



Business License Application

(Occupational Tax Certificate)

YEAR _____

Business Name: _____

Business Telephone Number: _____ Fax Number: _____

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

PEACHTREE CORNERS, GA _____ E-mail: _____

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

Other _____

Corporate/Owner's Name: _____

Corporate/Owner's Address: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____ Phone Number: _____

Fed ID or SSN (Owner): _____ Sales Tax ID: _____

Are you a NON-PROFIT Organization? Yes No *If yes, please provide proof of 501-C status.*

Have you obtained your certificate of occupancy? Yes No *Not required for home based businesses*

Date business commenced in the City of Peachtree Corners _____

Estimates of the gross receipts for the year \$ _____ Number of Employees _____

Are you a professional electing to pay the flat fee? Yes or No *If yes, please submit a copy of all practitioners' state licenses. As allowed per State Code O.C.G.A. 48-13-9(c)*

Is this a home-based occupation? Yes or No *If yes, please submit a copy of your driver's license that matches your home address.*

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

Is this business required by the State of Georgia to have a state license? Yes or No *If yes, please submit a copy of the state license.*

Does your business engage in international business activity? Yes or No

Give a description of the primary business activity: _____

Office Use Only: _____

Account #: _____ Fee: \$ _____ Amount paid: \$ _____ Bal. Due: \$ _____ Signature: _____ Date: _____
Zoning Approved <input type="checkbox"/> Zoning Denied <input type="checkbox"/> Comments: _____ Signature: _____ Date: _____
Building Approved <input type="checkbox"/> Building Denied <input type="checkbox"/> Comments: _____ Signature: _____ Date: _____

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 2019

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. Standard Administrative Fee: (3) \$80.00

4. 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/>

OR

5. Professional Practitioner Fee: \$400 (Per Practitioner) # _____ x \$400 (5) _____
As allowed per State Code O.C.G.A. 48-13-9(c)

Checklist of items required to be submitted with application

Contact Peachtree Corners Zoning Administrator to confirm approved Zoning Use at: 678-691-1205

Contact Gwinnett Fire Marshal to obtain a Fire Certificate of Occupancy at: 678-518-6000

Certificate of Occupancy (if needed)- Additional fee: \$80 (Commercial based businesses only)

Copy of Lease (For commercial based businesses only)

Copy of Government issued I.D. (e.g. Driver's License, Passport, Military, etc.)

Copy of Health Permit (i.e. Dept. of Agriculture, Gwinnett County Health Dept.) (if applicable)

Copy of State License (if applicable)

Notarized Affidavits (included in application package)

Copy of 501-C Status (if applicable)

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.

Date: _____ Applicant Signature: _____

Subscribed and sworn to before me: _____
(Clerk / Notary Public)

This _____ day of _____, 20____ My commission expires: _____

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 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 _____ day of _____, 20____ in _____, _____
(City) (State)

Printed Name and Title of Authorized Officer or Agent: _____

Signature of Authorized Officer or Agent: _____

Subscribed and sworn to before me: _____
(Notary Public)

On this the _____ day of _____, 20____ My commission expires: _____

* For more information on E-verify: <https://www.uscis.gov/e-verify> or <https://law.ga.gov>



RATE CHANGE FORM

The City of Peachtree Corners has increased its occupational tax rate structure. However, if you submit documentation showing the use of Peachtree Corners as your business address, the city will update your current rate to the reduced rate.

This documentation could be either business stationary or a screen capture of official business website showing the business address (i.e., X Street, Peachtree Corners, GA, Zip)

Once again, we thank your again for doing business in the City of Peachtree Corners.

Fee Class	Current Rate	Reduced Rate
1	0.00070	0.00065
2	0.00083	0.00078
3	0.00096	0.00091
4	0.00109	0.00104
5	0.00122	0.00117
6	0.00135	0.00130

Below is a list of the documentation required for the reduced rate:

1) Please submit one of these valid forms of documentation along with 2019 Business License Renewal Application (CHECK ONE):

- **Business Stationary:**
 - Business Card
 - Business Envelope
 - Business Check
 - Business Letterhead
- **Official Business Website:** _____
Screen Capture with Business Location Address

2) Does the documentation contain Peachtree Corners as the city in the business address (i.e., X Street Name, Peachtree Corners, GA XXXXX)?

YES: NO:

Signature of Applicant: _____ Date: _____

If you have any questions, please contact the business license department at 678-691-1208 or businesslicense@peachtreecornersga.gov