



4362 Peachtree Rd  
 Atlanta GA 30319  
 Main 404-637-0500  
 Fax 404-637-0501  
 www.brookhavenga.gov

**New Business Occupational Tax Certificate Application**

Year \_\_\_\_\_

Out of Town Contractor: Yes( ) No( ) *(Please use physical job site address for business address)*

<b>Business Information</b>	Business Name: _____
	Business Telephone Number: _____ Fax Number: _____
	Business Address/Location: _____ Suite or Apt No.: _____
	City, State, Zip: _____ E-mail: _____
	Dominant Business Activity: _____ Fed Tax ID: _____
	Date business commenced in the City of Brookhaven: _____ Sales Tax ID: _____

**Ownership Type (check one):**  GA Corporation  Foreign Corporation  Sole Owner  Partnership  LLC

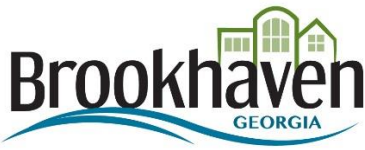
<b>Corporate &amp; Contact Information</b>	Corporate Name: _____
	Owner's Name: _____ Applicants Name: _____
	Owner's Address: _____
	Mailing Address: _____
	City, State, Zip: _____
	Contact Person: _____ Phone Number: _____

<b>Property Questionnaire</b>	Are you the Property Owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will this business be based out of your home? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you a NON-PROFIT Organization? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide proof of 501(C)(3) status.</i>	
	Have you obtained your certificate of occupancy? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Required for new and renovated construction)</i>	
	Have you obtained a certificate of tenancy? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Required for new/change of ownership w/ no new or renovated constr.)</i>	
	Will this business serve or sell Alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please list hours of operation)</i>	
	Will your business be an adult entertainment establishment (sexually oriented business) as defined by the Brookhaven City Code, or (will) it offer any form of adult entertainment? <input type="checkbox"/> Yes or <input type="checkbox"/> No	

**Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.**

<b>Estimates</b>	Yearly Projected Brookhaven and Georgia Gross Receipts: \$ _____
	Number of Employees (at least one, includes owner/operator): # _____
	Professional Practitioner electing to pay the flat fee (\$400 per practitioner) as allowed under State Code O.C.G.A. 48-13-9(c) Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>OFFICE USE ONLY:</b>	Fee: \$ _____	Amount Paid: \$ _____	Bal. Due: \$ _____	Date: _____
Zoning: Approved by _____ Denied by _____ Date _____ Denial Reason _____				
License No: _____ NAICS Code: _____ Approved/Received Items: C.O. _____ Fire _____ Health Dept. _____ State Lic. _____				



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**PLEASE COMPLETE THE APPLICATION IN FULL**

**ALL NEW APPLICATIONS MUST BE PRESENTED IN PERSON WITH PROPER IDENTIFICATION**

Make checks or money order payable to: **City of Brookhaven**

**Penalties**

The City of Brookhaven shall assess a penalty in the amount of ten percent (10%) of the amount owed for each calendar year or portion thereof for:

1. Failure to pay occupation taxes and administrative fees when due;
2. Failure to file an application no later than April 30<sup>th</sup> of any calendar year, when the business or practitioner was in operation the preceding calendar year.

Delinquent taxes and fees are subject to interest at a rate of 1.5 percent per month.

Issuance of a business occupational tax certificate is not to be considered as an approval of said business use and in no way confirms that said business meets the requirements of the City of Brookhaven Zoning Resolution of the conditions of zoning approval.

Any incidence of "nonconformity" relating to the above zoning requirements will subject the certificate holder to possible revocation of the certificate.

I, \_\_\_\_\_, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training and ability and that no false or misleading statement is made herein to obtain a business occupational tax certificate. I understand that if I provide false or misleading information in this application, I may be subject to criminal prosecution and/or immediate revocation of my business occupational tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required to issuance of a business occupation tax certificate. All tax certificates expire December 31<sup>st</sup> and must be renewed annually.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

As an applicant for a home-based occupational tax certificate, I have received a copy of **Article 4. Sec. 27-1427** of the Zoning Home Supplemental Regulations of The City of Brookhaven entitled "Home Occupations and Private Educational Uses." If not applicable write NA on the signature line below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit Verifying Status for City Public Benefit**  
**\*\*This form is required for ALL LICENSES/PERMITS by State Law\*\***

By executing this affidavit under oath, as an applicant for a business license, as referenced in O.C.G.A. § 50-36-1, from the City of Brookhaven, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) \_\_\_\_\_ I am a United States Citizen  
(Must Include copy of either current State's Driver's License, Passport, or Military ID)

2) \_\_\_\_\_ I am a legal permanent resident of the United States\*\*  
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationally Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. \*\*  
(Must include a copy of your current State Driver's License and either a copy of you Permanent Resident Card or Employment Authorization Card)

\*\*My alien number issued by the Department of Homeland Security or other federal immigration 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.

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

In making the above representation under oath, I understand that any person who knowingly and willfully makes 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 \_\_\_\_\_ (City), \_\_\_\_\_ (State).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**Subscribed and Sworn Before Me On This The \_\_\_\_\_ Day Of \_\_\_\_\_, 20\_\_\_\_\_.**

**My Commission Expires: \_\_\_\_\_**

\_\_\_\_\_  
**Notary Public/Seal**



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**E-Verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**  
**\*\*This form is required by Georgia State Law\*\***

By executing this affidavit under oath, as an applicant for a business license as referenced in O.C.G.A. § 36-60-6(d), from City of Brookhaven, Georgia, the undersigned applicant representing the private employer known as \_\_\_\_\_ [*printed name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or less employees.

*If the employer selected (a) please fill out below section.*

**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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number (not your FEIN number)

\_\_\_\_\_  
Date of Authorization

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 statute.

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
Signature of Authorized Officer or Agent                      Date

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

**Subscribed and Sworn Before Me On This The \_\_\_\_\_ Day Of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
**Notary Public/Seal**

\_\_\_\_\_  
**My Commission Expires**



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## NEW BUSINESS WORKSHEET

**Gross receipts.**

*The term "gross receipts means total revenue of the business or practitioner for the period, including without being limited to the following:*

- a. Total income without deduction for the cost of goods sold or expenses incurred*
- b. Gain from trading stocks, bonds, capital assets, or instruments of indebtedness.*
- c. Proceeds from commissions on the sale of property, goods or services*
- d. Proceeds from fees charged for services rendered*
- e. Proceeds from rent, interest, royalty or dividend income and*
- f. From all other income whatsoever arising from or growing out of the conduct of the business, trade, profession or occupation without any deduction whatsoever.*

TAX CALCULATION FOR CURRENT YEAR

1. Estimated Brookhaven and Georgia "Gross Receipts" for current year (If Gross Receipts are less than \$20,000, please put \$20,000)	
a. Sales, Use or Excise Taxes	
b. Sales returns, Allowances and Discounts	
c. Payments made to a Subcontractors or Independent Agent (Individuals or companies who contribute to the gross receipts of the business)	
d. Inter-organizational Sales (Please see Chapter 15, Article II, Sec. 15-28 of City Ordinances for definitions)	
e. Governmental and Foundation Grants (Please see Chapter 15, Article II, Sec. 15-28 of City Ordinances for definitions)	
f. Total Deductions (add a through e)	
2. Subtract Deductions, line(F) from Estimated Gross Receipts, line (1) (If deductions are \$20,000 or less, please put \$20,000)	
3. Standard Deduction	<b>\$20,000.00</b>
4. Subtract Line 3 from Line 2 (If amount is negative, please put \$0.00)	
<b>Gross Receipt Rates are determined by a business's NAICS Code. NAICS Code _____</b> The NAICS Code can be found online at <a href="http://www.census.gov/eos/www/naics/">www.census.gov/eos/www/naics/</a> by searching for the type of business activity	
5. Multiply Line 4 by Rate (Use The City of Brookhaven Occ. Tax Rate Table to determine rate.)	
6. No. of Employees _____ x employee rate. (Use the City of Brookhaven Occ. Tax Rate Table to determine rate.)	
7. Administrative Fee \$125.00	<b>\$125.00</b>

**Grand Total Due:** (Lines 5 through 7)

**OR**

Electing to pay Practitioner Fee, as allowed under State Law O.C.G.A 48-13-19 (c)

Professional Practitioner fee: \$400 (per practitioner) No. of practitioners \_\_\_\_\_ x \$400