

Jurisdictional Approvals For Business Occupancy

If you are a new or existing business in the City of Decatur and you own, lease or sublease a commercial space or have a home based business, you are required to obtain jurisdictional approvals prior to starting your Business License application process. It is recommended that you verify your business address is located within the City Limits of Decatur by going to <http://onemap.decalurga.com/CityofDecatur/> or calling 404-370-4104



Step 1: Pick up your Application for Occupancy Forms

Application for Occupancy forms are available at the Permit Office in the Leveritt Public Works Building, 2635 Talley Street, Decatur, GA 30030. Hours: 9:00 a.m to 4:00 p.m., Monday thru Friday. Or go online to www.decalurga.com

Step 2: Choose a path below to get Approval for Occupancy of your Business Location



All other Businesses that do not Occupy a Building in the City of Decatur

No Jurisdictional Approvals Required

Proceed to the Revenue Division of City Hall to Begin your Business License Application Process

Step 3: Take your Occupancy Approval Documents to the Revenue Division at Decatur City Hall, 309 N McDonough St Decatur GA 30030 to Start your Business License Application Process

You can find your NAICS code with the link below:

<https://siccode.com/naics-code-lookup-directory>

(Please write it down on the Occupation Tax Certificate)

Please provide the Articles of Organization from GA Secretary of State:

<https://ecorp.sos.ga.gov/BusinessSearch>

Jurisdictional Approvals for Occupation Tax Certificate

Go to: www.decal.ga.gov/fire

Click on Fire Inspections, Plan review, construction and follow the steps

(Use the package attached, no need to reprint the documents)

Georgia State License

Go to: www.sos.ga.gov/plb

Professionals please submit a copy of your Georgia State Board of Professional Licensing

Trade Names

Entities doing business under their legal corporate name must register their trade name with DeKalb County superior court clerk's office, <https://dksuperiorclerk.com/trade-names/>Notary/Trade Name Division. Proof needs to be provided.



Design, Environment and
Construction Division
2635 Talley Street
P.O. Box 220
Decatur, Georgia 30031
404-370-4104 • Fax: 404-378-5054
http://www.decaturga.com

Office Use Only	
Certificate # _____	Approved by: _____
Occupancy Type _____	Occupant Load _____
Date: _____	No C.O. Required <input type="checkbox"/> Home Occupation <input type="checkbox"/>

Application for Occupancy for Business Use

Part 1. Business Location Information		Part 2. Property Owner Information	
Name of Business (DBA) Occupying Space:		Name of Property Owner (landlord/management company):	
Business Street Address:	Suite #:	Property Owner Mailing Address:	
Owner Name:	Phone of Business:	Contact:	Property Owner's Phone
Email:			
Part 3. Describe the Business Activity			
A. Building Lease/ Ownership Information/ Internet Based <input type="checkbox"/> New Business in a New Building/Renovated Building <input type="checkbox"/> New Business in a Partially Renovated Building or Suite <input type="checkbox"/> New of Business – No Renovation or Construction Work <input type="checkbox"/> Business Name Change – No Renovation or Construction <input type="checkbox"/> Existing Office Space (Stop - Complete Part 5) <input type="checkbox"/> Virtual or Home Office (Stop - Complete Part 5)		B. Business Information Hours of Operation _____ to _____ Total Number of Employees _____ Will hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radioactive, explosive, and organic materials be handled or stored on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Part 4. Description of Building Occupied by Business Activity			
Area Occupied: _____SF	Total Building Area: _____SF	Fire Sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No
I HEREBY CERTIFY THAT I AM THE BUSINESS OWNER OR AN AUTHORIZED AGENT OF THE BUSINESS OWNER AND HAVE THE BUSINESS OWNER'S CONSENT TO REPRESENT THE BUSINESS AND THE INFORMATION PROVIDED WITHIN THIS APPLICATION. I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED INFORMATION MAY LEAD TO THE REVOCATION OF THE CERTIFICATION OF OCCUPANCY AND/OR OTHER REMEDIES AS MAY BE PROVIDED BY LAW.			
Applicant Signature: _____		Date: _____	
Approval of Use and Occupancy			
Please complete the following 5 steps in the correct order to complete this form. Please expect that the required time to complete these approvals is a minimum of 3 to 5 business days.			
Step 1: Make sure your business is located within Decatur's city limits, the zip code will typically be 30030			
Step 2: Additional Jurisdictional Approvals will required for Food Service Establishments and Establishments Producing Fats Oils and Greases with DeKalb County Watershed Management F.O.G. Compliance Program, Floor 3, 330 W. Ponce De Leon Ave. Decatur, GA 30030, (404)-687-7150. Contact Javonne Harris at greg.curtis@decaturga.com for additional instructions required for Food Service Establishments			
Step 3. Obtain a Fire Department Inspection: www.decaturga.com/inspections . Select "Fire Department Inspection" Send a copy of your approved inspection, and the top portion of this form completed, to Ninetta Violante at ninetta.violante@decaturga.com Date: _____ By: _____ Comments: _____			
Step 4. Obtain a Zoning and Building Occupancy Verification: After Fire Department Inspections are completed and this document has been signed, Email the completed form to greg.curtis@decaturga.com Approvals will be returned by email. Note: An Inspection of the premises by the Building Official may be required and will be scheduled upon receipt of this application. Date: _____ By: _____ Comments: _____			
Step 5. Alcohol License Approval: Contact the Accounting Office, accountspayable@decaturga.com 678-553-6743 Date: _____ By: _____ Comments: _____			



CITY OF DECATUR

OCCUPATION TAX CERTIFICATE APPLICATION
RETURN APPLICATION TO:
P.O. BOX 220, DECATUR, GA 30031
(404) 370-4100

FEDERAL EIN# _____
TYPE OF APPLICATION _____

STATE ID# _____

MO _____ DAY _____ YEAR _____

CALENDAR YEAR _____ STARTED NEW BUSINESS _____
 NEW RENEWAL SOLD/CLOSED BUSINESS _____
 AMENDED OTHER BUSINESS MOVED _____

PLEASE COMPLETE ALL INFORMATION

PRACTITIONER/BUSINESS NAME: _____

BUSINESS LOCATION: _____ PHONE # _____
CITY, STATE: _____ ZIP CODE _____

MAILING ADDRESS, IF DIFFERENT. STREET ADDRESS: _____ PHONE # _____
CITY, STATE: _____ ZIP CODE _____

OWNERSHIP TYPE: PARTNERSHIP SOLE OWNERSHIP CORPORATION GEORGIA
 OTHER _____

PRINCIPAL OFFICE CORPORATE NAME: _____ PHONE # _____
STREET ADDRESS: _____
CITY, STATE: _____ ZIP CODE _____

OWNER(S) NAME: _____ PHONE # _____
RESIDENCE ADDRESS: _____
CITY, STATE: _____ ZIP CODE _____

OWNER(S) NAME: _____ PHONE # _____
RESIDENCE ADDRESS: _____
CITY, STATE: _____ ZIP CODE _____

DESCRIPTION OF BUSINESS: _____
DOES THE BUSINESS INCLUDE ANY PRACTITIONERS OF THE FOLLOWING PROFESSIONS/OCCUPATIONS? YES NO
IF YES, DESIGNATE PROFESSIONAL OR OCCUPATION BY CHECKING THE APPROPRIATE BOX.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> LAW | <input type="checkbox"/> OSTEOPATHY | <input type="checkbox"/> LANDSCAPE ARC. | <input type="checkbox"/> DENTISTRY |
| <input type="checkbox"/> MEDICINE | <input type="checkbox"/> PUBLIC ACCOUNTING | <input type="checkbox"/> LAND SURVEYORS | <input type="checkbox"/> CIVIL, MECH., HYDR., ELEC. ENGINEERING |
| <input type="checkbox"/> CHIROPRACTORS | <input type="checkbox"/> OPTOMETRY | <input type="checkbox"/> EMBALMING | <input type="checkbox"/> MARRIAGE/FAMILY THERAPIST |
| <input type="checkbox"/> PODIATRY | <input type="checkbox"/> PSYCHOLOGY | <input type="checkbox"/> FUNERAL DIR. | <input type="checkbox"/> SOCIAL-WORK |
| | <input type="checkbox"/> VETERINARY | <input type="checkbox"/> ARCHITECTURE | <input type="checkbox"/> PROF. COUNSELING |

ARE YOU THE FIRST BUSINESS IN THIS LOCATION? YES NO
IF NOT, WHO WAS THE LAST TENANT? _____

DOES THIS BUSINESS OPERATE IN LOCATIONS OTHER THAN THE ONE INDICATED ABOVE?
 YES NO IF YES, PLEASE LIST ADDITIONAL LOCATIONS: _____

IS BUSINESS CARRIED ON UNDER A TRADE NAME OTHER THAN THE ONE SHOWN ABOVE?
 YES NO IF YES, NAME: _____

NEW BUSINESS ONLY: HAVE SIGN PERMITS BEEN ISSUED? YES NO VALID ID YES NO
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANTS SIGNATURE: _____ DATE _____

BUSINESS INFORMATION:

EMAIL ADDRESS: _____
OF FULL-TIME EMPLOYEES _____
OF PART-TIME EMPLOYEES _____
EMERGENCY CONTACT OTHER THAN YOURSELF
NAME: _____
PHONE# _____
AFTER HRS. _____
RELATIONSHIP _____
TO BUSINESS: _____

TAX OFFICE USE ONLY

BUSINESS DOCUMENTS REQUIRED:

- DECATUR FIRE INSPECTION REPORT
- DECATUR CERTIFICATE OF OCCUPANCY
- DEKALB COUNTY FOOD SERVICE PERMIT (FOR RESTAURANTS ONLY)
- GA BOARD OF COSMETOLOGY LICENSE
- GA LICENSE FOR TABACCO SHOPS

PAYMENT INFORMATION:

PAID: \$ _____
 CREDIT CARD
 CASH
 CHECK _____ CHECK NUMBER _____

LICENSE #: _____

BUSINESS TAX CLASS: _____

NAICS #: _____ CATEGORY CODE: _____

ADMINISTRATION FEE: \$25.00

LICENSE FEE AMOUNT: _____

TOTAL AMOUNT DUE: _____

APPROVED: _____

DATE APPROVED: _____

E-Verify Affidavit

- Instructions:**
1. Print your business name and address
 2. Indicate the number of employees
 3. Have your affidavit notarized

By executing this affidavit under oath, as an applicant for an occupational tax certificate, the undersigned applicant representing the private employer known as

1

_____ at _____
Name of business/private employer **Address**

verifies one of the following with respect to my application for the above mentioned document:

2

Check one:

- On Jan. 1 of the below signed year the individual, firm, or corporation employed 10 or less employees.
- On Jan. 1 of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

Complete this section if business employed more than 10 employees as of January 1:

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**

Note: This is not your EIN. Call 1-888-464-4218 to obtain the #.

_____ **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)

3

_____ **Signature of Authorized Officer or Agent**

_____ **Printed Name of and Title of Authorized Officer or Agent**

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

SAVE Affidavit

Verifying Applicant Status for City of Decatur Public Benefit

By executing this affidavit under oath, as an applicant for a public benefit referenced in O.C.G.A. §50-36-1, I am stating the following with respect to my City of Decatur, Georgia, application for:

- Alcohol license Business license or occupation tax certificate
 Taxi permit

If person is applying on behalf of a business, specify the name and address of the business:

_____ Business name

_____ Business address

- 1) _____ I am a United States citizen OR
2) _____ I am a legal permanent resident (LPR) 18 years of age or older or I am otherwise a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

If #2 is selected above, a copy of one of the following documents must be attached:

- | | |
|-------------------------------------|---|
| 1. Unexpired foreign passport | 7. Naturalization Certificate |
| 2. Employment Authorization (I-766) | 8. Machine Readable Immigrant Visa (with temp I-551 language) |
| 3. Refugee Travel Document (I-571) | 9. Temporary I-551 Stamp (on passport or I-94) |
| 4. Permanent Resident Card (I-551) | 10. I-94 (Arrival/Departure Record) in unexpired foreign passport |
| 5. Reentry Permit (I-327) | 11. Cert. of Eligibility for Nonimmigrant (F-1) Student Status (I-20) |
| 6. Certificate of Citizenship | 12. Cert. of Eligibility for Exchange Visitor (J-1) Status (DS2019) |

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 Code Section 16-10-20 of the Official Code of Georgia.

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

Signature of Applicant

Date

Printed Name:

Notary Public
My Commission Expires:

*

Alien registration number for non-citizens

* Note: O.C.G.A. § 5-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because LPRs are included in the federal definition of "alien," LPRs must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Internal Revenue Service
United States Department of the Treasury
www.irs.gov/businesses/small/

A new business venture usually will need to obtain an "Employer Identification Number" (EIN), also known as a Federal Taxpayer Identification Number, which is issued by the Internal Revenue Service (IRS). In most instances, this is the first application an entrepreneur may need to complete. The EIN could be required on many of the subsequent applications completed when starting a business.

The IRS offers a wide range of information for the entrepreneur or the established business owner. Through the "Small Business/Self Employed" section of the IRS website, a business owner can obtain information on the following:

- Checklist for Starting a Business
- Selecting a Structure
- Writing a Business Plan
- Copyright and Patent Issues
- Licenses and Permits
- Tax Assistance

Internal Revenue Service
Website: www.irs.gov/businesses/small/
Main Telephone Number: 1-800-829-1040
EIN Information Telephone Number: 1-800-816-2065
EIN Information Telephone Number: 1-800-829-3676 (forms only)
Non-profit Status (501-c3) Telephone Number: 1-877-829-5500

Applying for an Employer Identification Number (EIN) is a free service offered by the Internal Revenue Service. Beware of websites on the Internet that charge for this free service.

All EIN applications (mail, fax, electronic) must disclose the name and Taxpayer Identification Number (SSN, ITIN, or EIN) of the true principal officer, general partner, grantor, owner or trustor. This individual or entity, which the IRS will call the “responsible party,” controls, manages, or directs the applicant entity and the disposition of its funds and assets. Unless the applicant is a government entity, the responsible party must be an individual (i.e., a natural person), not an entity.

Apply Online

The [Internet EIN](#) application is the preferred method for customers to apply for and obtain an EIN. Once the application is completed, the information is validated during the online session, and an EIN is issued immediately. The online application process is available for all entities whose principal business, office or agency, or legal residence (in the case of an individual), is located in the United States or U.S. Territories.

Apply by Fax

Taxpayers can fax the completed [Form SS-4](#) (PDF) application to the appropriate fax number (see [Where to File Your Taxes \(for Form SS-4\)](#)), after ensuring that the Form SS-4 contains all of the required information. If it is determined that the entity needs a new EIN, one will be assigned using the appropriate procedures for the entity type. If the taxpayer's fax number is provided, a fax will be sent back with the EIN within four (4) business days.

Apply by Mail

The processing timeframe for an EIN application received by mail is four weeks. Ensure that the [Form SS-4](#) (PDF) contains all of the required information. If it is determined that the entity needs a new EIN, one will be assigned using the appropriate procedures for the entity type and mailed to the taxpayer. Find out where to mail Form SS-4 on the [Where to File Your Taxes \(for Form SS-4\)](#) page.

Georgia Department of Revenue

www.etax.dor.ga.gov

The Georgia Department of Revenue (DOR) is the principal tax collecting agency for the state of Georgia. The DOR is charged with the duty of administering virtually all of the state's tax laws. In addition to administering tax laws, they are responsible for enforcing laws and regulations pertaining to the control of alcoholic beverages and tobacco products in Georgia.

Any business that operates within the state or conducts business with the state may be required to register for one or more tax specific ID numbers, permits and/or licenses through the Taxpayer Services Division. Some tax, license, and permit requirements are as follows:

SALES AND USE TAX-

Any business entity that sells, offers for sale or regularly solicits sales of tangible personal property, certain taxable services, or contracts to provide services in the state of Georgia is required to register for a **Sales and Use Tax Certificate of Registration**.

WITHHOLDING TAX-

Any business that has employees as defined by the Internal Revenue Service and is subject to withholding of taxes is required to register and receive a withholding number for transmission of Georgia payroll taxes.

INTERNATIONAL FUEL TAX AGREEMENT (IFTA)-

An **IFTA** registration is required for any motor carrier domiciled in Georgia who will operate on an Interstate basis and meet the following qualified definitions.

Vehicles used, designed, or maintained for transportation of persons or property and:

- a. Having two axles and a gross vehicle weight or registered gross weight exceeding 26,000 pounds.
- b. Having three or more axles regardless of weight.
- c. Is used in combination, when the weight of such combination exceeds 26,000 pounds gross vehicle, or registered gross vehicle weight.

"Qualified Motor Vehicle" does not include recreational vehicles.

MOTOR FUEL DISTRIBUTOR-

A qualified motor fuel distributor:

- a. Produces, refines, prepares, distills, manufactures, blends or compounds motor fuel in this state.
- b. Makes the first sale in this state of any motor fuel imported into this state before the motor fuel has been received by any other person in this state.
- c. Consumes or uses in this state any motor fuel imported into this state before the motor fuel has been received by any other person in this state.
- d. Purchases motor fuel for export from this state.
- e. Consumes or uses motor fuel of a type other than gasoline for highway and non-highway use and who elects to become licensed as a distributor to obtain the exemption allowed.

This requires a **bond**.

COIN OPERATED (including bills, tokens & ticket) AMUSEMENT MACHINES-

Any business that maintains amusement machines requires a license and stickers for each machine maintained on the premises. The license and stickers are renewable annually.

ALCOHOL-

Any business that sells alcohol (beer, wine, liquor) for retail or wholesale is required to obtain an alcohol license. This license applies to bulk sales or consumption on the premises. This registration requires an investigation and annual renewal. This registration requires a **bond** and **local license**.

TOBACCO-

Any business that sells tobacco (Cigar, Cigarette, Tobacco, etc.) for retail or wholesale is required to obtain a tobacco license.

Georgia Department of Revenue
1800 Century Blvd., N.E.
Suite L-200
Atlanta, Georgia 30345-3205

OR

Taxpayer Services Division
Post Office Box 49512
Atlanta, Georgia 30359-1512

Main Telephone Numbers:
Wholesale/Resale Telephone Number:
State Tax ID &
Sales Tax ID Telephone Number:

404-417-4477 or 1-877-602-8477
404-417-4490
404-417-4490