

## 2012 Occupational Tax Certificate Application

Out of Town Contractor:  Yes  No

License#: \_\_\_\_\_

(please use physical job site address for address location)

**\*\*Smoking is prohibited in all public places & places of employment within the city. Smoking may occur outdoors but no less than 20 feet from any entrance to any public place\*\***

Business Information	Business Name:		DBA Name:		
	Dominant Business Activity:			NAICS Code:	
	Address/Location:			Telephone Number:	
	Bill To/Mailing Address:				
	City:		State:		Zip:
	Ownership Type: ( ) Association      ( ) Corporation      ( ) Partnership      ( ) Single Owner      ( ) LLC				
	Applicant's Name:			Owner/Agent's Name:	
	Owner/Agent's Address:				
	City:		State/Zip:		Email:
	Contact Information	<b>***Applicant must provide copies of Georgia driver's license or other governmental issued photographic Identification with application (Passport, Military ID, or Georgia driver's license).</b>			
Will this be based out of your home? (yes/no) ***If "yes" you must attach a "Home Based Supplemental Form" to this application.					
Will your business be an adult entertainment establishment (sexually oriented business) as defined by the Dunwoody City Code or does (will) it offer any form of adult entertainment? (yes/no)					
Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? (yes/no) ***If yes, attach written explanation.					
<b>Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.</b>					
2012 Projected Actual Dunwoody and Georgia Gross Receipts \$ _____ - \$20,000 X _____ \$ _____					
Employee Fee (at least one, includes owner/operator) # _____ X _____ \$ _____					
Base Fee of \$125.00. (except for professionals paying optional \$400) <span style="float: right;"><u>\$125.00</u></span>					
<b>Total Amount Due or Professional Option.</b> (\$400 per practitioner only if allowed by O.C.G.A.) <span style="float: right;">\$ _____</span>					
<b>**Make check payable to the City of Dunwoody. Please mail to 41 Perimeter Center East, Ste 250, Dunwoody, GA 30346**</b>					

This application must be executed under oath and notarized. I, \_\_\_\_\_, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expires December 31 and must be renewed annually.

Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public Signature/Seal \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	Class ____ Type _____ H.O.P. _____ District _____ Lot _____ Block _____ Parcel _____
<b>Zoning:</b>	Approved by _____ Denied by _____ Date _____ Denial Reason _____
<b>Pending Items:</b>	C.O. ____ Fire ____ Health ____ Sanitation Service ____ State License ____ Insurance ____ Police ____ Other ____
<b>Business License Items:</b>	Primary ID# _____ Owner's ID# _____ Bill to ID# _____



**E-Verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**  
**\*\*This form is required by Georgia State Law\*\***

By executing this affidavit under oath, as an applicant for a business license, as referenced in O.C.G.A. § 36-60-6(d), from City of Dunwoody, Georgia, the undersigned applicant representing the private employer known as \_\_\_\_\_ [*printed name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

**1. Fill out this section between January 1, 2012 and June 30, 2012.**

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than five hundred (500) or more employees.

*If the employer selected 1(a) please fill out Section 4 below.*

**2. Fill out this section between July 1, 2012 and June 30, 2013.**

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) or more employees.

*If the employer selected 2(a) please fill out Section 4 below.*

**3. Fill out this section on or after July 1, 2013.**

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected 3(a) please fill out Section 4 below.*

**4. 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:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number (not your FEIN 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 in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
Signature of Authorized Officer or Agent                      Date

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

\_\_\_\_\_  
My Commission Expires