

DEKALB COUNTY BUSINESS REGISTRATION APPLICATION

Internal Audit & Licensing, 330 W. Ponce De Leon Ave., Decatur Ga. 30031 (404) 371-2461 Fax (404) 371-2946 **ACCOUNT #** _____

1	OFFICE USE ONLY: NAICS _____ Class _____ Type _____ H.O.P. _____ District _____ Lot _____ Block _____ Parcel _____
2	Zoning: Approved by _____ Denied by _____ Date _____ Denial Reason _____
3	Pending Items: C.O. ___ Fire ___ Health ___ Sanitation Service ___ State License _____ Insurance (Taxi/Limos) _____ Police _____ Other _____
	Business License Items: Primary ID# _____ Owner's ID# _____ Bill To ID# _____

4 Type or Line(s) of Business to be conducted: _____

5	Business /Trade Name _____	Applicant's Name _____ Title: _____
6	Street Address: _____	Ownership Type: Single Owner/Sole Proprietor _____ Partnership _____
7	City/State/Zip _____	Owner(s) Name: _____
8	Business Telephone # _____	Ownership Type : Association ___ Corporation ___ LLC ___
9	E-Mail : _____	Corporate or LLC Name: _____
10	Bill To/Mailing Name: _____	State Where Incorporated: _____ Date Inc: _____
11	Bill To /Mailing Address: _____	Agent's Name: _____ Title: _____
12	City/State/Zip: _____	Owner/Agent's Home Address: _____
		Owner/Agent's City/State/Zip: _____
		Owner/Agent's Telephone (Home No.): _____

13 Applicant's must provide copies of driver's license or other Governmental Issued Photographic Identification with Application

14 DeKalb County Sanitation Account Number: _____ Private sanitation service name: _____

15 Will business be based out of your home? Yes ___ No ___. If yes, is a "Home Occupation Supplemental Registration Form" included? Yes ___ No ___

16 Will your business be an adult entertainment establishment (sexually oriented business) as defined by the DeKalb County Code or does (will) it offer any form of adult entertainment? Yes _____ No _____ **See reverse side of this form for Code definitions.**

17 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.

18 Georgia Open Records Act prohibits public viewing of gross receipts & number of employees. The public may view other information on this form.

19	DeKalb plus Georgia Gross Receipts (estimate)	\$ _____ X _____	\$ _____
20	Employee Fee (at least one, includes owner/operator)	# _____ X _____	\$ _____
21	Flat Fee of \$50.00. (except for professionals paying optional \$400)		<u>\$50.00</u>
22	Administrative Fee (no refund or transfer)		<u>\$75.00</u>
23	Total Amount Due or Professional Option. (\$400 per practitioner by O.C.G.A.)		\$ _____

24 This application must be executed under oath and notarized. I, _____, do solemnly swear that the information on this application is true, 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 county 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

25 Signature _____ Position _____ Date _____

26 Sworn to and subscribed before me this _____ day of _____, 20 _____.

27 Notary Public Signature _____