



CUSTOMER SERVICE DEPARTMENT

Business License Division (770) 917-8903 - Fax (678) 801-4035
P O Box 636, Acworth, GA 30101

Wayne Tumbleson, Customer Service Supervisor
CeCe Petty, Administrative Assistant
Christine Dobbs, Community Development
Tiffany Hughes, Planner

City of Acworth
4415 Senator Russell Avenue
Acworth, GA 30101
www.acworth.org

Regina Russell, City Clerk
Office: (770) 974-3112, Fax (770) 917-0590
Lloyd Fasselt, Building Official
Office: (770) 974-2032, Fax (770) 974-4421

COMMERCIAL OCCUPATIONAL TAX APPLICATION

(REQUIREMENTS FOR OBTAINING COMMERCIAL OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE))

OCCUPATIONAL TAX CERTIFICATES WILL ONLY BE ISSUED TO UNITED STATES CITIZENS AT LEAST 18 YEARS OF AGE

Please note that City Ordinances and Zoning Regulations may not allow the type or location of the business use you are applying for, or may impose restrictions or other regulations concerning that use. Please obtain the approval of this Commercial Occupational Tax Application before signing any lease, incurring any cost, beginning any construction work, or investing substantial time on your business plans. For questions concerning city zoning regulations, please contact the Community Development Director at (770) 974-3112.

LIST OF ITEMS NEEDED TO COMPLETE YOUR APPLICATION

- 1. If a Corporation, attach a copy of the Articles of Corporation including officers
2. Copy of the Federal Tax Certificate (EIN) and or Social Security Number as applicable
3. Copy State Sales and Use Tax Certificate if applicable
4. Copy of State Licensure (cosmetology, physician, massage therapy, attorney, etc.)
5. Site Plan showing parking (8 1/2 x 11)
6. Detailed Plan (8 1/2 X 11)
7. Please provide either a current driver's license or State issued photo ID.
8. Please provide one of the following as proof of U.S. Citizenship or see attached affidavit:
(A) United State Birth Certificate (C) United States Passport
(B) Social Security Card (with no exceptions or limitations noted) (D) Certificate of Citizenship or Naturalization

APPLICATION APPROVAL PROCESS

- 1. Completed application with all of the applicable documents to be received into Customer Service
2. Application will go to Geographical to verify addressing
3. Geographical will forward to Planning and Zoning to verify the usage listed
4. Planning and Zoning will forward back to the Customer Service Department to track the necessary items needed to complete your process
5. The final phase in completing your application will be the following:

Please call the Cobb Fire Marshal for your plan review and appointment at 770.528.8310. The Fire Marshal office furnishes the plan review application. This has to be done, prior to completion of your application.

- 1. You will need 4 copies of the site and detail plans you submitted with your application and the plan review sheet application when you go for your Fire Marshal appointment. The Fire Marshal will red stamp the plans. (770) 528-8310 or 8312.
2. You will bring one copy of the stamped plans to the customer service department.
3. The second set with your plan review application attached will go to the building department for review. Contact Todd at 770.974.2032. Please make sure that the building department has no questions or revision, before contacting the fire marshal for your on-site inspection.
4. You will keep one copy on-site at the business.

Once we receive the Fire Marshal stamped plans in the customer service department and the building department has no changes, you may call the Fire Marshal office for a final inspection. When the Fire Marshal issues your final release the Building Department will then do a courtesy building inspection.

- A. If the business is intended for the sale or consumption of beer, wine or alcohol, a completed "Privilege License" application must be submitted to the City Clerk for consideration by the Acworth Board of Aldermen. Please call the City Clerk's office for further information at (770) 974-3112.
B. If food service or sales will be conducted on-site, plans will need to be stamped approved by the Cobb County Board of Environmental Health at (770) 435-7815.

Exception: Convenience stores, grocery stores and food processing or packaging businesses (whose goods will be sold off-site) must submit plans to, and obtain approval of the Georgia Department of Agriculture at (404) 656-6923.

Note: Most grocery stores, convenience stores, restaurants, food processing and packaging businesses, delicatessens, etc., will require the installation and proper use of grease traps in the sanitary sewer system. An "approval letter" from the Cobb County Water and Sewer Department/Environmental Compliance Division must be obtained for all such businesses. Call Steve Innice, (770) 419-6317 or Linda Lowery, (770) 419-6327 for further information.

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**EMERGENCY AFTER HOURS CONTACT\*NAME** \_\_\_\_\_ **EMERGENCY NUMBER:** \_\_\_\_\_

Type of Business/Use of Property: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Name Landlord/Owner of the Building/Property where the business is located: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Give a detailed list of all services offered to clients or customers at your business. Please be specific when listing these services. Failure to do so could cause your occupational tax certificate to be revoked. List such services in order of prominence. If there is more than one service that will be operating at the same location and under the same business name, a separate occupational tax certificate may be required for each. Attach an additional sheet if necessary.  
A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_
2. Give a detailed list of all products to be sold from the premises. Please be specific when listing these products. Failure to do so could cause your tax certificate to be revoked. List products to be sold in order of their prominence. Attach an additional sheet if necessary.  
A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_
3. Will services offered or products sold be considered "pornographic" or "adult" use: (Yes/No) If yes, give details: \_\_\_\_\_
4. Will there be any use, sale or storage of firearms, ammunitions or explosives? (Yes/No) If yes, give details: \_\_\_\_\_
5. Number of employees: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time (Include owners and family members).
6. Will there be storage of materials of any kind? (Yes/ No) If yes, list types of materials and area where will they be stored: \_\_\_\_\_
7. Will there be any business vehicles (work trucks, delivery vehicles, trailers) in relation to the business: (Yes/No) If yes, give parking and storage details: \_\_\_\_\_

**FOR SOLE PROPRIETORS OR PARTNERSHIPS**

Business Owner's Name: \_\_\_\_\_ If Partnership (Partner's Name): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Federal ID/If applicable Social Security No.: \_\_\_\_\_ State Sales and Use Tax No.: \_\_\_\_\_

**FOR CORPORATIONS, LLC, OR OTHER CORPORATE ENTITIES**

Corporate Business Name: \_\_\_\_\_

Corporate Owner/President: \_\_\_\_\_

Corporate Officers or Members: A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

Home Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Office Main Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Federal ID/If applicable Social Security No.: \_\_\_\_\_ State Sales and Use Tax No.: \_\_\_\_\_

DO NOT SEND IN PAYMENT WITH APPLICATION. PAYMENTS ARE DUE AFTER APPROVAL FROM ALL DEPARTMENTS.  
 OCCUPATIONAL TAX CERTIFICATES MUST BE RENEWED BY JUNE 30<sup>TH</sup> OF EACH YEAR IN ACCORDANCE WITH  
 ORDINANCE NO. 202-11, 4-18-2002 SEC. 86-105

- Check all that apply: ( ) New Business (Based on Gross Receipts)  
 ( ) Business Address Change (\$10.00 Fee)  
 ( ) Ownership Change (Based the same as New Business on Gross Receipts)  
 ( ) Business Name Change (\$10.00 Fee)

### INSTRUCTIONS

1. Category of estimated gross receipts to be generated in the State of Georgia for the current calendar year (see Tax Table below).  
 \*An audit may be performed to verify such information. 1. \$ \_\_\_\_\_
2. Dollar amount of gross receipts to be generated in the State of Georgia for the current calendar year. 2. \$ \_\_\_\_\_
3. 2007 - 2008 tax amount from the Tax Table below.  
 (Select the proper tax amount based on applicable gross receipts category and the proper  
 "Tax Class" as determined by Customer Service-Occupational Tax Division) 3. \$ \_\_\_\_\_
4. Administrative Fee. 4. \$ 55.00
5. Total 2008 - 2009 Occupational Tax due (add lines 3 and 4). 5. \$ \_\_\_\_\_

Make check payable to the City of Acworth for the total amount due on Line 5

**TAX CLASS                      TAX TABLE                      TAX CLASS WILL BE DETERMINED AFTER ZONING APPROVAL**

Category (Line 1)	Gross Receipt Range (Dollar amount Line 2)	Tax Class A1 Tax Amount (Line 3)	Tax Class A2 Tax Amount (Line 3)
A.	\$ 0 \$ 99,999 (actual dollar amount line 2)	\$ 30.00	\$ 35.00
B.	\$ 100,000 \$ 249,999 (actual dollar amount line 2)	\$ 105.00	\$ 123.00
C.	\$ 250,000 \$ 499,999 (actual dollar amount line 2)	\$ 225.00	\$ 263.00
D.	\$ 500,000 \$ 749,999 (actual dollar amount line 2)	\$ 375.00	\$ 438.00
E.	\$ 750,000 \$ 999,999 (actual dollar amount line 2)	\$ 525.00	\$ 613.00
F.	\$ 1,000,000 \$ 2,999,999 (actual dollar amount line 2)	\$ 1,200.00	\$ 1,400.00
G.	\$ 3,000,000 \$ 4,999,999 (actual dollar amount line 2)	\$ 2,400.00	\$ 2,800.00
H.	\$ 5,000,000 \$ 9,999,999 (actual dollar amount line 2)	\$ 4,400.00	\$ 4,800.00
I.	\$ 10,000,000 \$19,999,999 (actual dollar amount line 2)	\$ 6,400.00	\$ 6,800.00
J.	\$ 20,000,000 \$39,999,999 (actual dollar amount line 2)	\$ 8,400.00	\$ 8,800.00
K.	\$ 40,000,000 \$79,999,999 (actual dollar amount line 2)	\$10,400.00	\$10,800.00
L.	\$ 80,000,000 \$99,999,999 (actual dollar amount line 2)	\$12,400.00	\$12,800.00
M.	\$100,000,000 and over (actual dollar amount line 2)	\$12,400.00 plus \$100.00 per million or portion thereof.	\$12,800.00 plus \$200.00 per million or portion thereof.

Gross receipts means the total revenue of the business or practitioner for the period, including without limitation the following: The total income without deduction for the cost of goods sold or expenses incurred; Gain from trading in stocks, bonds, capital assets or instruments of indebtedness; Proceeds from commissions on the sale of property, goods or services; Proceeds from fees charged for services rendered; Proceeds from rent, interest, royalty or dividend income.

The term gross receipts shall not include the following: Sales, use, or excise taxes; Sales returns, allowance and discount; Inter-organizational sales or transfers between or among the units of a parent-subsidiary controlled group of corporations as defined by 26 USC § 1563(a)(1), or between or among the units of brother-sister controlled group of corporations as defined by 26 USC § 1563(a)(2), or between or among wholly owned partnerships or other wholly owned entities; Payments made to a subcontractor or an independent agent for services which contributed to the gross receipts in issue; Governmental and foundation grants, charitable contributions or the interest income derived from such funds received by a nonprofit organization which employs salaried practitioners otherwise covered by this article, if such funds constitute 80 percent or more of the organization's receipts; Proceeds from sales of goods or services, which are delivered to or received by customers who are outside the state at the time of delivery or receipt.

I (Name) \_\_\_\_\_ being the (Title) \_\_\_\_\_ of the business firm named above, do hereby register and pay the occupational tax to operate said business with the dominant business activity of (Explanation of business type) \_\_\_\_\_ according to the classification index of the Occupational Tax Ordinance of the City of Acworth, Georgia. I declare that I am duly authorized by the business herein named to file this registration for occupational tax, including the accompanying schedules and statements, and that the same are true, correct and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



**Affidavit Verifying Status for City Public Benefit Application**

By executing this affidavit under oath, as an applicant for a City of Acworth, Georgia Business License or Occupation Tax Certificate, Alcohol License Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Acworth, [Business License or Georgia Occupational Tax Certificate, Alcohol Beverage License, Taxicab License, Insurance Company License, Employee Benefits (Retirement, Health, Disability), Contracts, Miscellaneous Licenses (Auctioneers, Pawn Brokers, Massage Therapists, Billiard Rooms Operations, Precious Metals and Gems Dealers, Flea Markets or other public benefit] \_\_\_\_\_ (*Indicate if not listed or circle Category for which you are applying*) for \_\_\_\_\_ (*Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity*)

1) \_\_\_\_\_ I am a United States citizen

**OR**

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.\* 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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\* \_\_\_\_\_  
Alien Registration number for non-citizens

**SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_**

**Notary Public** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

\*Note: O.C.G.A. § 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 that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_



ACWORTH POWER/OCCUPATIONAL TAX DIVISION
CUSTOMER SERVICE DEPARTMENT - ROUTING SHEET

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Please ensure all appropriate City of Acworth departments have approved prior to issuing the license. This sign-off sheet is not designed to take the place of any portion of the application reserved for independent departmental approvals. This is for reference purposes only to ensure all applications have been through each step of the approval process.

CUSTOMER SERVICE DEPARTMENT USE

Initial / Date

Customer Service - application received with all pertinent documentation.

Table with 2 columns: NAME OF BUSINESS, PREVIOUS BUSINESS; BUSINESS STREET ADDRESS, SUITE NUMBER, CITY: 1. ACWORTH 2. KENNESAW

SIC Code: Description: Tax Class: A

GIS DEPARTMENT USE

Initial Date

GIS Department - application received with all pertinent documentation.

TO BE COMPLETED BY GIS DEPARTMENT
DATE:
TAX AND PARCEL INFORMATION
LAND LOT: PARCEL: TAX ID NUMBER:
CORRECTED BUSINESS ADDRESS or PREVIOUS BUSINESS NAME (IF APPLICABLE):

- 1. the property located at the above address in Acworth, GA, is approximately square feet and is zoned.
2. This zoning designation allows the following uses:
3. The following zoning restrictions or other stipulations placed upon this property include:

Approved or Denied:
Planning Administrator Date

BUILDING DEPARTMENT USE

Initial Date

ALL NECESSARY INSPECTIONS HAVE NOT been conducted. Hold until final inspection.

ALL NECESSARY INSPECTIONS HAVE BEEN conducted and applicant is authorized for occupying subject space.

PLANNING AND ZONING DEPARTMENT USE

Date of Cobb County Fire Marshal Stamped Plans Approval:
Date of Cobb County Fire Marshal On-Site Inspection Approval:
Date of Cobb County Center for Environmental Health On-Site Inspection Approval:
Date of Georgia Department of Agriculture Approval:
Department of Alcohol, Tobacco and Firearms Approval:
Date Certificate of Occupancy Issued:

Approved or Denied:
City Clerk Date