



City of Dacula | Occupational Tax Certificate Application

Occupational Tax Certificate Checklist

Please read thoroughly to ensure you have all required documents

If you operate a business in the City of Dacula, you are required to have a Occupational Tax Certificate on or before actual commencement of business. Below are some items necessary for compliance with City Ordinances.

1. Before signing a lease we recommend that you make sure your business location is in the proper zoning district for your type of business. Please email your business address and a description of the primary business activity to the Planning and Development Department for confirmation at brittini.nix@daculaga.gov or daculacityhall@daculaga.gov. This will help reduce applications denied due to improper zoning.
2. All information provided in this application (with the exception of Gross Receipts) is subject to an Open Records Request and may be viewed by the public.

Required for all applicants:

- **New Occupational Tax Certificate Application**
 - Must be completed in full and signed. Incomplete applications will not be accepted.
- **SAVE Affidavit Form with appropriate identification**
 - # 1 U.S. Citizens: Passport, Georgia Driver's License, or Military ID
 - # 2 Legal Permanent Residents: Georgia Driver's License and either Permanent Resident Card or Employment Authorization Card
 - Must be completed, signed and notarized
- **E-Verify Affidavit**
 - Must be completed, signed and notarized
- **Copy of applicant's identification- Home based businesses only**
 - Valid Driver's License OR
 - A Combination of: Passport or Military ID; accompanied by a current utility bill, lease, or mortgage statement
- **Payment for the correct fee amount**
 - Cash, Check, Money Order, or Credit Card¹
 - Checks or money orders should be made payable to City of Dacula

The following may be required depending on business type:

- **Certificate of Occupancy- Building Permit Application**
 - All commercial locations
- **Fire Certificate of Occupancy (from Fire Marshal)**
 - All commercial locations
- **Copy of Lease Agreement**
 - All commercial locations
- **Copy of the first page of the Certificate of Incorporation**
 - Only needed if business is a Corporation or LLC (Includes non-profits)
- **Copy of Professional State License**
 - Only if applicable: Attorneys, Physicians, CPA's, Engineering, Architects, Surveyors, Cosmetology, etc .
- **Copy of one-time compliance report for dental dischargers**
 - **New dentists offices only**
- **Additional Permits:** _____

For information on state licenses and requirements, please visit www.sos.ga.gov.

¹A 5% service fee is added on to the total

PLEASE SUBMIT COMPLETED APPLICATIONS TO DACULA CITY HALL:

In person: 442 Harbins Rd, Dacula, GA 30019
by mail: P.O. Box 400 Dacula, GA 30019
by email: daculacityhall@daculaga.gov
by fax: 770.513.2187
or on the web at www.daculaga.gov



City of Dacula

Occupational Tax Certificate Application

A. BUSINESS INFORMATION	Business Name:		DBA Name:		
	Primary Business Activity:		Telephone Number:		
	Address/Location of Business <small>*must use physical business location</small>		Street Name & Number:		
	Suite/Apt No	City:	State:	Zip:	
	Mailing/Billing Address		Street Name & Number:		
	Suite/Apt No	City:	State:	Zip:	
	Are any other businesses currently operating at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Ownership Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Owner <input type="checkbox"/> LLC				
	Applying For: <input type="checkbox"/> Business License <input type="radio"/> New Business <input type="radio"/> Changes to an existing business <i>(Please specify changes)</i>		Number of employees (including owner): _____		
	Gross Receipts \$ _____ (Estimated) Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.				
EIN #:		State ID:		State License# and Expiration Date:	

B. OWNER/AGENT INFORMATION	Applicant's Name:		Owner/Agent's Name:		
	Owner/Agent's Address: (Street name and number, City, State, & Zip)				
	Email:		Phone:		
	Will this be based out of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Must be able to provide proof that you are a Dacula resident</small>				
	Please provide the Local Store Manager's Name and Phone Number:				
	List all Co-owners Names, Address, and Phone Number:				

C. Property Owner Information	Property Owner Name:	Company Name (If Applicable):
	Owner's Mailing Address: (Street name and number, Suite, City, State, & Zip)	
	Email:	Phone:
	If applicant is not the property owner, do you have written consent to open and operate a business at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No ; If yes, attach affidavit signed by owner or copy of lease	

Administrative Fee: \$60 (not refundable or transferable)	
Additional Fees (commercial businesses only):	Certificate of Occupancy: \$
Total Amount Due:	OR Professional Option: \$400 + \$60 Admin Fee (per practitioner only if allowed by O.C.G.A. 48-13-9 (c))

I, _____ do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. I acknowledge that I am responsible for all applicable taxes accrued at this location. Should this business close, I am responsible for submitting proper documentation to the appropriate offices in the City of Dacula. All tax certificates expire December 31st and must be renewed annually.

Signature: _____ Title: _____ Date: _____

*****FOR OFFICE USE ONLY*****			
TAX CLASS: _____	RATE: _____	ADMIN. FEE: \$ 60	LATE FEE: _____
LICENSE FEE: \$ _____	Received: ____/____/____		
PREPARED BY: _____	DATE: _____		
BUSINESS TYPE: _____			
RESTRICTIONS: _____			

O.C.G.A. § 50-36-1 (e)(2) Affidavit Verifying Status for City Public Benefit

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Dacula, Georgia, the undersigned applicant verifies one of the following with respect to the application for a public benefit:

- 1) _____ I am a United States citizen
(Must include copy of either current State Driver's License, Passport, or Military ID)
- 2) _____ I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver's License)
- 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. **
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

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

The undersigned applicant 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 O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____

This section must be signed before a notary public.

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 as allowed by such criminal statute.

Executed in, _____ (City), _____ (State).

Signature of Applicant Date

Printed Name of Applicant

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

NOTARY PUBLIC SEAL

My Commission Expires: _____

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a Business License, Occupational Tax Certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1 of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1 of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, _____, 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: _____

¹To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.