

CITY OF DAHLONEGA Occupation Tax Certificate (Business License) Application Process

**465 Riley Road
Dahlonega, GA 30533
TELEPHONE: 706-864-6133
FAX: 706-864-4837
EMAIL: financesupport@dahlonega-ga.gov**

APPLICATION CHECKLIST

- Certificate of Occupancy OR Home Office Affidavit (See Item 1 in Procedures Below)**
- Completed Occupation Tax Certificate Application**
- Completed Affidavit Verifying Status for City Public Benefit (SAVE Affidavit)**
- Copy of secure and verifiable document required with SAVE Affidavit**
 - Photo ID (ex. driver's license, passport, military identification)**
 - If you are a resident alien you must provide documentation from Homeland Security (ex. Permanent Residence Card or Employment Authorization Card)**
- Completed Private Employer E-Verify Affidavit**
- Completed Georgia Department of Revenue Official Addendum to Business Occupancy License Application**
- Other documents (if applicable): State License, Food Service Permit (Phone #770-531-3973), Department of Agriculture Certificate (Phone #770-535-5955), Health Department Permit**

PROCEDURE FOR OBTAINING OCCUPATION TAX CERTIFICATE (BUSINESS LICENSE)

- 1. Contact the City of Dahlonega Planning & Zoning Department to secure the appropriate document for your business situation.**
 - Home Office Affidavit (Required for Operating an In-Home Office), OR**
 - Certificate of Occupancy (Required for All Commercial Locations)**

This document is required and must be obtained before the applicant can receive the Business Occupation Tax Certificate to open for business.

2. Depending upon your type of business, you may be required to have certain other documentation prior to the issuance of a Business Occupational Tax Certificate.

A. Federal Employer Identification Number (F.E.I. #)

The U.S. Internal Revenue Service issues an **Identification Number (E.I.N.)** to any business that: **1)** has employees, **and/or 2)** plans to establish itself as a corporation, partnership, or sole proprietorship (some exceptions may apply). Provide this number on your City of Dahlonega Business Occupational Tax Certificate Application.

The telephone number to call to obtain this number or for questions concerning it is **1-800-829-4933** or online at www.irs.gov.

B. Georgia Sales Tax Number

The State of Georgia levies a sales and use tax on the retail purchase, retail sale, rental, storage, use, or consumption of tangible personal property and on certain services described in the **Georgia Code**. It is the responsibility of any business owner making transactions subject to this tax to obtain a Georgia Sales and Use Tax Number. Provide this number to the City of Dahlonega on the Georgia Department of Revenue Official Addendum to Business Occupancy License Application form at the time of application.

The telephone number to call to obtain this number or for questions concerning it is **706-389-6977**. The Internet Website is www.dor.georgia.gov/georgia-tax-center.

C. State Licenses and Certifications

Certain professions are required to obtain licenses/certifications from the State of Georgia. A few examples of these professions are: Plumbers, Electricians, Heating/Air Conditioning Contractors, Attorneys, Physicians, Cosmetologists and Salons. Call the Georgia Secretary of State for further information at **478-207-2440**.

Documentation of this certification must be presented, and the license or certificate number must be provided on the Business Occupational Tax Certificate Application.

3. Submit your **Business Occupation Tax Certificate Application** package along with the appropriate payment at the Dahlonega City Hall. Your tax certificate should arrive at your mailing address in approximately seven (7) to ten (10) days.



CITY OF DAHLONEGA

Account Number (Office Use Only): _____

NEW BUSINESS OCCUPATION TAX CERTIFICATE APPLICATION

Type of Ownership: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Other (specify)

Business is: _____ New _____ Existing w/Address Change _____ Existing w/Name Change _____ Other (specify)

Business Name (as listed on state/federal licenses): _____

Name and Title of Contact/Applicant: _____

Location Address: _____

Business Phone #: _____ Other #: _____

Email: _____ Website: _____

Mailing Address (if different): _____

Owner of Building _____ Zoning District _____

Business Owner / Name and Address/Phone and Email (if different than applicant):

Name: _____ Address: _____

Cell Phone #: _____ Email: _____

Describe Type of Business. If this business requires additional license i.e. food service or state or federal license, attach a copy of the license: _____

Federal Employer Identification (FEI) # _____ Georgia Sales Tax #: _____

Is this a home occupation? Yes or No (circle one). If this is a home occupation, it must conform to Ordinance 91-9 Section 713.

Is this business exempt from paying Occupation Tax based on Section 13 or 20 of the City of Dahlonega Occupation Tax Ordinance? Yes or No (circle one). If yes, proof of exemption must be returned with this application.

If you are installing a sign(s), a permit is required.

Number of Employees: _____ To calculate the number of equivalent full-time employees, multiply the total number of hourly employees of the business times the total number of hours worked by all hourly employees during a year, then divide the total number of hours worked in a year by 2,080 to determine the total number of equivalent full-time hourly employees of the business. Owner(s), salaried employees, and full-time employees should be counted at 40 hours per week.

TAX TABLE	
Number of Full-Time Equivalent Employees	Tax Amount (prorated after July 1)
0 - 9	\$150.00
10 - 19	\$150.00 + \$6.00 per employee over 10
20 - 99	\$210.00 + \$4.00 per employee over 20
100 or more	\$530.00 + \$2.00 per employee over 100

I have read and understand the Occupation Tax Ordinance, and the information on this application is true and correct.

Contact/Applicant's Signature

Date



CITY OF DAHLONEGA

Affidavit Verifying Status for City Public Benefit

By executing this affidavit under oath, as an applicant for a City of Dahlonega, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced on O.C.G.A. Section 50-36-1, from City of Dahlonega, the undersigned applicant verifies one of the following with respect to the application for a public benefit:

- 1) _____ I am a United States Citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 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 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. Section 50-36-1(e)(1), with this affidavit. (Examples of secure and verifiable document: driver's license, passport, military identification)

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

In making the above representation under oath, I understand 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, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (City) _____ (State) on _____ day of _____, 20____.

SUBSCRIBED AND SWORN BEFORE ME ON THE _____ day of _____, 20 _____.

Signature of Applicant

Signature of Notary Public

Printed Name of Applicant

My Commission Expires: _____

*Note: O.C.G.A. Section 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens who do not have an alien registration number may supply another identifying number: _____



CITY OF DAHLONEGA

PRIVATE EMPLOYER E-VERIFY AFFIDAVIT

Under Georgia Law, employers must register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit www.uscis.gov/everify. The City of Dahlonega will not issue initial licenses, certificates, or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a business occupation tax certificate as referenced in O.C.G.A. § 36-60-6(d), from the City of Dahlonega, the undersigned applicant representing the private employer known as _____ [printed name of private employer – individual, firm or corporation] verifies one of the following with respect to my application for a business occupation tax certificate:

- (A) _____ **11 or more employees**
You must provide the Federal Work Authorization number. This document must be completed, notarized and returned with the business occupation tax application/renewal.

PLEASE PROVIDE THE BELOW INFORMATION:

Employment Verification (E-Verify) Number (4 - 6 digits)

Date of Authorization

- (B) _____ **10 or fewer employees – automatically exempt from participation in E-Verify program.**
This document must be notarized and returned with the business occupation tax application/renewal.

Furthermore, I, as the applicant, affirmatively state that (unless exempt) 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. § 13-10-90.

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).

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON
THE ____ DAY OF _____ 20__.

Printed Name of and Title of Authorized Officer or Agent

NOTARY PUBLIC
My Commission Expires: _____



CITY OF DAHLONEGA

Georgia Department of Revenue Official Addendum to Business Occupancy License Application



**State of Georgia Department of Revenue
1800 Century Boulevard, Atlanta, GA 30345**

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different from Physical Address:
Actual Physical Address of Each Location of Such Business if Different from Mailing Address:
Sales Tax Number (9 digits), if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6758 or e-mail David.Smith@dor.ga.gov.

An Equal Opportunity Employer

465 Riley Rd ☎ Dahlonega, GA 30533 ☎ Phone: 706.864.6133
www.dahlonega-ga.gov