



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 APPLICATION

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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.



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CASE # \_\_\_\_\_

BUSINESS LICENSE AND OCCUPATIONAL TAX APPLICATION

Name of Business /DBA

Business Type (check one) [ ] Home Occupation [ ] Commercial

Ownership Type (check one) [ ] Single Proprietor (Owner) [ ] Partnership [ ] Corporation [ ] 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

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:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | On January 1 <sup>st</sup> of the current year, the individual, firm or corporation employed <b>ten (10) or fewer</b> employees.<br><i>Skip to Section II</i>   |
| <input type="checkbox"/> | On January 1 <sup>st</sup> of the current year, the individual, firm or corporation employed <b>more than ten (10)</b> employees.<br><br>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:<br><br>Name of exempt private employer (company name): _____.<br>Federal Work Authorization User Identification Number: _____.<br>Date of authorization: _____.<br><i>Complete Section II</i> |

## 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 |
|---------------------|--------------------------|

|   |
|---|
| <i>For notary use only</i>              |
| Notary Public signature                 |
| GA Registration No. and expiration date |

SEAL