



**CITY OF DACULA
BUSINESS/OCCUPATION
TAX APPLICATION
COMMERCIAL/HOME LOCATIONS**

PLEASE PRINT OR TYPE AND RETURN APPLICATION

IN PERSON AT 442 HARBINS ROAD OR
BY MAIL - P. O. BOX 400, DACULA, GA 30019-0007 OR
BY EMAIL daculacityhall@daculaga.gov
BY FAX 770-513-2187
PHONE 770-963-7451

HOME BASED

COMMERCIAL BASED

E-MAIL ADDRESS *(REQUIRED FOR RENEWAL PURPOSES)* _____

BUSINESS NAME _____ TEL. _____

BUSINESS ADDRESS _____ FAX: _____

SUITE/APT _____

CITY/STATE/ZIP _____

MAILING NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

LOCAL BUSINESS CONTACT PERSON (FOR COMMERCIAL BUSINESSES ONLY)

_____ TEL. _____

MUST BE A GWINNETT COUNTY RESIDENT

HOME ADDRESS _____

SUITE/APT _____

CITY/STATE/ZIP _____

PLEASE CIRCLE TYPE OF OWNERSHIP:

[SOLE OWNER] [PARTNERSHIP] [CORPORATION] [LIMITED LIABILITY LLC]

FULL NAME: _____ TEL. _____

HOME ADDRESS _____

SUITE/APT _____

CITY/STATE/ZIP _____

(IF PARTNERSHIP) DATE PARTNERSHIP WAS FORMED _____

LIST PARTNERS:

1. _____
NAME % OWNERSHIP

HOME ADDRESS: _____

2. _____
NAME % OWNERSHIP

HOME ADDRESS: _____

(IF CORPORATION) PLEASE GIVE STATE INCORPORATED _____ DATE INCORPORATED _____

LIST OFFICER(S) NAME(S) AND POSITIONS(S) AS FILED WITH THE GEORGIA SECRETARY OF STATE:

1. _____

2: _____

3: _____

(IF LIMITED LIABILITY COMPANY, LLC)

NAME OF L.L.C _____

DATE OF ORGANIZATION: _____

LIST MEMBERS: _____

FULLY DESCRIBE TYPE OF BUSINESS _____

ESTIMATED GROSS RECEIPTS FOR NEW BUSINESSES ONLY _____

EXISTING BUSINESSES MUST PROVIDE PROOF OF GROSS SALES FOR PRIOR YEAR FOR DACULA LOCATION IN THE FORM OF TAX STATEMENT OR PROFIT/LOSS STATEMENT

NUMBER OF EMPLOYEES INCLUDING OWNER, FOR CITY OF DACULA LOCATION: _____

IF YOU HAVE OVER TEN (10) EMPLOYEES, YOU MUST PROVIDE YOUR **E-VERIFY #** _____

FEDERAL TAX ID# _____ **OR LAST 4 DIGITS OF SS#** _____

GEORGIA SALES & USE TAX ID _____

ATTENTION: PAWN SHOPS, PRECIOUS METALS BUSINESSES ARE REQUIRED TO HAVE A BACKGROUND CHECK PERFORMED BY GWINNETT COUNTY POLICE PERMITS UNIT.

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT AND CONTAINS NO FALSE OR FRAUDULENT INFORMATION. IN ADDITION, I UNDERSTAND MY BUSINESS LOCATION MUST CONFORM TO ALL ZONING RULES AND REGULATIONS.

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

SIC# _____ NAICS# _____ CLASS _____ TYPE _____

ACCOUNT# _____ CERTIFICATE # _____

AMOUNT PAID: _____ CASH: _____ CHECK: _____ CREDIT/DEBIT CARD: _____

OCCUPATIONAL CERTIFICATE # _____

CHECKLIST FOR ATTACHMENTS

- 1) Copy of driver's license (home-based business)
- 2) Original notarized U.S. Citizen/Qualified Alien Affidavit with a front and back copy one secure and verifiable document for identification. You can find a list of secure and verifiable documents at www.law.ga.gov under the "Key Issues" tab.
- 3) Original notarized E-Verify private employer affidavit.
- 4) Copy of state license if your profession/occupation is regulated by any state licensing board.
- 5) Copy corporate papers if business is a corporation or LLC.
- 6) Proof of Gross Sales Receipts for existing businesses.
- 7) Copy of lease agreement. (**new** businesses)
- 8) Copy of City of Dacula's Certificate of Occupancy (**new** commercial-based businesses)

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Dacula, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Dacula Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

1) _____ I am a United States Citizen.

Or

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Date: _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 20____

Signature

Print Name

Notary Public

My Commission Expires:

*

Alien Registration Number for non-citizens

*Note: O.C.G.A. §50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title * U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 201__ 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 _____, 201__.

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013.

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, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 201__ 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 _____, 201__.

NOTARY PUBLIC

My Commission Expires:
