



Welcome to the City of Peachtree Corners! This packet is provided as a resource to assist people interested in establishing and conducting business within the City of Peachtree Corners. It outlines a three-step process for obtaining an Occupational Tax Certificate (OTC – commonly known as a Business License), including the required application pages and necessary information to open and operate a business in the city. *This packet is not deemed to be all-inclusive, and any errors or omissions herein will not relieve the business owner of responsibility, obligation, or liability in fulfilling all legal requirements.*

OPENING A BUSINESS IN PEACHTREE CORNERS

Businesses and non-profits looking to operate within the City of Peachtree Corners are required to complete a three-step process to obtain an Occupational Tax Certificate (OTC – commonly known as a Business License), which includes a Zoning Use Approval (ZUA) application, a Certificate of Occupancy (CO – Business), and an OTC application. While all three applications are included in this packet, the ZUA will be processed and reviewed first. In order to be in compliance with the city’s regulations, all three documents must be obtained prior to the commencement of the business. Failure to comply with any of the required steps may result in a citation.

1

Zoning Use Approval (ZUA):

Before signing a lease or purchasing a property, we recommend completing this step. The Zoning Use Approval process ensures your proposed use complies with all zoning regulations for the subject property. If your proposed use is not permitted, you will need to find another location in order to operate your business.

2

Certificate of Occupancy, Business (CO – Business):

Once your ZUA is approved, an inspection of the space is scheduled by the City’s Building Department. This step includes a floor plan review and on-site building inspection to ensure the business space is in compliance with the International Building Code.

- PTC Building Department staff will reach out to schedule an inspection of the space.
- A life safety inspection, managed by Gwinnett County, is scheduled to ensure the space is safe to occupy and that all required life safety systems for the specific use are in working order. The applicant schedules this inspection with Gwinnett County Fire.

A Certificate of Occupancy – Business is for the business space **only** and is different from a Certificate of Occupancy – Building, which is for the entire building. For example, a building with three office spaces would have one Certificate of Occupancy – Building and three Certificates of Occupancy – Business.

*Home Occupations do not require a CO – Business.

3

Business Occupational Tax Certificate (OTC):

Each person engaged in a business, trade, professional or occupation shall pay an occupational tax to the City of Peachtree Corners Finance Department. While most people refer to this as a business license, the official term is OTC.

- An OTC is required to be renewed annually.
- Places of worship, religious organizations and non-profits are not required to obtain an OTC.



Business Application Packet

APPLICATION PACKET INFORMATION

The following packet includes application pages that are required to be completed to open and operate a business in the City of Peachtree Corners.

- a. **Zoning Use Approval** – Ensures that the proposed business use is zoned for the property.
- b. **Certificate of Occupancy (CO- Business)** – Ensures the business space is safe to occupy.
- c. **Business Occupational Tax Certificate** – Businesses are required to obtain a Business Occupational Tax Certificate (often referred to as a **Business License**) to operate in the city. An Occupational Tax is required to be paid based on the gross receipts of the business.

ITEMS REQUIRED TO BE SUBMITTED FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE

1. Zoning Use Approval Application
2. City of Peachtree Corners Certificate of Occupancy – (CO)-Business
3. Lease Agreement or Proof of Property Ownership (Commercial Based Business Only)
4. Gov't Issued ID (i.e. Driver's License, Passport, Military, State Issued ID)
5. Copy of State or Federal License. (if required to operate the business) (ex. contractor, engineer)
6. Gwinnett County Certificate of Occupancy – **Obtain once you receive the City CO.**
7. Health Permit (Gwinnett County) or Dept of Agriculture Permit (State of Georgia). (if applicable)
8. Copy of 501-C Status (non-profit businesses only)
9. Motor Vehicle Broker Affidavit (Auto Brokers Only)
10. Home Based Occupation Acknowledgment (Home Occupations Only)

HOW TO CALCULATE BUSINESS OCCUPATIONAL TAX CERTIFICATE FEES

- A. Use the link to search for the company's 6-digit NAICS Code - <http://www.census.gov/eos/www/naics/>
- B. Use the NAICS Code to obtain the Fee Class and Tax Rate – Located on City's Website <https://www.peachtreecornersga.gov/businesses/business-tax-certificates> - Rate Schedule
- C. Multiply the estimated gross receipts (pg. 7, line 2) by the current tax rate.
- D. Add calculated fee to the "Standard Administrative Fee" \$80 (pg. 7, line 3) for total amount due.

Rate Schedule

Fee Class	Tax Rate
1	0.00070
2	0.00080
3	0.00090
4	0.00100
5	0.00110
6	0.00120

FEES

Zoning Use Location Approval	\$75 (non-refundable)
PTC Certificate of Occupancy - Business	\$100 (non-refundable)
Business Occupational Tax Certificate	Administrative fee + tax based on gross receipts



ZONING - USE APPROVAL APPLICATION

PRIOR TO THE COMMENCEMENT OF ANY NEW BUSINESS IN ANY ZONING CLASSIFICATION in the city, the owner/operator thereof shall apply to and obtain from the Community Development Director or designee approval of the location of the proposed business. We encourage completing this step before you sign a lease or purchase a property, to ensure that your proposed use complies with the zoning regulations for the property.

BUSINESS OWNER INFORMATION

Business Owner Name:

Phone:

Email:

BUSINESS AND PROPERTY INFORMATION

Business Name (DBA):

Business Location Address:

Suite:

Business Website:

Business Hours of Operation:

PROPOSED USE

Please provide a **detailed** description of your proposed use. (For example: types of products that will be sold, materials being stored, accessory uses, etc.)

Additional Use Information. Please check **ALL** applicable boxes that apply to your business:

- | | |
|--|---|
| <input type="checkbox"/> Alcohol sales (on-site consumption) | <input type="checkbox"/> Alcohol sales (retail sales) |
| <input type="checkbox"/> Automotive use | <input type="checkbox"/> COAM/amusement game room |
| <input type="checkbox"/> Check cashing | <input type="checkbox"/> Convenience store |
| <input type="checkbox"/> Home occupation | <input type="checkbox"/> Massage therapy |
| <input type="checkbox"/> Business vehicle storage on site | <input type="checkbox"/> Equipment storage on site |
| <input type="checkbox"/> Outdoor storage | <input type="checkbox"/> Hookah sales |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Lounge/Club |
| <input type="checkbox"/> Vape/CBD sales | |

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CERTIFICATE OF OCCUPANCY (CO) – BUSINESS

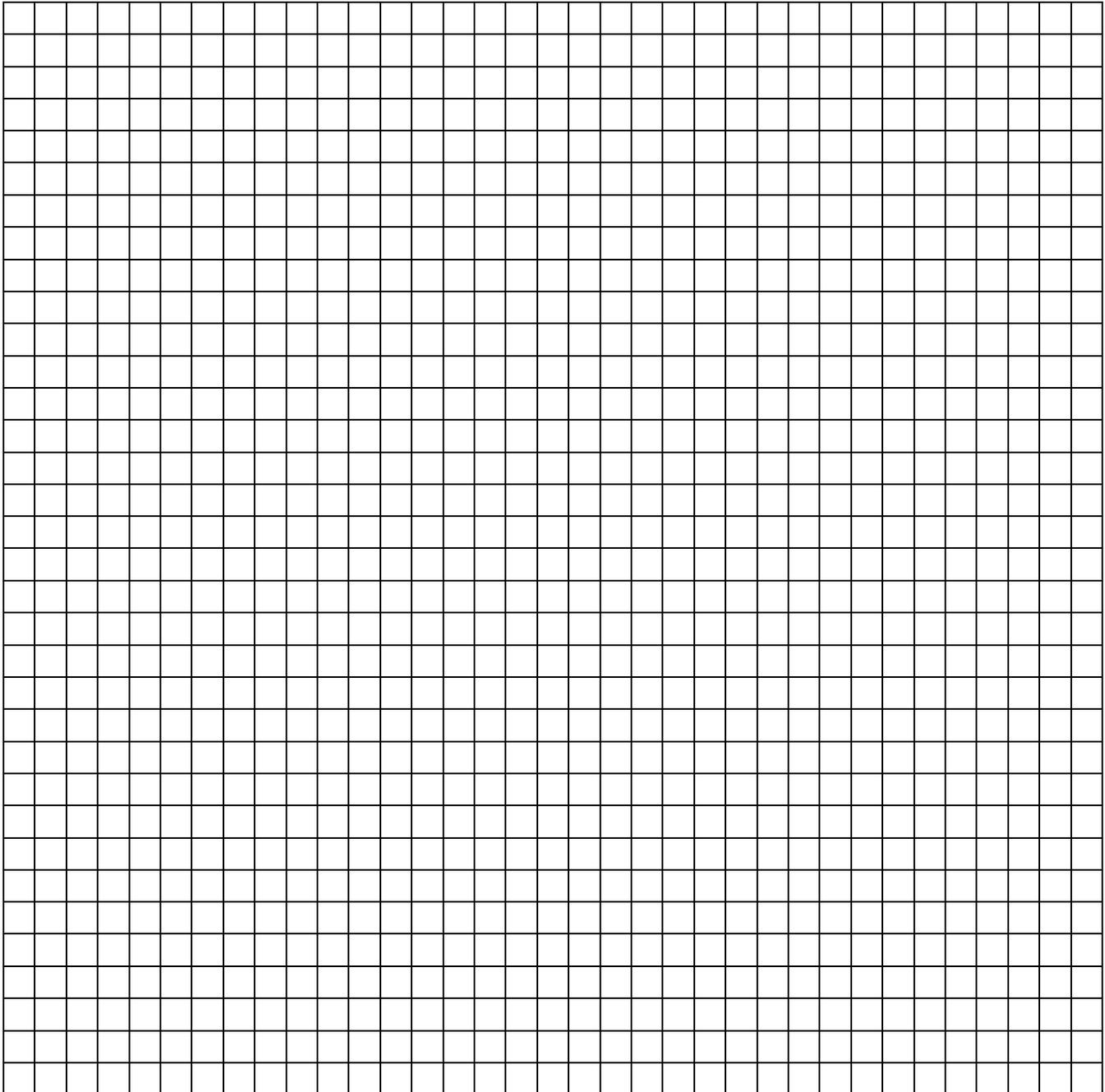
This ensures the business space is safe to occupy and meets the City of Peachtree Corners Building Code. A CO - Business is required **prior** to obtaining a Life Safety (Gwinnett County Fire) CO and City of Peachtree Corners Occupational Tax Certificate (OTC).

BUSINESS INFORMATION	
Business Address:	Ste.:
PEACHTREE CORNERS, GEORGIA	Zip:
Scope of Work: <input type="checkbox"/> Move in as is – NO changes to the space <input type="checkbox"/> Alteration – ANY proposed changes	
Occupancy Classification:	
<input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory & Industrial <input type="checkbox"/> High Hazard <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/> Utility & Miscellaneous	
Square Footage of Space Being Occupied by Business: <input type="checkbox"/> Under 5,000 square feet <input type="checkbox"/> Over 5,000 square feet	
Is there a Fire Sprinkler? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No
BUSINESS/APPLICANT CONTACT INFORMATION	
Name:	
Phone:	Email:
PROPERTY OWNER INFORMATION	
Name:	
Phone:	Email:
ADDITIONAL REQUIREMENTS	
Floor Plan. Business spaces under 5,000-square feet shall provide a <u>sketch of the tenant space</u> . Please see page 5 for more information.	
Floor Plan. Business spaces over 5,000-square feet, buildings greater than one story, and ALL assembly, education, & institutional occupancies are required to <u>submit plans by a licensed architect/engineer</u> .	
All plans shall include the following:	
<ul style="list-style-type: none"> Name of tenant Scope of work narrative Design professional contact information Seal and date stamp of registered architect/engineer Occupancy classification Occupancy fire-rated separation Type of construction 	<ul style="list-style-type: none"> Occupancy load Legend/Key Sprinkler system information Fixture requirements Life safety plan Layout of the space
Photos. Pictures of the business space, as it currently exists, shall be submitted with this application.	
On-Site Building Inspection. The City of Peachtree Corners Building Department will reach out to schedule an on-site building inspection once the application is processed and the floor plan has been reviewed.	
Resources. Please visit peachtreecornersga.gov/OTC for example floor plans, occupancy classification information, & a life safety inspection checklist for new businesses.	
*Home Occupations are exempt from obtaining a CO - Business.	

FLOOR PLAN – BUSINESS SPACES UNDER 5,000 SQUARE FEET

Business spaces under 5,000 square feet shall provide a sketch of the space. This drawing may be done by the applicant and should include, at a minimum, the following:

- Total square footage of the space being occupied by the business
- Dimensions of the space being occupied by the business
- Label the use of each room/area
- Dimensions of each room/area
- Location of all emergency lighting, exit signs, and fire extinguishers
- All existing and proposed walls, entrances/exits, doors, stairs, and bathrooms



A large grid for drawing a floor plan, consisting of 30 columns and 30 rows of small squares.



OCCUPATIONAL TAX CERTIFICATE (OTC) APPLICATION

YEAR _____

New Change of Ownership

Out of State Contractor: _____

Business Name (DBA): _____ Business Phone Number: _____

Business Address (physical location): _____ Suite or Apt No.: _____

Peachtree Corners, GA: _____ E-Mail: _____

Number of Peachtree Corners Employees: _____ Number of Legal/Corp/LLC Employees: _____
(Includes owner of business – cannot be 0)

Applicant: _____ Date Business Started in Peachtree Corners: _____

Type of Ownership (check one): GA Corporation Foreign Corporation Sole Owner Partnership LLC

Corporate/LLC/Legal Name: _____ Owner: _____

Business Mailing Address: _____

Business Mailing City, State, Zip: _____

Contact Person: _____ Phone Number: _____

Fed Tax/EIN # (If no EIN #, enter SSN #): _____ Sales Tax ID: _____
(If applicable)

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/>

Type of Location: Commercial Home-Based
Occupation

Property: Owned Leased Sub-Leased

Will your business be an adult entertainment establishment (sexually oriented business) as defined by the City of Peachtree Corners Code, or will it offer any form of adult entertainment? Yes or No

Will your business be selling or serving Alcohol? Yes or No
If yes, an alcohol beverage license application is required to be submitted.

Is a State of Georgia License required to operate this business? (Contractor, Doctor, Engineer) Yes or No
If yes, please submit a copy of the state license.

Is a Federal Government License required to operate this business? (Business regulated by Federal Agency) Yes or No
If yes, please submit a copy of the federal license.

Disabled Veteran: Yes or No (If yes, Disable Certification Required) | Non-Profit: Yes or No (If yes, provide 501-C Status)

Give a description of the primary business activity: _____

Office Use Only:

Account #: _____ Fee: \$ _____ Amount Paid: \$ _____ Bal. Due: \$ _____



**Peachtree
Corners**

TAX GROSS RECEIPTS FOR (CALENDAR) YEAR	
Current Year Estimates:	
1. Estimated Gross Receipts for Year (From Start Date to End of Calendar Year):	
Allowable Deductions	
a. Sales Tax, Use Tax or Excise Tax (Paid to the GA Dept of Revenue)	
b. Inter-organizational Sales	
c. Payments to Sub-Contractors (In State Contractors Only)	
d. Out of State Sales	
e. Sales Returns and Allowances	
f. Total Deductions (add Lines a through e)	
2. Subtract Deductions from Estimated Gross Receipts (Line 1 minus Line f)	
3. Standard Deduction	\$25,000.00
4. Subtract Standard Deduction from Estimated Gross Receipts (Line 2 minus Line 3) (If remaining gross receipts are \$25,000 or less, input \$0 as the gross receipts)	
5. Current Tax Year Amount = Line 4 x Rate (See how to calculate fees on page 2)	
6. Standard Administrative Fee	\$80.00
7. Total (Add Lines 5 and 6)	\$
OR	
Professional Practitioner Fee: \$400 per Practitioner (# practitioners ___ x \$400) *As allowed per State Code O.C.G.A. 48-13-9(c)(1-18)	\$

LATE FEES & PAYMENT INFORMATION
<p>PENALTIES</p> <p>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:</p> <ol style="list-style-type: none"> 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. <p>Delinquent taxes and fees are subject to Interest at a rate of 1.5 percent per month.</p>
<p>HOW TO PAY OTC FEES</p> <ol style="list-style-type: none"> 1. Payment can be made in person, by US Mail, or Online. 2. All forms of payment accepted. (<i>cash payments are required to be submitted in the exact amount</i>) 3. Checks and money orders should be made payable to: City of Peachtree Corners.

OTHER
<p>Audit: All businesses are subject to an Audit during the taxable year or for up to two years thereafter. Books and Records shall be submitted for inspection to the city within ten business days.</p> <p>Exemption: Businesses owned by nonprofit organizations and operated for charitable purposes shall be exempt from an occupational tax. A copy of the organization's approval of exemption from federal income taxation is required.</p> <p>Disabled Veterans: A disabled veteran, as provided in O.C.G.A. § 43-12-2, shall be exempt from the payment of any flat fee and occupation tax.</p>



AFFIDAVIT VERIFYING LAWFUL PRESENCE WITHIN THE UNITED STATES

I, (print name) _____, swear or affirm under penalty of perjury that:

- I am a United States citizen (submit a copy of your secure and verifiable document(s): state or federal issued photo ID)
- I am a legal permanent resident of the United States (submit a copy of your permanent resident or authorization card)
- 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. My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

I am applying for the following public benefit (check one):

- Occupational Tax Certificate Alcohol Beverage License Other Public Benefit: _____
- Execution of Contract Massage Establishment

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that the state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

Signature of Applicant (in presence of notary) Date

PRIVATE EMPLOYER AFFIDAVIT

The Georgia Department of Law is a registered participant in the federal work authorization program, commonly known as E-Verify, and uses such program to verify employment eligibility of all employees hired on or after July 1, 2007.

A. INDIVIDUAL, FIRM, OR CORPORATION EMPLOYS **FEWER THAN 11** EMPLOYEES

B. INDIVIDUAL, FIRM, OR CORPORATION EMPLOYS **11 OR MORE** EMPLOYEES

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, 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 ID # Name of Private Employer 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 _____ of _____, 20____ in _____.
(day) (month) (year) (city) (state)

Signature of Authorized Officer or Agent

Type or Print Name and Title

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

Signature of Notary Public Date Notary Seal

My Commission Expires: _____



APPLICANT CERTIFICATION

I hereby certify that I am duly authorized to submit the application documents included herein.

I hereby certify that all of the information contained herein is true and correct.

I hereby certify that I understand that any approval issued based upon false information or misrepresentation provided by the applicant will be null and void and subject to penalty as provided by law and ordinances.

I hereby certify that I understand that the issuance of a Zoning Use Approval, CO - Business, and/or Occupational Tax Certificate is based solely on the information included herein, and that any changes may require me to submit a new application packet.

I hereby certify that I understand that the issuance of a Zoning Use Approval, CO - Business, and/or Occupational Tax Certificate does not grant me or my business other permissions, such as construction approval, signage approval, or the approval to sell alcohol, etc.

I hereby certify that I understand that failure to comply with the requirements for the City of Peachtree Corners may result in a citation.

I hereby certify that I understand the issuance of an OTC in no way confirms that said business meets the requirements of the City of Peachtree Corners Zoning Resolution or the conditions of zoning approval.

I hereby certify that I understand that any incidence of "nonconformity" relating to the zoning requirements mentioned herein will subject the certificate holder to possible revocation of the certificate.

Signature of Applicant

Date

Type or Print Name and Title

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

Signature of Notary Public

Date

Notary Seal

My Commission Expires: _____



HELPFUL INFORMATION

HOW TO OBTAIN A GWINNETT COUNTY FIRE CO

The instructions for submitting an application, scheduling a Gwinnett County Fire Inspection, and obtaining a Gwinnett County Fire CO are included below. **Submitting plans to Gwinnett County prior to obtaining approval from the City of Peachtree Corners will likely cause delays with obtaining your OTC.**

After submitting your complete application packet to the City of Peachtree Corners, the Community Development Department will review your ZUA. If your use is deemed appropriate at the proposed location, your ZUA will be approved, which will internally trigger the City of Peachtree Corners Building Department to review your Certificate of Occupancy – Business application and floor plan and schedule your on-site building inspection. The City of Peachtree Corners Building Department will contact the applicant to schedule an inspection.

Once a City of Peachtree Corners Certificate of Occupancy – Business inspection has been scheduled, **it is then the applicant's responsibility to submit plans to Gwinnett County Fire.** This step is to ensure the business space is safe to occupy and that all required life safety systems for the specific use are in working order.

The Gwinnett County Fire Plan Review Department is located at 446 West Crogan Street, 3rd Floor, Lawrenceville, GA 30046. All commercial businesses within Gwinnett County, including those within city limits, must have a certificate of occupancy issued by the Department of Fire and Emergency Services.

The minimum information needed for application submittal should include the address, parcel, building number, suite number, city, and zip code of the business, and basic tenant/owner information. The intended use of the space will need to be clearly described to enable the plan reviewer to determine the occupancy classification. Permits and inspection requests should be completed online at GwinnettZIP.com. On the home page, you will click the 'Fire Services' option and log in or create a new account by clicking the 'register now' button.

For more information, please visit gwinnettcountry.com/firemarshal. To contact Fire Plan Review, please email Fire.PlanReview@GwinnettCounty.com or call Fire Plan Review at 678.518.4980, ext. 2.

Once you have submitted plans and Gwinnett County Fire has inspected your building/suite and determined compliance with all regulations, they will issue your Certificate of Occupancy. It is the applicant's responsibility to then submit the Gwinnett County Certificate of Occupancy to the City of Peachtree Corners Finance Department with the completed Peachtree Corners OTC Application (Page 5) to have your OTC processed and approved.