To apply for a commercial business license, an approved business use verification and fire marshal inspection report are required.

Application Submittal/Supporting Documents: 
See Document Requirements Matrix (attached)

Permit Required:
Certificate of Occupancy (CO) permit application for business license (see attached) - Commercial Business Use Requirements Only

Reviews:
Zoning Approval
Fire Marshall Approval – Commercial Business Use Requirements Only
Tax Commissioner Approval
Occupational Tax Office Review

Inspections:
Building Inspections for Certificate of Occupancy – Commercial Business Use Requirements Only
Fire Marshal Inspection (required before submitting application) – Commercial Business Use Requirements Only
Certificate of Occupancy; issued when all inspections are approved – Commercial Business Use Requirements Only

Additional Information:

- For home occupations: business location must match address located on a government issued ID.
- New Businesses shall not operate until a certificate of occupancy (commercial business requirement only) and business license are issued.
- Business operating as a corporation or any legal entity filed with the Secretary of State office; must provide a copy of the state sealed certificate and articles of organization which includes all owner/members.
- Business operating as partnership – all parties MUST sign the business application and provide a valid government issued ID.
- All business parties requiring a police background check – MUST complete form, signed and provide government issued ID. Parties requiring a back check are; polygraph examiner, private detective, private detective agencies, security guards, security guard agencies, security system installers, locksmith, ice cream vendor, wrecker/towing service and passenger transportation.
- Business license fees are based on number of employee and a non-refundable administrative fee of $25.
- Business operating without proper business license will be charged an additional 10% penalty for each year and 1/5% interest for each month the business operated without a license.
**BUSINESS LICENSE AND OCCUPATIONAL TAX APPLICATION**

<table>
<thead>
<tr>
<th>Name of Business /DBA</th>
</tr>
</thead>
</table>

**Business Type (check one)**  
☐ Home Occupation  ☐ Commercial

**Ownership Type (check one)**  
☐ Single Proprietor (Owner)  ☐ Partnership  ☐ Corporation  ☐ LLC

<table>
<thead>
<tr>
<th>Business Physical Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Business Telephone Number</th>
<th>Number of Employees</th>
<th>E-Verify Number</th>
<th>NAICS Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Business Mailing Address</th>
</tr>
</thead>
</table>

**Detailed Business Description**

**Business Owner Information**

<table>
<thead>
<tr>
<th>Name of Owner (First)</th>
<th>(Middle )</th>
<th>( Last)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-Mail Address</th>
<th>Work Telephone Number</th>
<th>Cell Telephone Number</th>
</tr>
</thead>
</table>

**Corporate Information (if applicable)**

<table>
<thead>
<tr>
<th>Name of Corporation</th>
<th>Corporate Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Federal Employer ID Number (EIN)</th>
<th>GA State Tax ID Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Corporate Officer Name/Title</th>
<th>Officer’s Telephone Number</th>
<th>Officer’s Email Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Local Contact Name</th>
<th>Contact’s Telephone Number</th>
<th>Contact’s Email Address</th>
</tr>
</thead>
</table>

**State License (if applicable)**

<table>
<thead>
<tr>
<th>License Type</th>
<th>License Number</th>
</tr>
</thead>
</table>

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: ____________________________

Updated 08/2019
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

Notary Public signature

SEAL

GA Registration No. and expiration date

Updated 08/2019
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