



## RENEWAL OCCUPATION / BUSINESS TAX APPLICATION

Your current business licenses(s) expires on December 31<sup>st</sup>, of every year. You are required to complete the entire license renewal process as outlined below for the tax year no later than March 31<sup>st</sup>. Please read and follow the instructions below carefully:

1. Complete all spaces on the Application below. Be sure to include previous year's State Income Tax Return; or if you prefer, complete the WAIVER section of the renewal application. For fee calculation, provide Gross Revenue totals and number of employees, unless you otherwise qualify for the other categories, such as a Professional, Out of State Contractor or out of state Insurance company. Businesses that also require federal, state or county licenses (restaurants, hair salons, nail salons, contractors, physicians, dentists, used car dealers, etc.) must include updated copies of these documents. **The deadline for filing this application is February 1<sup>st</sup> of each year.** Submit this application via the BS&A portal or via email at [bl@eastpointcity.org](mailto:bl@eastpointcity.org).
2. Upon receipt of the completed application with all necessary supporting documents, the renewal fees will be calculated, and an invoice will be emailed (if email address is provided) and/or mailed to you by March 1<sup>st</sup>.
3. Mail the invoice with payment to: Business License Division, Planning and Community Development, 2757 East Point Street, East Point, GA 30344. The renewed license will be emailed and/or mailed to you promptly upon receipt of payment. If applicable, it will also be available via the BS&A portal.

I. APPLICATION INFORMATION			
1. <input type="checkbox"/> Business License <b>RENEWAL</b>		2. <input type="checkbox"/> <b>RENEWAL</b> with Name Change (proof of name change must be attached)	
What type of Business License are you applying for? (Check only one)			
1. <input type="checkbox"/> RESIDENTIAL (Home Based)		3. <input type="checkbox"/> Out of State Contractor (for pulling permits)	
2. <input type="checkbox"/> COMMERCIAL		4. <input type="checkbox"/> Insurance Company	
What year(s) are you renewing? (Check all that apply)			
<input type="checkbox"/> 2021		<input type="checkbox"/> 2020 <input type="checkbox"/> 2019 <input type="checkbox"/> 2018 <input type="checkbox"/> 2017	
II. BUSINESS INFORMATION			
<b>Business Name:</b>			
(Previous Name – If name change)			
<b>Address (Business)</b>	Street:	State:	Zip:
<b>(Mailing)</b>	Street:	State:	Zip:
Phone:	Alternate:		
<b>Federal Tax ID Number:</b>	<b>Date business started at location:</b>		
III. APPLICANT INFORMATION (Id Required)			
<b>(Proof of authorization to act on behalf of one the below must be attached and ID of applicant must be attached)</b>			
Name:			
Personal Address:		State:	Zip:
Email:	Phone:	Alternate:	

#### IV. OCCUPATIONAL TAX FEE CALCULATION INFORMATION

**1.a.  GROSS RECEIPTS AND # OF EMPLOYEES CALCULATION (Minimum of 1 Employee:)**  
(If required to renew more than one year to acquire current year Business License, input Gross and # of Employees for each previous year)

Year: 2021	Gross Receipts \$ <input style="background-color: yellow;" type="text"/>	Total # of Employees <input style="background-color: yellow;" type="text"/>
Year: 2020	Gross Receipts \$ <input style="background-color: yellow;" type="text"/>	Total # of Employees <input style="background-color: yellow;" type="text"/>
Year: 2019	Gross Receipts \$ <input style="background-color: yellow;" type="text"/>	Total # of Employees <input style="background-color: yellow;" type="text"/>
Year: 2018	Gross Receipts \$ <input style="background-color: yellow;" type="text"/>	Total # of Employees <input style="background-color: yellow;" type="text"/>
Year: 2017	Gross Receipts \$ <input style="background-color: yellow;" type="text"/>	Total # of Employees <input style="background-color: yellow;" type="text"/>
Year: 2016	Gross Receipts \$ <input style="background-color: yellow;" type="text"/>	Total # of Employees <input style="background-color: yellow;" type="text"/>

#### 1.b. STATE INCOME TAX GROSS RECEIPTS WAIVER:

The Occupational Business License Tax is typically based on gross and # of employees as provided in section V. above. If you used option 1 of section V. above to calculate your tax fee, proof of previous year's gross receipts must be provided by attaching previous years State Income Tax Return.

Yes, Tax Return is attached

**However, you can elect to Waive** attaching a copy of previous years State Income Tax Return by checking the box below and initialing each waiver statement below.

No, Tax Return is not attached:

**(Each waiver statement must be initialed if Tax Returns are not attached)**

1.  (Initials) The above information regarding gross receipts and number of employees is true and accurate to the best of my knowledge. I understand that failure to provide accurate information will result in the revocation of all permits associated with this business.
2.  (Initials) I do not regard the submission of state tax returns as necessary being relevant to the City of East Point in its consideration of any petition to acquire a business license. I stipulate that such information shall not be relevant to the City of East Point in its deliberations or to any in its review of my application.
3.  (Initials) I understand and acknowledge that The City reserves the right, under penalty of perjury, to conduct periodic audits of any business license holder to determine the accuracy of the information upon which the business license is based.

**2.  PROFESSIONALS: I ELECT TO PAY A FLAT TAX IN LIEU OF REPORTING AND PAYING TAX BASED ON GROSS RECEIPTS**

Certain **Practitioners of Professions** may elect to pay \$400.00 in lieu of paying a tax on gross receipts. Practitioners are still required to pay a \$75.00 administrative fee and a per employee fee. If you are eligible, and if you and all members of your firm elect to pay the per practitioner tax this year, check below and you will be charged accordingly. **A copy of the current registration with the Secretary of State's office must be attached for each professional.**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Architects<br><input type="checkbox"/> Chiropractors<br><input type="checkbox"/> Civil, mechanical, hydraulic or electrical engineers<br><input type="checkbox"/> Dentist<br><input type="checkbox"/> Embalmers | <input type="checkbox"/> Funeral Directors<br><input type="checkbox"/> Motor vehicle dealers<br><input type="checkbox"/> Land Surveyors<br><input type="checkbox"/> Landscape Architects<br><input type="checkbox"/> Lawyers<br><input type="checkbox"/> Marriage / Family Therapists | <input type="checkbox"/> Optometrists<br><input type="checkbox"/> Osteopaths<br><input type="checkbox"/> Physicians<br><input type="checkbox"/> Podiatrists<br><input type="checkbox"/> Practitioners of physiotherapy<br><input type="checkbox"/> Psychologists | <input type="checkbox"/> Public accountants<br><input type="checkbox"/> Veterinarians |
|--|---|--|---|

**3.  NON-PROFIT** (\$75.00 Fee for processing; proof of 501c3 status must be attached)

**4.  EXEMPT (Why?):**

(proof of why exempt must be attached)

**V. GEORGIA'S REQUIRED E-VERIFY REGISTRATION FOR ISSUANCE OF BUSINESS LICENSE**  
**Visit E-verify.gov for registration. (Affidavit Below must be Completed for Business License to be Issued)**

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer (listed above) 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 1.**

Please check only one:

- (A)  On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees. \*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.
- (B)  On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees. \*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 2.**

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 Private Employer \_\_\_\_\_

Federal Work Authorization User Identification Number \_\_\_\_\_

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

Signature of Authorized Officer or Agent (same as applicant) \_\_\_\_\_

**VI. REQUIRED APPLICANT AND NOTARY SIGNATURES**

- I do hereby swear or affirm the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I can read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of East Point pursuant to O.C.G.A. 16-10-20.
- If applying for Homebased business, I certify that I reside at the address shown for the proposed business and that it is my principal residence. I hereby acknowledge that I have received a copy of the zoning regulations covering Home Occupations as shown above and will comply with it. I am aware that failure to comply with said requirements would result in revocation of business license and/or legal action by the City of East Point.
- I understand that any falsification, misrepresentation, omission or misstatement of material facts will result in:
  1. Denial or revocation of my occupation tax application to conduct business in the City of East Point.
  2. Prosecution for the offense of False Swearing (Georgia Code, 1981, S16-10-72), a felony punishable by a maximum fine of \$1,000 plus imprisonment for not less than one (1) nor more than five (5) years, or both.

**Applicant Signature**

Applicant Name \_\_\_\_\_  
 (Please Print) \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

**Notary Signature**

Before me personally appeared the above named applicant who says that he/she executed the above statement of his/her own free will and accord with full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Notary Public Signature

\_\_\_\_\_  
 Commission Expires

(SEAL)