



NEW OCCUPATIONAL / BUSINESS TAX APPLICATION

Please complete **ALL** sections. Occupational Tax will be based on information supplied on this application. This application must be uploaded via BS&A portal, emailed to bl@eastpointcity.org or mailed to address above.

I. APPLICATION INFORMATION	
Reason: (Check only one)	
<input type="checkbox"/> NEW Business Started	<input type="checkbox"/> Ownership Changed of Existing Business (same location)
<input type="checkbox"/> Same Business, moved to new location	<input type="checkbox"/> Name Change
<input type="checkbox"/> Reprint Only (\$40.00 fee)	
Classification: What type of Business License are you applying for? (Check only one)	
1. <input type="checkbox"/> RESIDENTIAL (Home Based) 2. <input type="checkbox"/> COMMERCIAL 3. <input type="checkbox"/> Insurance Company 4. <input type="checkbox"/> Out of State Contractor (for pulling permits) 5. <input type="checkbox"/> Short Term Lodging (Whole House)	<ul style="list-style-type: none"> Homebased – must live in City of East Point, proof of residence must be attached Commercial – must have applied for, passed inspections for and have been issued a Certificate of Occupancy (CO) for business location before Business License is issued Option 3 is for contractors pulling permits in East Point and do not have a Georgia issued Business License (BL) but have a BL in their home state (must show proof of home state BL)
What year are you applying for?	
_____ (Year for Business License)	

II. BUSINESS INFORMATION			
Business Name:			
(Previous Name – If name change)			
Address (Business)	Street:	State:	Zip:
(Mailing)	Street:	State:	Zip:
Leasing Info If Leasing provide Property Owner Info	Building: <input type="checkbox"/> Own <input type="checkbox"/> Leasing	Property Owner Name:	
	Mailing Address:	State:	Zip:
	Phone:	Alternate:	
Federal Tax ID Number:	Date business started at location:		
Ownership	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp. <input type="checkbox"/> Other (Specify):		
Detailed Business Description			

III. APPLICANT INFORMATION (Id Required)**(Proof of authorization to act on behalf of one the below must be attached and ID of applicant must be attached)**

Name:	I am one of the persons listed in Section IV below: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, just provide name and go to section IV, otherwise provide name and all information in this section.		
Personal Address:	State:	Zip:	
Email:	Phone:	Alternate:	

IV. OWNERS / OFFICERS / PARTNERS INFORMATION (Id Required of All persons listed below)

1. <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other:		SS#:
Name:	Date of Birth:	DL# & State:
Personal Address:	State:	Zip:
2. <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other:		SS#:
Name:	Date of Birth:	DL# & State:
Personal Address:	State:	Zip:
3. <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other:		SS#:
Name:	Date of Birth:	DL# & State:
Personal Address:	State:	Zip:
4. <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other:		SS#:
Name:	Date of Birth:	DL# & State:
Personal Address:	State:	Zip:
5. <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other:		SS#:
Name:	Date of Birth:	DL# & State:
Personal Address:	State:	Zip:

V. OCCUPATIONAL TAX FEE CALCULATION INFORMATION

1.a. GROSS RECEIPTS AND # OF EMPLOYEES CALCULATION (Minimum of 1 Employee:)

City of East Point's tax fees are based on time frame from January 1st to December 31st of **Gross Receipts** from previous year (years, if late); however, if this is your 1st year applying, provide **Gross Estimate** from Date of Opening to December 31st of current year.

_____	Year	Gross Receipts \$		Total # of Employees	
_____	Year	Gross Receipts \$		Total # of Employees	
_____	Year	Gross Receipts \$		Total # of Employees	
_____	Year	Gross Receipts \$		Total # of Employees	
_____	Year	Gross Receipts \$		Total # of Employees	
_____	Year	Gross Receipts \$		Total # of Employees	

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 above. If you used option 1.a. of section 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 <input type="checkbox"/> Chiropractors <input type="checkbox"/> Civil, mechanical, hydraulic or electrical engineers <input type="checkbox"/> Dentist <input type="checkbox"/> Embalmers	<input type="checkbox"/> Funeral Directors <input type="checkbox"/> Motor vehicle dealers <input type="checkbox"/> Land Surveyors <input type="checkbox"/> Landscape Architects <input type="checkbox"/> Lawyers <input type="checkbox"/> Marriage / Family Therapists	<input type="checkbox"/> Optometrists <input type="checkbox"/> Osteopaths <input type="checkbox"/> Physicians <input type="checkbox"/> Podiatrists <input type="checkbox"/> Practitioners of physiotherapy <input type="checkbox"/> Psychologists	<input type="checkbox"/> Public accountants <input type="checkbox"/> Veterinarians <input type="checkbox"/> Other _____ _____ _____
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3. **INSURANCE CO.** (Application for Georgia Municipal License Fee must be attached. Currently, there is a flat fee of \$100.00 for renewals.)

4. **OUT OF STATE CONTRACTOR** (Your 'home' State Business License and GA State Card must be attached.)

5. **SHORT TERM LODGING** (Whole-House Lodging Only – STL Permit issued by East Point Permits must be attached)

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

7. **EXEMPT** (Why?):
(proof of why exempt must be attached)

VI. 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):

Please check only one - (A) or (B) and Sign and Complete Form Notarized Below:

(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 below:

- 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 _____

(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), just sign and have complete form notarized.

E-Verify Signature

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on (day) _____, (month) _____, (year) _____ in the City of East Point, Fulton County, GA.

Signature of Authorized Officer or Agent: _____

Printed Name and Title of Authorized Officer or Agent: _____

VII. 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)