _____
Amount Paid: _____	Tax Class: _____	SAVE Affidavit: _____
Cash, Credit, Check #: _____	Gross Receipts: _____	Emergency Contact Form: _____
Approved: _____	Certificate of Occupancy: _____	State License: _____
License No.: _____	Lease/Rental Agreement: _____	Home Occupational Affidavit : _____
Notes: _____	Zoning District: _____	E-Verify: _____

Estimated Gross Receipts

Information provided by a business or practitioner to the City of Duluth for the purpose of determining applicability and amount of the Occupation Tax or levying or collecting the Occupation Tax is **confidential**. Such information may be provided **only** to the governing authority of another local government for Occupation Tax purposes or pursuant court order for the purpose of collecting Occupation Tax prosecution for failure or refusal to pay Occupation Tax. *Georgia Open Records Act prohibits public viewing of gross receipts but the public may view other information on this application.*

Certain Practitioners of Professions may choose to pay a flat tax of \$400 (per practitioner) in lieu of paying a tax based on gross receipts. If your business is eligible, and all practitioners agree to pay the flat tax, please select "Option B" below.

Per Duluth Code section 7-5(l), the minimum tax due is \$50 per year and maximum \$12,500 per year, plus administrative fee.

Option A: *Estimated gross receipts (estimated from business open date until December 31st of this year).*

Tax Class*	Tax Calculation Formula
1	(Estimated Gross Receipts X .0005) + \$50 = Tax Amount Due
2	(Estimated Gross Receipts X .0006) + \$50 = Tax Amount Due
3	(Estimated Gross Receipts X .0007) + \$50 = Tax Amount Due
4	(Estimated Gross Receipts X .0008) + \$50 = Tax Amount Due
5	(Estimated Gross Receipts X .0009) + \$50 = Tax Amount Due
6	(Estimated Gross Receipts X .0010) + \$50 = Tax Amount Due

(A) NAICS	(B) Tax Class	(C) Estimated Gross Receipts	(D) Tax Class Decimal	(E) (C X D)	(F) Administrative Fee	(G) Tax Amount Due (E + F) (MIN \$100; MAX \$12550)
		\$			\$50	\$

To calculate the tax amount due, please multiply the business's estimated gross receipts by its tax class decimal then add the administrative fee. $(C \times D) = E$. $(E + F) = G$. *See attached forms to determine NAICS code and corresponding class.

Option B: *Practitioners of Professions* State License Number(s): _____

_____ I elect to pay a FLAT TAX in lieu of paying a tax based on gross receipts.

Examples of professions that are eligible to pay a flat tax in lieu of paying a tax on gross receipts Per O.C.G.A. 48-13-9 include, but are not limited to: Architect, Chiropractor, Dealers in precious metals, Dentist, Embalmer, Engineer, Funeral Director, Land Surveyor, Landscape Architect, Lawyer, Optometrist, Osteopath, Physician, Physiotherapist, Podiatrist, Psychologist, Public Accountant, Social Worker, Therapist, Veterinarian.

(A) Profession	(B) Number of Practitioners	(C) Flat Tax	(D) Subtotal (B X C)	(D) Administrative Fee (one fee per business)	(E) Total Amount Due (D + E)
		\$400		\$50	\$

To calculate the tax amount due, please multiply the number of practitioners by the flat tax; then add the administrative fee. $(B) \times (C) + (\$50) = (E)$.

Certification

I hereby certify that I have provided complete and accurate information above. I acknowledge that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and/or zoning enforcement action under the City of Duluth Zoning Ordinance. Furthermore, I acknowledge that I have read and understand the rules and regulations for the operation of my business in the City of Duluth. I understand that any false information provided herein may void this application or become cause for revocation of my Occupational Tax Certificate.

Signature

Date

Print Name

Business Title



SAVE Public Benefits Affidavit
O.C.G.A. § 50-36-1 (e) (2)

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1(e)(2)).

By executing this affidavit under oath, as an applicant for, (Occupational Tax license or Alcoholic Beverage License or any other Public benefit,) as referenced in O.C.G.A. § 50-36-1, from the City of Duluth, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

- 1) I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)
2) I am a legal permanent resident of the United States.
3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____.

The undersigned applicant has also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by Georgia Law O.C.G.A § 50-36-1(e) (1) A complete list of secure and verifiable documents on back of this form.

REQUIRES VERIFICATION AT SUBMISSION - Which type of secure and verifiable document was provided with this affidavit?

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

MUST BE COMPLETED BY NOTARY

I, (representative for) (Printed NAME of individual and natural person) (Name of business, corporation, partnership, etc.)

Signature of Applicant Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF, 20

Executed in (City), (State)

NOTARY PUBLIC Signature My Commission Expires

SECURE AND VERIFIABLE DOCUMENTS

The following list of secure and verifiable documents, published under the authority of O.C.G.A.

§ 50-36-2 contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government, must have I-94 attached
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government
- A Certificate of Citizenship issued by the United States Department of Citizenship and
- Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)



E-Verify and Private Employer Affidavit

O.C.G.A § 36-60-6(d)

The E-verify and Private Employer Affidavit must be submitted when applying for occupational tax certificates, and alcohol licenses. The city of Duluth will not issue your license unless you are registered with and use the E-Verify program. If you have not registered with E-verify, you can find the information at www.uscis.gov.

By executing this affidavit under oath, as an applicant for a(n) _____ (Occupational Tax Certificate, Business License, Alcohol License or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Duluth, the undersigned applicant representing the private employer known as _____ (Printed Name of Private Employer) verifies one of the following with respect to my application for the above mentioned business document:

1. Choose ONE of the following:

(A) On January 1st of the below signed year, the individual, firm, or corporation employed more than ten employees. If the employer selected (A) please fill out section two below

(B) On January 1st of the below signed year, the individual, firm or corporation employed less than ten employees. If the employer selected (B), please provide Driver's License number.

2. The employer has registered with and utilizes the federal Work authorization program in accordance with the applicable provisions and deadlines established 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 user identification number and date of authorization are listed below:

_____ Federal Work Authorization User Identification Number or DK 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 of 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.

THIS FORM MUST BE SIGNED AND NOTARIZED

Signature of Authorized Officer or Agent Printed Name/Title of Authorized Officer or Agent Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____

Executed in _____ (City), _____ (State)

NOTARY PUBLIC SIGNATURE: _____

MY COMMISSION EXPIRES: _____

City of Duluth

Emergency Business Contact Information

Dear Business Owner/Manager,

This information is required to be provided annually at the time of your business issuance/renewal so that the City of Duluth can contact you after normal business hours should an emergency arise. The personal contact information is for official police department use only and is kept strictly confidential. If changes should occur throughout the year, please update via fax to the Business Office (770/623-2780) or Duluth Police Communications Center fax (678/417-1857).

Business Name: _____ DBA: _____

Business Address: _____

Business Phone #: _____ Type of Business: _____

Shopping Center: _____ Subdivision: _____

Building# _____ Floor# _____ Suite# _____ Apt# _____ Other _____ Home Based? Yes/No

Days and Hours of Operation: _____

Alarm Company: _____ Phone # _____

Special Hazards: _____

Name of Building / Property Owner: _____		
Address: _____		
_____	_____	
Home Phone	Cell Phone	Email

First Contact Name: _____		Affiliation with Business: _____
Address: _____		
_____	_____	
Home Phone	Cell Phone	Email

Second Contact Name _____		Affiliation with Business: _____
Address: _____		
_____	_____	
Home Phone	Cell Phone	Email

I certify that all of the information provided on this form is true and complete.

Signature: _____ Date: _____

Print Name: _____ Business Title: _____