



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@rockdalecountyga.gov

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



Compliance Inspection Procedure

REQUIRED:

1. A Compliance Inspection is required on all Commercial Buildings requesting a Business License.
(Construction or renovation requires an Interior Finish permit instead of a compliance inspection)
2. A \$50 application/inspection fee is required at the time of application.
3. Completed CI application to be approved. (No inspections before approval)
4. Building Inspection. Inspector will check:
 - Compliance with 2006 ICC existing building code
 - Manufacturer Specifications on building(s) and equipment, when applicable
5. Rockdale County Fire Department inspection. After approval of paperwork, applicant must call 770-278-8401 to schedule. A copy of the report must be in file prior to the issuance of the Business License.

IF:

A building has been vacant for more than six months

-or-

A change in use of the building

THEN PLANS WILL BE REQUIRED:

6. A site/parking plan and interior layout plan required
(A legible, hand drawn copy of each may be accepted-check with official before submitting)
7. Submit to Planning & Development Plan Review Division (770-278-7100):
 - a. Completed Application
 - b. Completed Compliance Inspection Checklist
 - c. Application/Inspection Fee \$50 (included above)
 - d. Six copies (6) of Site plan & interior layout (see checklist)

Plans will be distributed to: (when applicable)

- Assistant Director-Building
 - Rockdale County Fire Department
 - Rockdale Water Resources
 - Environmental Health Department
 - Zoning
8. You will be notified when the review is complete (7 to 10 days).
 9. When reviewing departments have signed off, then a Certificate of Occupancy (CO) will be issued.



Compliance Inspection Application

Business Name: _____

Business Address: _____

City _____ State _____ Zip _____

Property Owner: _____

Owner Address: _____

City _____ State _____ Zip _____

Phone: _____ Cell Phone: _____

Description of **Previous** Use: _____

When did the use cease? _____

Detailed Description of **Proposed** Use: _____

Please Print Name: _____

Signature of Applicant: _____

Date: _____



Compliance Inspection Site/Parking Plan & Interior Layout Plan

Site/Parking Plan

A site plan of existing and proposed conditions of the site must include the following:

(A legible, hand drawn copy may be accepted)

(Note: Some of the information may be obtained from the zoning department)

- | | |
|---|---|
| <input type="checkbox"/> Property Dimensions | <input type="checkbox"/> Occupancy Type |
| <input type="checkbox"/> Streets labeled | <input type="checkbox"/> Property Address |
| <input type="checkbox"/> Sign location | <input type="checkbox"/> Use of building |
| <input type="checkbox"/> Parking calculations (required and proposed) | |

Interior layout

A sketch plan of existing and proposed conditions of the building must include the following:

(A legible, hand drawn copy may be accepted)

- | | |
|---|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Compliance with ICC Building Codes/ADA |
| <input type="checkbox"/> Use of building | <input type="checkbox"/> Hot water Heater |
| <input type="checkbox"/> Total gross square footage of building | <input type="checkbox"/> Dimensions of each room to scale and label their use |

***The department may request additional information.



ROCKDALE COUNTY FIRE & RESCUE
Jerry E. Wainright, Fire Marshal
jerry.wainright@rockdalecountyga.gov

FIRE HEADQUARTERS
OFFICE: 770-278-8401
FACSIMILE: 770-278-8930

Rockdale County Fire Marshal's Office Compliance Inspections/Move in as-is/ Change in Name or Ownership Inspections

In an effort to improve customer service, Rockdale County Fire Marshal's Office would like to provide you with a list of items to expedite the process of obtaining your business license. Please address these items prior to the fire safety inspection to avoid having to schedule follow-up inspections which would extend the time needed to obtain your license. This will not apply when there is a change of occupancy classification in the Life Safety Code or the IBC, occupancies requiring architectural plans pursuant to OCGA Title's 25 or 43, or if construction is taking place.

- Address/building numbers are 4" high and plainly visible from the street
- Existing exit lighting is properly illuminated and battery backup operates properly.
- Existing Emergency lights have been tested and are operable.
- Fire extinguishers, with proper rating and current certification tag, are properly mounted.
- Key locks, padlocks, & dead bolts removed from exit doors. Only thumb turn or push-to open locks in compliance of the Life Safety Code are allowed.
- Means of egress is unobstructed and doors operate freely.
- Floor arrangement and equipment layout within office spaces and warehouse spaces shall meet proper widths, common paths, travel distances, and hazard commodities for the specific occupancy/building design.
- Existing fire rated walls and penetrations are properly sealed and fire stopped.
- Electric Panel has 36" X 30" clearance from combustibles or obstructions.
- No exposed wires, extension cord wiring; electrical receptacles and light fixtures are properly mounted in walls and ceilings
- No storage in the electrical room or near gas fueled appliances.
- Storage maintained a minimum of 2' below ceiling in non-sprinkled buildings and 18" in sprinkled buildings.
- Confirmation of "as-built" drawings being consistent with the location.
- Confirmation that no construction is taking place.
- Verification that no change in occupancy classification or sub-classification pursuant to Georgia Fire Safety Rules and Regulations has taken place.
- Current annual Sprinkler inspection has been conducted and properly tagged (if applicable).
- Current annual Fire Alarm inspection (if applicable).
- Current 6 month Fire Suppression System inspection report, with tag properly documented.

When all applicable items have met compliance, the tenant shall contact the Fire Marshal's Office to schedule an inspection (770-278-8401). The Fire Inspector will complete a "Permitted Use Inspection Form" and gather all information pertinent to the New Tenant. The tenant will return the signed Permitted Use form to the Planning & Development office to complete the licensing process.

**The inspection items listed are not inclusive of every scenario that can be addressed.
Inspectors will work with customers to address any issues specific to their situation.**