



SANDY SPRINGS

GEORGIA

Business License Application

Congratulations on your decision to open a new business in the City of Sandy Springs. We are glad you have chosen our City and hope you find this information helpful in your process to obtain your new business license. If you still have questions, you are welcome to call our **Revenue Department at 770-730-5600** or email us at revenue@sandyspringsga.gov

Please fill out the business registration application and attach copies of all required documents. **Any missing, incomplete or false information, or failure to present requested documentation will result in a delay in processing or denial of the application.**

Payment must be submitted with the application. Occupation taxes are renewable each calendar year. Businesses that show proof for not-for-profit status are exempt from the fee requirements but must submit a renewal form each year for reporting purposes.

Required Documents:

- Completed application – all pages, all affidavits must be notarized (we provide this service free of charge)
- Proof of occupancy in the City of Sandy Springs
 - Commercial Business: Copy of lease or deed for commercial property
 - Home Business: Copy of lease with approval from Landlord/mortgage-deed
- Color photocopy of unexpired U.S. issued photo ID (O.C.G.A. § 50-36-2)
- Permanent Resident Card or Employment Authorization Document. (If applicable)
- Proof of current corporate registration from Georgia Secretary of State.
www.sos.georgia.gov (if applicable)
- If using a DBA, proof of registration with Fulton County Clerk of Superior Court
<http://fultonclerk.org>
- Copy of Georgia Professional State License(s) (if applicable)

Applications along with payment can be mailed to our office:

City of Sandy Springs
ATTN: Revenue Division
1 Galambos Way
Sandy Springs, GA. 30328

If you would like to submit your application in person, please [Click here](#) to make an appointment.



New Application for Business Occupational Tax Certificate

Business Name: _____

Business Telephone Number: _____ Fax Number: _____

Business Address (physical location): _____ Suite or Apt No.: _____

Sandy Springs, GA Zip: _____ **Must include E-Mail** _____

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

Corporate Name: _____

Corporate Address: _____

Owner's Name: _____

Owner's Address: _____

Mailing Address: _____

Contact Person: _____ Phone Number: _____

EIN or SSN (Owner): _____ Sales Tax ID: _____

***Corporations, Partnerships, LLCs should provide the name of officers or partners, their titles, & mailing addresses on a separate sheet of paper**

Is the business address a commercial location? Yes or No

If yes, have you applied for a Certificate of Occupancy (with the Permits Dept?) Yes or No

Is the business address a Home-based occupation? Yes or No *(Note: Additional information might be required) See pg 2*

Are you the Property Owner of the home? Yes or No

Is this a Virtual Office? Yes or No *(If yes, please provide a copy of lease agreement.)*

Transaction Type: New Business Change of Ownership *(If a Change of Ownership, please provide Bill of Sale.)*

Are you a NON-PROFIT Organization? Yes or No **If yes, provide a copy of the IRS Determination Letter of 501(c)3 status.**

Date business **commenced** in the City of Sandy Springs: _____

Name of your Solid Waste Provider/Hauler: _____

Estimated gross receipts for the current year: \$ _____

Are you a professional electing to pay the flat fee? Yes No *If yes, \$400 per Professional Practitioner .*

Is your business engaged in International Business? Yes or No

Is this business required by the State of Georgia to have a state license? Yes or No

If yes, please submit a copy of the state license.

Description of the primary business activity: _____

NAICS CODE / NAICS Title _____ / _____ (www.NAICS.com)

For Revenue Use only:	Fee: \$ _____	Amt Paid: \$ _____	Balance: \$ _____	Date: _____
<input type="checkbox"/> Pickup BL <input type="checkbox"/> Mail out <input type="checkbox"/> Email / Staff Notes: _____				
Acct No: _____	<input type="checkbox"/> Cash _____	<input type="checkbox"/> Check # _____	<input type="checkbox"/> CC _____	Staff Initials: _____



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 Sandy Springs**

PENALTIES

The City of Sandy Springs shall assess a 10% penalty of the amount owed for each calendar year or portion thereof and a 1.5% penalty each month for:

1. Failure to pay occupation taxes and administrative fees when due;
2. Failure to file an application no later than March 31 of any calendar year, when the business or practitioner was in operation the preceding calendar year; and/or
3. Failure to register and obtain an occupation tax certificate within thirty (30) days of the commencement of business.

Issuance of a business occupational tax certificate should not be considered an **approval** of said business use and in no way confirms that said business meets the requirements of the City of Sandy Springs Zoning Resolution or 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.

Printed Name Date

Signature Title

Business Name

As an applicant for a home-based occupational tax certificate, I have received a copy of Section 7.8.8 of the Zoning Resolution of City of Sandy Springs entitled “Home Occupation.” **Home-based business is used only for office and administrative purposes. No Supplies or inventory can be stored at the home. No displays or signage or vehicles/trucks at the home office. No customers/visitors coming to the home office.** If not applicable write N/A on the signature line below.

Signature Date



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NEW BUSINESS WORKSHEET

NAICS CODE / FEE CLASS: _____ / _____

www.NAICS.com

TAX CALCULATION FOR YEAR:

- | | | |
|--|------|------------------|
| 1. Estimated Gross Receipts for Current Year | (1) | _____ |
| Less Allowable Deductions | | |
| a. Sales, Use or Excise Taxes | (a) | _____ |
| b. Inter-organizational Sales | (b) | _____ |
| c. Payments to Sub-Contractors | (c) | _____ |
| d. Out of State Sales | (d) | _____ |
| e. Sales Returns and Allowances | (e) | _____ |
| f. Total Deductions (add a - e) | (f) | _____ |
| 2. Deductions from Estimated Gross Receipts (Subtract line f from (1))
(Cannot be less than \$20,000) | (2) | _____ |
| 3. Standard Deduction | (3) | 20,000.00 |
| 4. Subtract Line 3 from Line 2 (use 0 if amount is negative) | (4) | _____ |
| 5. Multiply Line 4 by Rate _____ | (5) | _____ |
| 6. Flat Fee | (6) | 50.00 |
| 7. No. of Employees _____ x \$13.00 | (7) | _____ |
| 8. Administrative Fee: (Non-Refundable) | (8) | 75.00 |
| 9. Total Amount: (Add Lines 5 - 8) | (9) | _____ |
| 10. 8% Reduction: (Multiply line 9 by .08) | (10) | _____ |
| 11. Subtotal Amount Due: (Subtract Line 10 from Line 9) | (11) | _____ |
| 12. Late Penalty Fee: (10% of Line 11 after 30 days of start of business) | (12) | _____ |
| 13. Late Interest Fee: (1.5% <u>per month</u> of Line 11) | (13) | _____ |
| 14. Grand Total Due: (Add lines 11 - 13) | (14) | _____ |



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Affidavit Verifying Lawful Presence within the United States

I, (print name) _____, swear or affirm under penalty of perjury that (check one):

- I am a United States citizen.
- or
- I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (check one):

Alcoholic Beverage License for _____
Print Business Name

Occupation Tax Certificate for _____
Print Business Name

Door-to-Door Salesman/Solicitors Permit

Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that if I knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit I shall be guilty of Code Section 16-10-20 of the Official Code of Georgia. A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website: <http://law.ga.gov/immigration-reports>.

*Documents include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

**Documents include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

Applicant Signature

Date

Subscribed and sworn to before me:

(Clerk/Notary Public)

This _____ day of _____, 20_____.

My commission expires: _____



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Business Name: _____ Account No: _____

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6(d), stating affirmatively that _____ (name of the individual, firm or corporation) employs as follows:

1. Please select either (A) or (B) below:

- A. ___ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- B. ___ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or less employees.

If employer selected 1(A) please complete Section 2 below

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

E-verify number (Federal Work Authorization User Identification 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 ___ day of _____, 20___ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _____ 20__**

Notary Public

My Commission Expires

For more information on E-Verify visit: www.dhs.gov/E-verify/ www.law.ga.gov

FIRST TWO NUMBERS OF THE NAICS CODE	Fee Class	Rate
22	3	0.00085
72	4	0.0009
42, 44, 45	5	0.00095
11	6	0.00115
48, 49	7	0.0012
23	8	0.00135
31, 32,33	9	0.0014
71	10	0.00145
55	11	0.0015
56	12	0.00155
51	13	0.0016
81	14	0.00165
53	15	0.0017
62	16	0.00175
61	17	0.0018
54	18	0.00185
52	19	0.0019
21	20	0.00195
	FIN	0.0025
Professional Practitioner who choose to pay Flat Rate*	BLPF	\$400
Insurance Companies pay flat fee only	INSURE	\$150

*NOTE: Only Professional Practitioners listed in O.C.G.A 48-13-9 (c) are eligible for the \$400 flat fee. Those under O.C.G.A 48-13-9 (c) category include: Lawyers, Physicians, Osteopaths, Chiropractors, Podiatrists, Dentists, Optometrists, Psychologist, Veterinarians, Landscape architects, Land surveyors, Practitioners of physiotherapy, Public accountants, Embalmers, Funeral directors, Civil, Mechanical, Hydraulic or Electrical Engineers, Architect, Marriage and Family Therapists, Social Workers, and Professional Counselors.

Please include a list of all Professional Practitioners that work at your location. (\$400 per Practitioner)