

OCCUPATIONAL TAX CERTIFICATE APPLICATION

If you operate a business in the City of Dacula, you are required to have an Occupational Tax Certificate on or before actual commencement of business. Below are some items necessary for compliance with City ordinances.

1. Before signing a new lease we recommend that you make sure your business location is in the proper zoning district for your type of business. Please email your business address and a description of the primary business activity to the Planning & Development Department for confirmation at daculacityhall@daculaga.gov. This will help reduce applications denied due to improper zoning.
2. All information provided in this application (with exception of gross receipts) is subject to an Open Records Request and may be viewed by the public.

Required for *all* applicants:

- **New Occupational Tax Certificate Application**
 - Must be completed in full and signed. Incomplete applications will not be accepted.
- **SAVE Affidavit Form with appropriate identification**
 - #1 U.S. Citizens: Georgia Driver's License, Passport, or Military ID
 - #2 Legal Permanent Residents: Georgia Driver's License and either Permanent Resident Card or Employment Authorization Card
 - Must be completed, signed and notarized
- **E-Verify Affidavit**
 - Must be completed, signed and notarized
- **Copy of Applicant's identification – Home based businesses only**
 - Valid Georgia Driver's License OR
 - A combination of: Passport or Military ID; accompanied by a current utility bill, lease, or mortgage statement
- **Payment for the correct fee amount once the application has been processed**
 - Cash, Check, or Credit Card (A service fee of 5% is added on to the total)
 - Checks or money orders should be made payable to the City of Dacula

The following may be required depending on business type:

- **Certificate of Occupancy from the City of Dacula**
 - All commercial locations
 - **Note: this does not count as your business license**
- **Fire Certificate of Occupancy from Gwinnett Fire Marshal**
 - All commercial locations
- **Copy of Lease Agreement**
 - All commercial locations
- **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: Attorneys, Physicians, CPA's, Engineering, Architects, Surveyors, Cosmetology, etc.
 - For information on state licenses and requirements, please visit www.sos.ga.gov
- **Additional permits:** _____

Business Information:

Business/Corporate Name: _____

DBA (if applicable): _____

Address: _____

Mailing Address: _____

Business Phone: _____ Email (required): _____

Are any other businesses currently operating at the above location? ☐ Yes ☐ NoOwnership Type: ☐ Corporation ☐ Partnership ☐ Single Owner ☐ LLC

Number of Employees (including owner): _____

Gross Receipts (Estimated): \$ _____

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

Federal Tax ID (EIN #) or last 4 digits of SS#: _____ GA Sales & Use Tax ID: _____

Will this business serve alcohol? ☐ Yes ☐ NoDescription of business activity (be specific as possible):

_____**Owner/Local Manager Information:**Name of Owner: _____ U.S. Citizen: ☐ Yes ☐ No

Owner Address: _____

Phone Number: _____ Owner Email (required): _____

Local manager: _____ Phone Number: _____

Property Owner Information:

Property Owner Name: _____

Company Name (if applicable): _____

Owner's Mailing Address: _____

Email: _____ Phone: _____

If applicant is not property owner, do you have written consent to open and operate a business at this location?

☐ Yes ☐ No ; if yes, attach affidavit signed by owner or copy of lease

Disclaimer and Signature

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) responsible for all applicable taxes accrued at this location. Should this business close, I am responsible for submitting proper documentation to the appropriate offices at the City of Dacula. **ALL TAX CERTIFICATES EXPIRE ON DECEMBER 31 AND MUST BE RENEWED ANNUALLY.**

Signature: _____ Date: _____

For City Use	For City Use	For City Use
Received:	Business ID:	City CO:
Estimated Gross Receipts:	SIC/NAICS:	Fire Marshal CO:
Amount Paid:	Tax Class/Group #:	Lease Agreement:
Cash, Card, Check #:	SAVE Affidavit:	Copy of Photo ID:
Approved by:	E-Verify Form:	State License:
Notes:		



SAVE PUBLIC BENEFITS AFFIDAVIT

By executing this affidavit under oath, as an applicant for, _____
(Occupational Tax License or Alcoholic Beverage License or any other public benefit,) as referenced in O.C.G.A. § 50-36-1, from the City of Dacula, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one.)

1. ☐ I am a United States citizen. (Include copy of either current State Driver's License, Passport, or Military ID)
2. ☐ I am a legal permanent resident of the United States. (Include a copy of a current State Driver's License and a copy of your Permanent Resident Card/Employment Authorization Card)
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 is _____. (Include a copy of a State Driver's License and a copy of your Permanent Resident Card/Employment Authorization Card)

The undersigned applicant 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 Georgia Law O.C.G.A. § 50-36-1(e)(1) with this affidavit.

Which type of secure and verifiable document was provided with this affidavit? _____

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Completed by Notary:

I, _____ (representative for) _____
(Print name of individual/natural person) (Name of business, corporation, partnership, etc.)

Signature of Applicant

Date

Subscribed and sworn before me on this the _____ day of _____, 20_____.

Executed in _____ (city), _____ (state)

Notary public signature: _____ My commission expires: _____



E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

The E-Verify Private Employer Affidavit must be collected when applying for occupational tax certificates, and alcohol licenses. The City of Dacula will not issue your license unless you are registered with and use the E-Verify program. If you have not registered with E-Verify, you can find the information at www.uscis.gov. By executing this affidavit under oath, as an applicant for an _____ (Occupational Tax Certificate/Business License, Alcohol License or other document required to operate a business) as referenced in O.C.G.A. § 36-60-6(d), from the City of Dacula, the undersigned applicant representing the private employer known as _____ (Printed Name of Private Employer) verifies on of the following with respect to my application for the above mentioned business document.

Choose one of the following in Section 1:

Section 1:

- A.) ☐ On January 1 of the below signed year, the individual, firm, or corporation employed more than ten (10) employees. **If the employer selected (A) complete Section 2 below.**
- B.) ☐ On January 1 of the below signed year, the individual, firm, or corporation employed less than ten (10) employees. **No E-Verify registration is required. Indicate N/A in Section 2.**

Section 2:

The employer has registered with and utilized the federal work authorization program in accordance with the applicable provisions and deadlines in O.C.G.A. § 36-60-6 (e). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below.

Federal Work Authorization User Identification Number or N/A Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes false, fictitious, or fraudulent statement of 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.

Completed by Notary:

I, _____ (representative for) _____
(Printed name of individual/natural person) (Title of Authorized Officer or Agent)

Signature of Applicant

Date

Subscribed and sworn before me on this the _____ day of _____, 20 _____.

Executed in _____ (city), _____ (state)

Notary public signature: _____ My commission expires: _____

State and Local Contact Information

**Building Permit/Sign Approval
Certificate of Occupancy**
(Compliance Inspection)

[City of Dacula Planning & Development](#)
442 Harbins Road
770-963-7451

State Taxpayer
Identifier, Withholdings, Exemptions

[Georgia Department of Revenue](#)
1-877-423-6711

Federal Employer Identification Number

[Internal Revenue Service](#)
1-800-829-4933 OR
404-338-7962

Fire Marshal

[Gwinnett County Fire Marshal](#)
446 West Crogan Street
Suite 100
Lawrenceville, GA 30045

Restaurant inspection
Environmental Health/Food Service

[Environmental Health Department](#)
455 Grayson Hwy, Suite 600
Lawrenceville, GA 30046
770-963-5132

Health Inspection
Food Services

[Georgia Department of Agriculture](#)
19 MLK Jr. Drive, SW
Atlanta, GA 30034
855-424-5423

Corporation Set-up
LLC and LP

[Georgia Secretary of State](#)
2 MLK Jr. Drive, Suite 315
Floyd West Tower
Atlanta, GA 30334
404-656-2817

Professional Licensing

[Georgia Secretary of State](#)
237 Coliseum Drive
Macon, GA 1217
404-424-9966