



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
BUSINESS LICENSE CHECKLIST
Commercial or Home Occupation

SUBMIT:

- Completed application form (enclosed)
- Georgia's driver's license or Georgia ID
- Fee (check or money order made payable to Rockdale County, credit card, or *exact* cash)
- Affidavit Verifying Citizenship Status form (enclosed)
- Proof of occupancy: Signed lease agreement with applicant's name, signed and notarized letter from property owner, or Tax Records
- E-Verify Compliance form (enclosed)
- Commercial licenses only: Compliance Inspection application package (separate file)

IMPORTANT CONTACT INFORMATION:

- To register a corporation (including LLC): Secretary of State (404-656-2817) (www.sos.state.us/corporations)
- To register as a child care provider: Bright from the Start (www.dec.state.ga.us, 404-656-5957)
- To register as a personal care home: Department of Human Resources (<http://aging.dhs.georgia.gov/adult-day-care>, 404-657-4076)
- For commercial fleet: Georgia Department of Driver Services (www.dds.ga.gov, 678-413-8400), US Department of Transportation (DOT) www.dot.state.us
- For cottage food: Georgia Department of Agriculture (www.agr.state.ga.us) (404-656-3627)
- For food services: Food Inspection Report or Permit from Rockdale County Board of Environmental Health (www.rockdalehealth.com, 770-278-7342). Rockdale County Water Resources Fat, Oil & Grease (FOG) program (grease traps and interceptors): 770-278-7450.
- To obtain a federal employer identification number (EIN): Internal Revenue Service (Form SS-4: [http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Apply-for-an-Employer-Identification-Number-\(EIN\)-Online](http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Apply-for-an-Employer-Identification-Number-(EIN)-Online))
- To obtain a state tax ID number: Department of Revenue (877-423-6711, Form CRF-002: <http://dor.georgia.gov/documents/crf-002>)

Department of Planning and Development contact information:

In person: 958 Milstead Avenue, Conyers, GA 30012 ◦ Monday through Friday, 8:00am to 5:00pm	
Mail: P.O. Box 289, Conyers, GA 30012	Phone: 770 278-7100
Email: businesslicense@rockdalecountyga.gov	Fax: 770 278-8940



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
 P.O. Box 289/958 Milstead Avenue, Conyers, GA 30012
 Phone: 770-278-7100
 Email: businesslicense@rockdalecounty.org

BUSINESS LICENSE AND OCCUPATIONAL TAX APPLICATION

Business Information

Name of Business /DBA			
Business Type (check one)		<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Commercial
Ownership Type (check one)		<input type="checkbox"/> Single Proprietor (Owner)	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Business Physical Address			
Business Telephone Number	Number of Employees	E-Verify Number	NAICS Code
Business Mailing Address			
Detailed Business Description			

Business Owner Information

Name of Owner (First)			(Middle)	(Last)
Address				
E-Mail Address	Work Telephone Number	Cell Telephone Number		

Corporate Information (if applicable)

Name of Corporation		Corporate Address		
Federal Employer ID Number (EIN)		GA State Tax ID Number		
Corporate Officer Name/Title	Officer's Telephone Number	Officer's Email Address		
Local Contact Name	Contact's Telephone Number	Contact's Email Address		

State License (if applicable)

License Type	License Number
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This application is to be executed under the following oath: "I solemnly swear, subject to criminal penalties for false swearing that the information in this application is true and correct and that the application is herein made to procure the granting of this license."

Signature: _____ Print Name: _____

Date: _____



AFFIDAVIT VERIFYING CITIZENSHIP STATUS

O.C.G.A. 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- 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 issued by the Department of Homeland Security or other federal immigration agency is:

_____, the undersigned applicant also 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 O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign

Applicant signature

The secure and verifiable document provided with this affidavit can best be classified as:

(type of document)

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.

Executed in _____, _____, this _____ day of _____, 20_____
(city) (state) (day) (month) (year)

For notary use only

SEAL

Notary Public signature

GA Registration No. and expiration date



E-VERIFY COMPLIANCE FORM

O.C.G.A. §36-60-6(d).

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. §36-60-6(d).

SECTION I

Check only one:

On January 1st of the current year, the individual, firm or corporation employed **ten (10) or fewer** employees.
Skip to Section II

On January 1st of the current year, the individual, firm or corporation employed **more than ten (10)** employees.

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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of exempt private employer (company name):

Federal Work Authorization User Identification Number:

Date of authorization:

Complete Section II

SECTION II - Wait to be in front of notary to fill out

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in _____, _____, this _____ day of _____, 20____
(city) (state) (day) (month) (year)

Applicant signature

Applicant name and title

For notary use only

Notary Public signature

GA Registration No. and expiration date

SEAL