



OCCUPATIONAL TAX REGISTRATION

200 MAIN ST. • DALLAS, GA. 30132

PHONE: 770.443.8112 FAX: 770.443.2830

CHECKLIST

- Complete and submit the Occupational Tax Registration Application, pages 2 - 3
- Complete and submit the Occupational Tax Affidavit/E-SAVE form, page 4 (*must be notarized*)
- Complete and submit the Private Employer Affidavit form, page 5 (*must be notarized*)
- Submit a copy of applicant's government issued photo ID
- Submit a copy of State License (if applicable)
- Submit a copy of Federal License (if applicable)
- Submit a FOG Application Form (if applicable)
- If your business will function as a homebased business and you are not the homeowner, submit a copy of your lease and written permission from the homeowner to operate from the home.



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Account # _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____
By: _____ City Official Signature

Section 1: Business Information			
Business Name:			
Business Street Address:		Business Phone#:	
City		State	Zip Code
Business Mailing Address (if different from Business Address):		Mobile Phone#:	
City		State	Zip Code
Type of Business		Email Address	Health Permit# (if applicable):
Please Select One: <input type="checkbox"/> Renewal <input type="checkbox"/> Amended <input type="checkbox"/> New _____ (Date) <input type="checkbox"/> Closed _____ (Date)		NAICS Code:	Ga. State Sales Tax ID#:
		Federal Tax ID#:	
		Business Fax No.	

Section 2: Additional Business Information	
Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Financial Institution <input type="checkbox"/> Builder <input type="checkbox"/> Other _____	
Fats, Oils & Grease (FOG): Is this a FOG producing business: <input type="checkbox"/> Yes (FOG Application must be completed by a Licensed Plumber in the State of Georgia) <input type="checkbox"/> No	
FOG Application Form Completed & Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Homebased Business: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you the owner of the home: <input type="checkbox"/> Yes <input type="checkbox"/> No If you will be functioning as a homebased business and you <u>are not the owner of the home</u> , you must provide a copy of the lease and written permission from the homeowner to operate from the home.	

Section 3: Owners Information			
Owner(s) Partner(s) Officer(s): E-Verify Forms must be attached & notarized with a Photo ID			
First Name:		Last Name:	Title:
Home Street Address:		City:	State:
			Zip Code:
Phone No.		Alternate Phone No.	
Social Security#	State License#		Federal License#
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License State & #:	
Please write a brief statement of exactly what you will be doing and list equipment and materials to be used and stored at this business location. Add additional sheets, if necessary.			

A building inspection for occupancy and compliance with applicable building and fire codes is required. Please contact the City of Dallas Community Development Department, 678-363-6175, for permit requirements and/or inspections.

I do hereby register and apply for an Occupational Tax Certificate with The City Of Dallas, Georgia and furthermore, do certify that the information provided is true, correct and complete and employment records shall be available for inspection.

PRINTED NAME/TITLE _____ SIGNATURE _____ DATE _____

Calculation of Fees	
Regulatory Fees (\$100.00 Each):	<input type="checkbox"/> Hotel <input type="checkbox"/> FOG Application
Occupational Tax/Business License Fee	
Number of Employees:	
<input type="checkbox"/> 0-5 - \$125.00 <input type="checkbox"/> 6-15 - \$200.00 <input type="checkbox"/> 16-25 - \$350.00 <input type="checkbox"/> 26-50 - \$550.00 <input type="checkbox"/> 51 & up - \$800.00	
Regulatory Fee(s):	\$ _____
Occupational/Business License Fee:	\$ _____
Total Fees: \$ _____	
License is Non-Transferable and No Longer Valid Upon Change of Ownership.	

Payment Information	<input type="checkbox"/> Cashier's Check or Money Order <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <i>(do not mail cash)</i> <input type="checkbox"/> Credit Card: call 770.443.8112 to pay with card
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To Be Completed by Staff: Zoning _____	Current Taxes Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Use: _____	Use Complies w/Zoning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Adequate Parking: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Property/Business complies w/regulations: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Sign Violation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Meets FOG Standards: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<u>Comments/Conditions:</u>	



Occupational Tax Affidavit/E-SAVE

O.C.G.A. § 50-36-1 (e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an **Occupational Tax Certificate**, as referenced in O.C.G.A. § 50-36-1, from the **City of Dallas, Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

_____ I am a United States citizen.

_____ I am a legal permanent resident of the United States.

_____ 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 undersigned applicant also hereby verifies that he or she is 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) (I), with this affidavit.

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

_____.

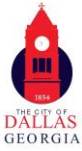
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ Day of _____, 20_____.
_____ Notary Public
My Commission Expires: _____



Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

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):

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 below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

***** If the employer selected Section 1(A), please fill out Section 2 below*****

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:

Name of Private Employer

Federal Work Authorization User Identification Number
(Also called E-verify#, usually 4-6 digits)

Date of Authorization

-----THIS FORM MUST BE NOTORIZED-----

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

Executed on _____, _____, 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: _____