Dunwoody
Smart people – Smart city

41 Perimeter Center East, Suite 250
Dunwoody, Georgia 30346
P (678) 382-6700 F (678) 382-6701
dunwoodyga.gov

2014 Occupational Tax Certificate Application

If you are a new business in the City of Dunwoody you are required to have a current occupational tax certificate in order to conduct business within city limits. Below are some items we recommend each new business should look into to ensure your business is in compliance with City Ordinances.

Step 1: Before signing a lease we recommend that you make sure your business location is in the proper zoning district for your type of business. Please contact the Zoning Department with your business address and dominant business activity to the Zoning Department for confirmation at Christie.Berkowitz@dunwoodyga.gov. This will help reduce applications denied due to improper zoning.

Step 2: If you are not a home-based business, we recommend that you verify whether or not your business will need a Certificate of Occupancy from the Community Development Department. They can be reached by calling 678.382.6800.

Step 3: Complete and submit all required forms and documentation to the Finance Department to obtain your Occupational Tax Certificate. Please review the Occupational Tax Frequently Asked Questions to determine if additional documentation is required for your business. All forms and documents are on our website at www.dunwoodyga.gov under the Business section. To acquire an occupational tax certificate please follow the instructions below. The items listed below are needed for a complete occupational tax certificate application:

Required for all applicants:

- ☐ **New Occupational Tax Certificate Application**
  - Must be completed, signed and notarized
- ☐ **SAVE Affidavit Form with appropriate identification**
  - #1 U.S. Citizens: Passport, Georgia Driver's License, or Military ID
  - #2 Legal Permanent Residents: Georgia Driver's License and either Permanent Resident Card or Employment Authorization Card
- ☐ **E-Verify Affidavit**
- ☐ **Copy of applicant's identification**
  - Either a valid/current Passport, Georgia Driver's License or Military ID
- ☐ **Payment for the correct fee amount**
  - Checks made payable to City of Dunwoody

Optional depending on business type:

- ✓ **Home Occupational Supplemental Form**
  - Required for all home-based businesses
- ✓ **Home Occupational Supplemental Form – Type B**
  - Required for home-based businesses that will have employees and customers at the residence
  - Additional Permits will be required by the Zoning Department
- ✓ **Copy of the first page of the Certificate of Incorporation**
  - Only needed if business is a Corporation or LLC
- ✓ **Copy of Professional State License**
  - Only if applicable: Attorney's, Physicians, CPA's, Engineering, Architects, Surveyors, Cosmetology, etc.
- ✓ **Copy of health inspection report with the grade and/or fire inspection report**
  - Restaurants Only
- ✓ **Copy of FOG (Fats, Oils, Greases) Compliance Inspection from DeKalb County Dept. of Watershed**
  - Restaurants Only
- ✓ **Additional Requirements for Pain Management Clinics Form**
- ✓ **Additional Supplemental Form for Food Trucks**

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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

*****Applicant must provide copy of valid Georgia driver's license or other governmental issued photographic identification with application (Passport, Military ID, or Georgia driver's license).**

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.

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

2014 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) $125.00

Total Amount Due or Professional Option. ($400 per practitioner only if allowed by O.C.G.A.) $_____

*****Make check payable to the City of Dunwoody. Please mail to 41 Perimeter Center East, Ste 250, Dunwoody, GA 30346******

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 31st and must be renewed annually.

Signature _____Position _____ Date _____

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

Notary Public Signature/Seal _____

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