**CITY OF ADAIRSVILLE**

**OCCUPATIONAL TAX CERTIFICATES FOR NEW BUSINESSES**

Contact

Nicole Scoggins

Community Development Specialist

nscoggins@adairsvillega.net

116 Public Square

Adairsville, GA 30103

Ph: (770) 773-3451 ext. 100

Fx: 770-773-2582

Hours: Monday-Friday

8:00 am – 4:30 pm

All applicants for any public benefit (i.e. permit, certificate and / or license) given by the City of Adairsville will be required by State law to submit a SAVE Affidavit and secure and verifiable document; non-U.S. Citizens must submit acceptable immigration documentation which will be used to verify lawful presence in the United States via U.S.C.I.S.

(O.C.G.A. § 50-36-1 & 2)

An E-Verify Affidavit will also be required for each business receiving an occupational tax certificate / business license / permit.

(O.C.G.A § 36-60-6)

Occupational Tax Certificates are issues within 2-4 working days of submitting the following required documentation:

**Occupational Tax Certificate Application Packet:**

* New Business Application **(must be complete with all proper signatures on page 9)**
* S.A.V.E. Affidavit – NOTARIZED
* E-Verify Affidavit – For business with 11 or more employees – NOTARIZED
* E-Verify Affidavit – For business with 10 or less employees – NOTARIZED

Peddlers License and Home Occupations License can be obtained with a separate application upon request.

**Required Documentation:**

* Copy of valid secure and verifiable document, e.g.… driver’s license – can be mailed or emailed to the Community Development Specialist or submitted in person.
* Copy of Lease for Utility Department
* Applicable license fee, payable by cash or check
* Certificate of Occupancy
* Certified Fire Inspection page 9
* Required Health Inspection Report with Grade page 9
* Required licensing and documentation as determined by the State of Georgia, such as licenses, Georgia Sales & Use Tax Certificate, permits, etc.
* Copy of required business registration from the Georgia Secretary of State (404) 656-2817 or Bartow County Clerk of Superior Court for DBA **(Required by State Law O.C.G.A § 10-1-490)**
* NAICS Number (North American Industry Classification System)
* All documents must be signed by the same, qualified applicant

**Other Required Documentation by Business Type**

* Automobile Sales
* State License
* Bakery
* Agriculture Department Letter
* Barber/ Beauty Salon
* State License
* Master Shop License
* Burglar Alarm
* State License
* Butcher
* Agriculture Department Letter
* USDA Approval
* Child Care
* DHR State License
* Chiropractors
* State License
* Contractors
* State License
* Doctor/Dentist
* State License
* Financial Institution
* Georgia Department of Banking and Finance Certificate
* Massage Therapists
* State License
* Money/ Wire Transfer
* Georgia Department of Banking and Finance Certificate
* Non-Profit Business
* IRS 501C3 Letter
* Pawnshop
* Police Background
* Pest Control
* State License
* Personal Care Home
* Fire and/or Health Inspection
* DHR State License
* Physical Therapy
* State License
* Plumbing Business
* State License
* Precious Metals and Gems
* Police Background
* Real Estate Agents
* State License
* Restaurants
* Health Inspection
* Tattoo Parlor
* Health Inspection
* Taxi / Vehicle for Hire / Wrecker Service
* State License
* Proof of Insurance / Driver’s License

**CURRENT OCCUPATIONAL TAX CERTIFICATE FEE SCHEDULE:**

**NUMBER OF EMPLOYEES AMOUNT OF TAX FEE**

|  |  |
| --- | --- |
| 1 | $75.00 |
| 2-5 | $150.00 |
| 6-10 | $200.00 |
| 11-50 | $250.00 |
| 51-100 | $300.00 |
| 101-200 | $500.00 |
| 201-500 | $750.00 |
| 501-1000 | $1,000.00 |
| 10000 & over  | $1,250.00 |
| TWO (2) PART-TIME EMPLOYEES = | ONE (1) FULL-TIME EMPLOYEE |

**One-half the annual occupation tax shall be charged for new businesses registered after July 1.**

**PEDDLERS LICENSE FEES:**

|  |  |
| --- | --- |
| Background check  | $25.00 |
| Peddlers License Fee  | $50.00 |

**ALCOHOL LICENSES & ALCOHOL SERVER IDS**

The City of Adairsville regulates the sale or otherwise dispensing of alcoholic beverages; applications for a City of Adairsville Alcohol License may be obtained by contacting the Community Development Specialist.

**Required background check & fingerprinting:**

**Beer & wine package sale or pouring applications turned in by the 15th of each month will be eligible for the following month Council agenda. Example: Application turned in May 12th will be eligible for June Council agenda; Application turned in May 20th will be eligible for July Council Agenda.**

Alcohol Server IDS are currently issued through the City of Adairsville Police Department which may be reached at (770) 773-7711.

**ALCOHOL BEVERAGE LICENSE FEE SCHEDULE:**

|  |  |
| --- | --- |
| Malt Beverage Package, Retail | $500.00 |
| Wine Package, Retail | $400.00 |
| Malt Beverage & Wine Package, Retail | $900.00 |
| Malt Beverage & Wine, **Pouring** | $900.00 |
| Distilled Spirits, **Pouring** | $1,750.00 |



OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE) APPLICATION

**Note: Application must be completed in the order as it appears.**

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**CITY OF ADAIRSVILLE**

**OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This application must be submitted to the Community Development Specialist. The application must be filled out ***completely*** and returned with applicable fees to obtain certificate.

**Make Check Payable to City of Adairsville**

( ) Ownership Change/Date ownership changed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ( ) I am filing an address/name change for Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Business:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mailing Address, if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Owner of Business

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Manager of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Description of business to be conducted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the proposed business a pawnshop or bed & breakfast? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**If yes, additional permits must be obtained from the City of Adairsville.**

**Is proposed business a tire dealer or mechanic shop? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**If yes, additional information will be required.**

**If you are required to be licensed by the State of Georgia, a copy of your state license must be presented at the completion of this application.**

1. Number of employees: Full-Time \_\_\_\_\_\_\_\_\_ Part-Time\_\_\_\_\_\_\_\_\_
2. Business Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Sales Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. NAICS Number (North American Industry Classification System): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. SIC Number (Standard Industrial Classification): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-verify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

**SIGNS FOR YOUR BUSINESS REQUIRE A PERMIT.**

Will a new sign be placed at this location? Yes \_\_\_\_No\_\_\_\_

**If yes, additional permits must be obtained from the City of Adairsville.**

**Will you be interested in ribbon cutting/Grand Opening event? Yes \_\_\_\_No\_\_\_\_**

Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? \_\_\_\_

If yes, please list all dates and locations of the offenses and disposition of charges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify the above information is true and correct and contain no false or fraudulent information. In addition, I understand my business location must conform to all City of Adairsville Ordinances, Rules and Regulations. Furthermore, I understand non-compliance with any City of Adairsville Ordinance, Rule and Regulation will result in non-renewal of Business/Occupation Certificate for this business.**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**( ) Owner ( ) Manager ( ) Other**

**CITY OF ADAIRSVILLE**

**FINAL INSPECTIONS REQUIRED FOR ISSUANCE OF OCCUPATIONAL TAX CERTIFICATE**

On completion of a building before occupancy, a final inspection must be done before a Certificate of Occupancy can be issued. The following should be contacted for their approval when applicable.

1. **City of Adairsville: ZONING –** Community Development/Nicole Scoggins 770-773-3451 x 100

Property Zoned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zoning Chart Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **City of Adairsville: Utilities Department** – Stephanie Witt

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TAX COMMISSIONER-** 770-387-5111/135 W. Cherokee Ave, Suite 217A

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Map Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Property Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **BUILDING INSPECTIONS** – 770-387-5067/135 W. Cherokee Ave, Suite 120

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Contact Building Inspections concerning the inspection fee)**

1. **FIRE MARSHALL** - 770-387-5151 /5435 Hwy 20

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **BARTOW COUNTY HEALTH DEPT –** 770-387-2614 **(Only required for food services)**

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **City of Adairsville: Code Enforcement** – Anthony Parker
* **Must have working backflow preventer: Yes or No**
* **Must have working grease trap (where applicable): Yes or No**

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Additional information required for pawn shops, flea market, beer & wine package sale or pouring)**

|  |
| --- |
| By executing this affidavit under oath, as an applicant for the City of Adairsville, Georgia Business License as referenced in O.C.G.A. § 50-36-1, from the undersigned applicant verifies one of the following with respect to my application for public benefit:1. \_\_\_\_\_\_\_\_\_ I am a United State citizen
2. \_\_\_\_\_\_\_\_\_ I am a legal permanent resident of the United States
3. \_\_\_\_\_\_\_\_\_ I am a qualified alien or non-immigrant under Federal Immigration and Nationally Act with an alien number issued by the Department of Homeland Security or other federal immigration.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.The undersigned applicant also hereby verifies that her or she is 18 years or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.**Please write driver’s license number at the bottom of this form if number 1 is checked.****A copy of one of the following cards must be attached if numbers 2 or 3 are checked:**Permanent Resident, Employment Authorization Document, US Passport, US military ID, or a Certificate of Citizenship.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 as allowed by such criminal statute.Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SUBSCRIBED AND SWORN BEFORE ME ON THIS THE\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_ NOTARY PUBLIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MY COMMISSION EXPIRES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **2014 Private Employer E-verify affidavit** \*\* THIS FORM IS REQUIRED BY STATE LAW \*\*By executing this affidavit under oath, as an applicant for a (n) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[business license, occupational tax certificate, or other document required to operate a business] as Referenced in O.C.G.A. §36-60-6, from the CITY OF ADAIRSVILLE, the undersigned applicant representing the private employer known as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [printed name of private Employer—individual, firm or corporation] verifies one of the following with respect to my application for the above mentioned business document:The individual, firm, or corporation employs the following number of employees: (Select A or B)**A \_\_\_\_ 11 or more employees You must provide the following information in order to receive an occupational tax certificate** **B \_\_\_\_ 10 or fewer employees – automatically exempt from participation in E-Verify Program.** Furthermore, I, as the applicant, affirmatively state that 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.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 statue. Executed on the \_\_\_\_\_ Date of \_\_\_\_\_\_\_, 20\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_ (city), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUBSCRIBED AND SWORN BEFORE MESignature of Authorized Officer or Agent ON THIS THE\_\_\_\_\_DAY OF \_\_\_\_ 20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of and Title of Authorized Officer or Agent NOTARY PUBLIC   |