



THE CITY OF
DALLAS
GEORGIA

CITY OF DALLAS

OCCUPATIONAL TAX CERTIFICATE APPLICATION

CHECKLIST & PROCEDURES

Business Name: _____ **Address:** _____

All forms must be filled out completely, including mailing address, business address, and all available contact information. Gross receipts are utilized to calculate the annual taxes due to the city. Initially, gross receipts can be estimated.

This application can be submitted in the office or online. Visit dallasga.gov for online instructions. There will be forms that will be require a notary. These must be completed and notarized before submission.

****Please note that it may take 7-10 Business Days for your Occupational Tax Certificate to be Issued****

The Following must be Checked Off and Included with the Completed, Signed Application:

- Completed Application- pages 2&3 or complete online at dallasga.gov
- Financial Affidavit- completed, signed, and notarized
- E-Verify Affidavit- completed, signed, and notarized
- SAVE Affidavit- completed, signed, and notarized
- Home-Based Occupation Form- *if home-based business*
- Copy of Applicant’s Secure and Verifiable Document (driver’s license, passport, etc.)
- Proof of Ownership/Copy of Signed Lease
- Certification of Incorporation – if LLC or Corporation (404-656-2817)
- Certification of Trade Name from Paulding County- if using a trade name (770-443-7527)
- FEIN (Federal Tax ID Number (1-800-829-4933)
- Sales Tax ID # if applicable (1-877-423-6711)
- NAICS Code (6-digits) <https://www.census.gov/naics/>
- Inspection with City of Dallas Community Development- *Commercial, daycares, and industrial*
- Inspection with Paulding County Fire Marshal- *Commercial, daycares, and industrial*
- Applicable Fee (Check, Credit Card, Cash) – Payment is due upon city completion of the Occupational Tax Certificate

The Following must be Checked Off and Provided if Applicable:

- State License (if required by the State of Georgia)
- Health Inspection Certificate (770-443-7877)
- Department of Agriculture Inspection & Certificate (404-656-3645)
- Grease Trap Inspection & FOG Application
- Immigration Documentation – if applicant is other than U.S. Citizen
- 501c3- if non-profit or religious organization

For additional information concerning Occupational Taxes, please feel free to contact our Occupational Tax Clerk, Cheyenne Cook at ccook@dallas-ga.gov or 770-443-8108.



Financial Affidavit

THIS FORM MUST BE COMPLETED AND NOTARIZED

BUSINESS NAME: _____

BUSINESS LOCATION: _____

NAICS CODE: _____ (if not known, visit www.census.gov/eos/www/naics) **Class 1 or 2**

Complete if New Business:

Estimated Gross Receipts \$ _____ **or # of Professionals *** (400 each)** _____

Complete if Renewal:

2023 Gross Receipts \$ _____ **or # of Professionals *** (400 each)** _____

*If you were in business less than 12 months of 2023 total your gross receipts for the months you were in business in 2023, divide that amount by the number of months you were in business in 2023 and multiply that by 12.

*** If you have multiple locations, please see City of Dallas Code of Ordinances Section 10-37.

*** Professionals (O.C.G.A. 48-13-9(1)-(18)) have the option to pay \$400 per professional; no disclosure of gross receipts would be required, but a State Issued Professional License must be provided.

Pursuant to City of Dallas Code of Ordinances Section 10-40, the City has the right to inspect the books or records of any business providing gross receipt information.

Gross Receipts Include:	Gross Receipts Don't Include:
Total income, without deduction for the cost of goods sold or expenses incurred	Sales, use or excise taxes
Gain from trading in stocks, bonds, capital assets, or instruments of indebtedness	Sales returns, allowances and discounts
Proceeds from commissions on the sale of property, goods or services	Certain inter-organizational sales or transfers
Proceeds from fees, charged for services rendered	Payments made to a subcontractor or independent agent for services that contributed to the gross receipts (must provide copy of their occupation tax certificate and details or work performed on your behalf)
Proceeds from rent, interest, royalty or dividend income	Governmental and foundation grants, charitable contributions, or interest income derived from these funds, received by a nonprofit organization that employs salaried practitioners if the funds constitute 80 percent or more of the organization's receipts
	Proceeds from sales of goods or services that are delivered to or received by customers who are outside the state at the time of delivery

I, _____, do solemnly swear under oath and penalty of perjury, that the gross receipt information provided above is true and correct as stated on the applicable income tax return of the business, less allowed exemptions, or, if no tax return has been filed for the applicable year, the gross receipts are true and correct to the best of my knowledge, ability and training based on financial documents such as a CPA statement and/or the business's annual profit and loss statement.

Signature _____ **Position** _____ **Date** _____

NOTARY PUBLIC:

Sworn to and subscribed before me this _____ day of _____, 20__

Signature/Seal _____

My Commission Expires: ___ - ___ - 20__

S.A.V.E. Affidavit Verifying Status for Public Benefit

Select one:

- 1) _____ I am a United States Citizen 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. (you must submit the secure and verifiable document with this form, such as a State issued driver's license, military identification card, unexpired U.S. Passport, etc.)

- 2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *All persons that check this box must be verified through DHS's SAVE program. (Must include a copy of your current State Driver's License and wither a copy of your Permanent Resident Card or Employment Authorization Card).

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

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

THIS FORM MUST BE NOTARIZED

In making the above statement 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. Section 16-10-20.

Signature of Applicant

_____ - _____ - 20 _____

Date

Printed Name

NOTARY PUBLIC:

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

SIGNATURE/ SEAL _____

My commission Expires: _____ - _____ - 20 _____

Private Employer / E-Verify Affidavit

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):

Number of Employees: _____ (2part-time = 1full-time)

Section 1. Please check only one:

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

(B) _____ On January 1st of the bellowed signed year, the individual, firm, or corporation employed **less than ten (10) employees.**

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.

_____	_____
E-Verify Number	Date of Authorization
(Federal Work Authorization User Identification Number)	

** _____ - Identification type and number if E-Verify is not applicable. **

THIS FORM MUST BE NOTARIZED

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ of _____, 20____ in _____, _____

Day Month Year City State

Name of employer

Signature of Authorized Officer or Agent

Printed name and Title of Authorized Officer or Agent

NOTARY PUBLIC:

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

SIGNATURE/ SEAL _____

My commission Expires: ____ - ____ - 20 ____



HOME-BASED OCCUPATION FORM

HOME-BASED BUSINESSES ONLY

The following restrictions shall apply to all other applicable requirements of this Ordinance for the residential district in which such uses are located:

- This property is zoned residential
- There are to be no clients, employees, sales, meetings, or deliveries or any other commercial activity that is beyond the customary traffic or activity for a residential dwelling.
- Storage of inventory or equipment is not allowed on the premises.
- Only one commercial vehicle not to exceed manufacturer's toning and/or carrying capacity rating of less than one and one-half tons, used exclusively by the resident/occupant may be parked at the residence.
- There shall be no exterior evidence of the home occupation, including but not limited to, any type of identifying signs.
- No article, product, or service used or sold in connection with such activity shall be other than those found on the premises.
- No mechanical equipment shall be used for such occupation except such equipment as is customary for purely household and hobby purposes.
- Such use shall be conducted entirely within the dwelling unit and only persons living in the dwelling unit shall be employed in such occupation.
- No more than 25 percent of the dwelling unit may be used for the operation.
- No materials, equipment, or business vehicles may be stored or parked on the premises except that one business vehicle with a (manufacturer's towing or carrying capacity rating of less than one and one-half tons) used exclusively by the resident. The vehicle may be parked in a carport, garage, or rear or side yard. The off-site employees of the resident shall not congregate on the premises for any purpose concerning the business of the home occupation.
- The limited home occupation shall not create a nuisance.

****In addition to all required documents, if you lease/rent, a letter from the property owner will be required stating it is ok for a business to operate at this location.**

I understand that this is a residential location and agree to abide by the restrictions of a home occupation.

Signature: _____ Date: _____