CITY OF DACULA
BUSINESS LICENSE/OCCUPATIONAL TAX CERTIFICATE
RENEWAL APPLICATION ONLY

ALL information requested below is required to renew your license. Please print or type legibly in blue or black ink

A. BUSINESS INFORMATION

Date of Renewal:	
Year Applying For:	**Number of Employees:**
HOME BASED [ ]	**COMMERCIAL BASED [ ]**
Business Name (as shown on license):	
DBA (if different):	
Location of Business: *must use physical address	Street Name & Number:
Suite/Apt. No:	City, State, Zip:
Mailing Address:	Street Name & Number:
Suite/Apt No:	City, State, Zip:
Business Phone Number:	**Business Email (For Renewal Reminders):**

B. OWNER/AGENT INFORMATION

Person Completing This Form:

Owner/Agent's Name:

Owner/ Agent's Address (Street Name & number, City, State, & Zip):
If owner/agent changes, the applicant must furnish the City with new owner/agent's name and contact information within **ten (10) days** of such change. (*Chap. 12, Sec. 12-19 (b)*)

Local Manager (if applicable) (Name & Phone Number):
If the local manager changes at any time after renewing the business, please notify the City in writing within **ten (10) days** of the effective date of change. (*Chap. 12, Sec. 12-19 (b)*)

PROOF OF GROSS RECEIPTS *REQUIRED FOR ALL RENEWALS:*

12 CONSECUTIVE MONTHS: _____

Sec. 12-8(f) Evidence of gross receipts generated during any period may be substantiated by any financial document that evidences the total gross receipts for the immediately preceding year for entities engaging in an occupation, profession, or business for revenue purposes and that is deemed appropriate by the licensing and revenue manager or his/her designee(s).

Professional Option $400 + $60 Admin Fee, IF allowed by O.C.G.A. 48-13-9(c) | *Please check and submit payment if you wish to use the professional option*.

ADDITIONAL INFORMATION *REQUIRED FOR ALL RENEWALS*:

- **E-Verify Affidavit**: Completed, signed and notarized
- **SAVE Affidavit**: Completed, signed and notarized
- **Verification of corporation status**: A copy of the most recent filing must be provided by all corporations or LLCs
- **Payment for the correct fee amount**: Cash, Check, Money Order, or Credit Card | Checks or money orders should be made payable to the City of Dacula

Businesses that require State License: Must provide a copy of a ***current*** State License | Barbershops, Cosmetology, Medical, etc.

**If you are unsure as to whether your business requires a state license, please refer to www.sos.ga.gov*

State License Number:_____ **Expiration Date**:_____

I do solemnly swear that the information on this application is true and 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 on 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. **ALL TAX CERTIFICATES EXPIRE DECEMBER 31ST AND MUST BE RENEWED ANNUALLY.**

Signature:_____ **Date**:_____

********** **FOR OFFICE USE ONLY** **********

Received: ___/___/_____ ***Admin. Fee***: _$60_ ***Late Fee***: _____ ***Total***: _____

Paid: ___/___/_____ ***By***: _____

Prepared by: _____ ***Date***: ___/___/_____

****

Notice Sent: ___/___/_____ ***License issued on*** ___/___/____

*Application void if not complete within 30 days after initial date of submission and no contact or activity. New application will be required & all applicable fees assessed.

PLEASE SUBMIT COMPLETED RENEWAL APPLICATIONS TO DACULA CITY HALL:

In person: 442 Harbins Road, Dacula, GA 30019

By mail: P.O. Box 400 Dacula, GA 30019

By fax: 770.513.2187

Or on the web at www.daculaga.gov

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____

_____ My Commission Expires: _____
NOTARY PUBLIC SEAL

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) employees[1].
*** 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 E-verify #

_____
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: _____

[1]To 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.