



CITY OF DALLAS

OCCUPATIONAL TAX CERTIFICATE RENEWAL

CHECKLIST & PROCEDURES

All forms must be filled out completely for application to be accepted. Before an Occupational Tax Certificate can be renewed, ALL real property taxes and personal property taxes must be paid. Taxes can be paid online at dallasga.gov or in the Tax department at 200 Main Street, Dallas, Georgia 30132.

If you would rather apply online, please visit dallasga.gov/css.

If renewals are not completed and submitted by January 1st,2025, 1.5% interest will be added on to the total cost each month it is late. A 10% penalty will be automatically incurred to all late business licenses beginning April 1st,2025.

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The following are REQUIRED:

- Occupational Tax Renewal Application (online or printable form)
- City of Dallas Financial Affidavit with 2023 (yes, that is correct, 2023) gross receipts completed, signed and notarized.
- City of Dallas E-Verify Affidavit completed, signed, and notarized
- Copy of Applicant's Secure and Verifiable Document (driver's license)
- Your Businesses' NAICS Code (it is on your current business license)
- Copy of any State issued license affiliated to the occupation/business (salons, tattoo artists, contractors, daycares, doctors, etc.) if applicable

If you hold a grease trap, a FOG (fats, oils, and grease) Permit and inspection will be required before an Occupational Tax Certificate can be issued.

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

Occupational Tax Renewal Application

City of Dallas, Business Development Dept.
200 Main Street
Dallas, Ga 30132

Please ensure all sections of the application are fully completed to avoid any delays or potential denial of your submission.

Business Name: _____

DBA (if applicable): _____

License Number: _____ Federal Tax ID: _____

Business Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Business Phone: _____ Email: _____

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Owner Name: _____ Email: _____

Phone: _____

Applicant's Name: _____ Position/Title: _____

Email: _____ Phone: _____

Emergency Contact: _____ Position/Title: _____

Phone: _____ (This contact will be shared with Dallas P.D. for in case of Emergency)

Other Contact: _____ Position/Title: _____

Email: _____ Phone: _____

I (print name) _____ being the (title) _____ of the business firm named, do hereby register and apply for an Occupational Tax Certificate, and furthermore, do hereby certify that the information provided is true, correct, and complete.

Signature: _____ Date: _____



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__

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 ____