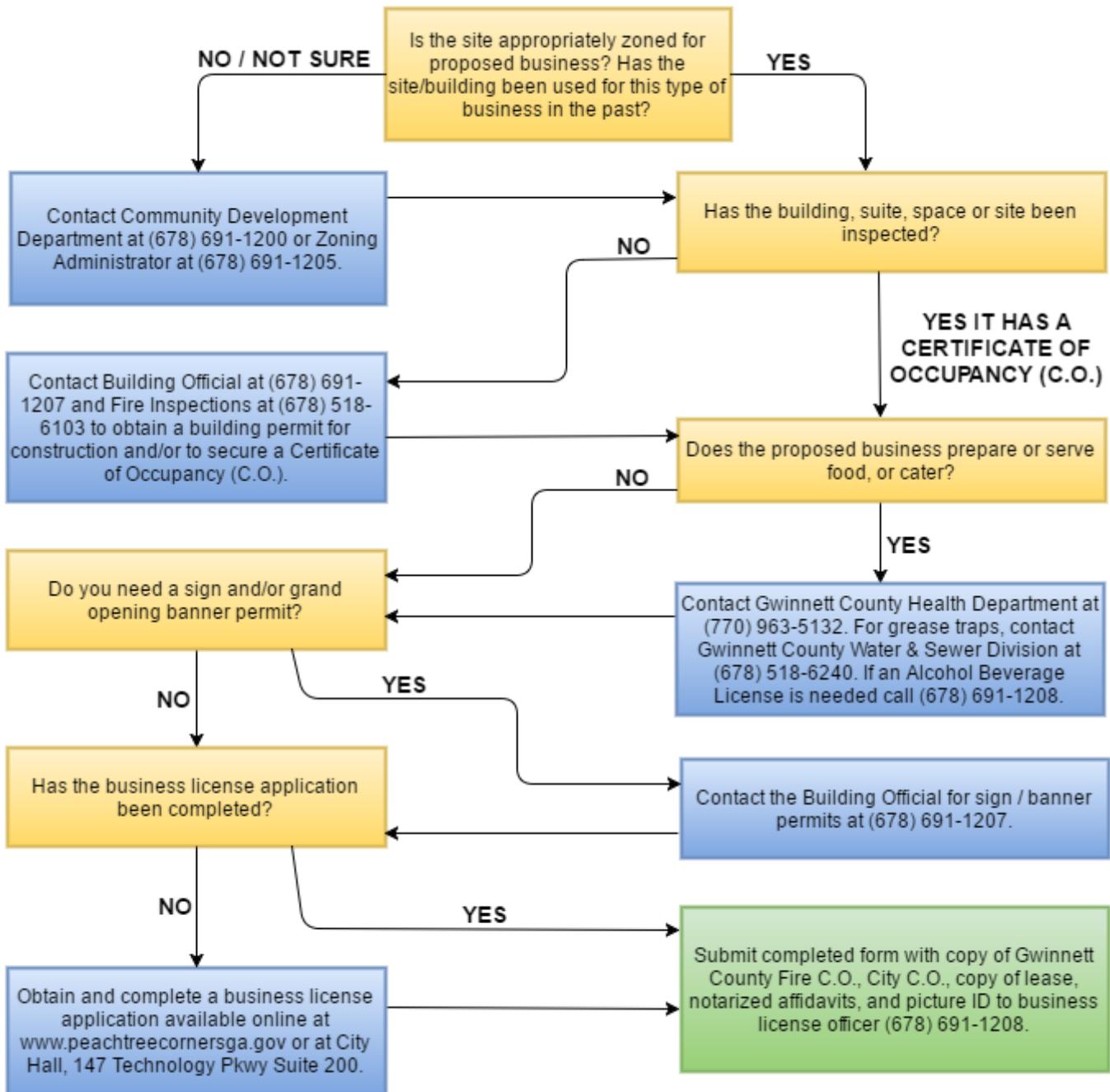


Business Licensing Procedure



PLEASE COMPLETE THE APPLICATION IN FULL

Make checks or money orders payable to: **City of Peachtree Corners**

PENALTIES

The City of Peachtree Corners shall assess a penalty in the amount of ten percent (10%) of the amount owed for each calendar year or portion thereof 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.

Delinquent taxes and fees are subject to interest at a rate of 1.5 percent per month.

Issuance of a business occupational tax certificate is not to be considered as an approval of said business use and in no way confirms that said business meets the requirements of the City of Peachtree Corners 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

As an applicant for a home-based occupational tax certificate, I have received a copy of the regulations pertaining to home based business of the Department of Planning & Development. If not applicable write NA on the signature line below.

Signature Date

NEW BUSINESS WORKSHEET

TAX CALCULATION FOR CURRENT YEAR 2016

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. Subtract Deductions from Estimated Gross Receipts (1-f) (2) _____

3. NAICS Code (North American Industry Classification System) _____

(The NAICS code can be found by going to the web address below and searching by the type of business activity)

<http://www.census.gov/eos/www/naics/>

Checklist

- Contact Gwinnett Fire Marshal to schedule appointment for inspection at 678-518-6000
- Certificate of Occupancy (if needed)- Additional fee: Commercial \$80.00
- Copy of Lease (commercial based business)
- Copy of Government issued I.D
- Copy of Health Permit (if applicable)
- Copy of State License (if applicable)
- Affidavit's notarized

**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 legal permanent resident 18 years of age or older;

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

Execution of Contract

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 knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Applicant Signature

Date

Subscribed and sworn to before me:

(Clerk/Notary Public)

This _____ day of _____, 20____.

My commission expires: _____

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. Select an option below

- A. On January 1st of the below signed year the individual, firm, or corporation employed eleven (11) or more employees.
- B. On January 1st of the below signed year the individual, firm, or corporation employed fewer than eleven (11) employees.

If employer selected (A) please fill out 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 ____ date 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 E-verify: www.dhs.gov/E-verify/ / www.law.ga.gov