



**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](mailto:revenue@sandyspringsga.gov)

In Sandy Springs, every business needs an Occupational Tax Certificate, also referred to as a business license. To avoid late or penalty fees, the application should be applied for within 30 days of opening the business.

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 notary service free of charge in the office).
- Proof of occupancy in the City of Sandy Springs
  - Commercial Business/Location: Copy of lease or deed for commercial property
  - Home Business: Copy of the lease with approval from Landlord/Mortgage-deed
  - Home Business: Provide a copy of the Utility bill for proof of residence
- Commercial Business/Location: Proof of Certificate of Occupancy (C.O.)
- Commercial Business/Location: Proof of Insurance (General Liability)
- Color Photocopy of unexpired U.S. issued photo ID (O.C.G.A. 50-36-2)
- Permanent Resident Card of Employment Authorization Document. (if applicable)
- Proof of current corporate registration from Georgia Secretary of State. Articles of Organization, <http://sos.ga.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.



## Helpful Resources:

**Alcohol License:** required to sell and/or serve alcohol. **Revenue Dept.: 770-730-5600**

**Fingerprint/Background checks:** required for Alcohol License, Booting Permits & Pouring Permits.  
**-Sandy Springs Police Department: 770-730-5600**

**Food Service Permit/Health Inspection:** Fulton County Health Dept., [www.fultoncountyga.gov](http://www.fultoncountyga.gov)

**Register your business name with GA Secretary of State:** <http://sos.ga.gov>

**Federal EIN number:** also referred to as Tax ID#. **Internal Revenue Service,** [www.irs.gov](http://www.irs.gov)

**GA Sales Tax ID:** required if you are selling products. **Georgia Department of Revenue,** [www.dor.ga.gov](http://www.dor.ga.gov)

**Professional Licensing:** GA Secretary of State, <http://sos.ga.gov>

**Certificate of Occupancy (C.O.):** required for commercial locations. **Permits Dept: 770-730-5600**

**Sign Permits:** all exterior signs (temp or permanent) require a permit. **Permits Dept: 770-730-5600**

**NAICS Code:** to find the classification code for your particular business: [www.naics.com](http://www.naics.com)

## SCHEDULE OF RATES

(for Tax Worksheet, on pg. 3)

FIRST TWO NUMBERS OF THE NAICS CODE	Fee Class	Rate
22	3	.00085
72	4	.0009
42, 44, 45	5	.00095
11	6	.00115
48, 49	7	.0012
23	8	.00135
31, 32, 33	9	.0014
71	10	.00145
55	11	.0015
56	12	.00155
51	13	.0016
81	14	.00165
53	15	.0017
62	16	.00175
61	17	.0018
54	18	.00185
52	19	.0019
21	20	.00195
Financial Institutions	FIN	.0025
Professional Practitioners who choose to pay Flat Rate*	BLPF*	\$400
Insurance Companies pay flat fee only	INSURE	\$150

**\*NOTE: APPROVED LIST.** 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 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). Each must provide a copy of an active GA State License, and a copy of an unexpired U.S. issued photo I.D.



# New Application for Business Occupational Tax Certificate

- 1. Business Name: \_\_\_\_\_
- 2. Business Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- 3. Business Address (*physical location*): \_\_\_\_\_ Suite or Apt No.: \_\_\_\_\_
- 4. Sandy Springs, GA Zip: \_\_\_\_\_ E-Mail address (required) \_\_\_\_\_
- 5. **Type of Ownership** (*check one*):  GA Corporation\*  Foreign Corporation  Sole Owner  Partnership\*  LLC\*
- 6. Corporate Name: \_\_\_\_\_
- 7. Corporate Address: \_\_\_\_\_
- 8. Owner's Name: \_\_\_\_\_
- 9. Owner's Address: \_\_\_\_\_
- 10. Mailing Address: \_\_\_\_\_
- 11. Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 12. EIN or SSN (Owner): \_\_\_\_\_ Sales Tax ID: \_\_\_\_\_

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

- 13. Is the business address a commercial location?  Yes or  No.
- 14. If yes, do you have a copy of your CO (Certificate of Occupancy)?  Yes or  No.
- 15. If no, you must provide a copy of your CO before applying for a Business License. Please contact the Permits Dept.
- 16. Is the business address a Home-based occupation?  Yes or  No (*If yes, see additional statement to acknowledge on pg.2.*)
- 17. Are you the Property Owner of the home?  Yes or  No (*If no, for home-based business, provide owner's authorization.*)
- 18. Is this a Virtual Office?  Yes or  No (*If yes, please provide a copy of lease agreement.*)
- 19. Transaction Type:  New Business  Change of Ownership (*If a Change of Ownership, please provide Bill of Sale.*)
- 20. Are you a NON-PROFIT Organization?  Yes or  No (*If yes, provide a copy of the IRS Determination Letter of 501(c)3 status.*)
- 21. Date business **commenced/started** in the City of Sandy Springs: \_\_\_\_\_
- 22. Name of your Solid Waste Provider/Hauler: \_\_\_\_\_
- 23. Estimated gross receipts for the current year: \$ \_\_\_\_\_
- 24. Are you a professional electing to pay the flat fee?  Yes  No. (*If yes, \$400 per professional. See approved list, OCGA 48-13-9*)
- 25. Is your business engaged in International Business?  Yes or  No\_\_
- 26. Is this business required by the State of GA to have a state license?  Yes or  No. (*If yes, submit a copy of state license*)
- 27. Description of the primary business activity: \_\_\_\_\_

28. NAICS CODE / NAICS Title \_\_\_\_\_ / \_\_\_\_\_ ([www.NAICS.com](http://www.NAICS.com))

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



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**PLEASE COMPLETE THE APPLICATION IN FULL**

**ALL NEW APPLICATIONS MUST BE PRESENTED 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.” **I understand that Home-based business is used for office and administrative purposes only. No Supplies or inventory can be stored at the home. No advertisements, displays, signage or vehicles/trucks at the home office. No customers/visitors will come 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](http://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)) (2) \_\_\_\_\_  
(Cannot be less than \$20,000)
- 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% per month 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: \_\_\_\_\_



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 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 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.e-verify.gov](http://www.e-verify.gov)