# Jurisdictional Approvals For Business Occupancy

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 equired to obtain jurisdictional approvals prior to starting your Business License application process. It is recommended that you verify your business ddress is located within the City Limits of Decatur by going to http://onemap.decaturga.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 treet, Decatur, GA 30030. Hours: 9:00 a.m to 4:00 p.m., Monday thru Friday. Or go online to www.decaturga.com

Decatur®



New Building with A New Business

ith Renovation Certificate of occupancy

With No Renovation Business

Subleased space

required? No Certificate of Business occupancy Based

> required? Yes Certificate of occupancy

required? Yes

Owner Completes

required? No

occupancy

Certificate of occupancy

required? Yes

Certificate of

Application Completes Owner

Building/ Business

Occupancy for Business Use and Returns the Application

to 2635 Talley Street, Decatur, GA 30030

4 of the Application for

Completes Parts 1 through

Building/ Business Owner

Application

The Contractor Completes Final Inspections (Building, Fire

Closeout Construction

Department, Engineering, Zoning, etc) on permitted work.

The Contractor obtains a Certificate of Completion (C.O.C.)

from the Building Official

\*\*Note: A C.O.C. does not permit building occupancy

Parts 1 through 4 of Application to 2635 Decatur, GA 30030 the Application for Owner Completes **Business Use and** Occupancy for Talley Street, Returns the

Building/ Business

and contacts the **Building Official** Application for for review and Home-Based Occupancy

Owner Completes Application

Building/ Business Owner Completes Parts 1 through 4 of the Application for Occupancy for Business Use and Returns the Application to 2635 Talley Street, Decatur, GA 30030.

Report and C.O.C is required when the application is submitted A copy of the current/approved Fire Department Inspection

# Certificate of Occupancy Inspection

The Building Official and/or a Building Inspector will call the Building/Business Owner to schedule Certificate of Occupancy Inspection. Upon completion, Building Owner/ Business Owner may be Once corrected, the Inspectors will re-inspect the premises for code compliance. given a list of items to correct in order to achieve/ maintain code compliance.

# Approvals

Building/Business

Occupancy

Owner Proceeds

to Step 3

Proceeds to Step 3

complete, Building/

**Business Owner** 

all signatures are

Building Official Issues Certificate of Occupancy and signs Part 5 of the Application for Occupancy for Business Use Owner. Once all signatures are complete, Building/ Business Owner Proceeds to Step 3 step 3: Take your Occupancy Approval Documents to the Revenue Division at Decatur City Hall, 509 N. McDonoligh St. Decatur GA 30030 to Start volur Business License Application Process

Businesses that do not

All other

Building in Occupy a

the City of

Decatur

Application Completes Owner

**Business Owner** Completes the

Jurisdictional Approvals Required

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

**Building Official** 

Approvals

Application for

of the Application for

Business Use. Once

Occupancy for

signatures in Part 5

**Business Owner** obtains required

Building Owner/

Approvals

Report and C.O.C. is required

Department Inspection

current/approved Fire

A copy of the

when the application is

submitted

Approves

Home-Based

Business

# You can find your NAICS code with the link below: https://siccode.com/naics-code-lookup-directory

intps://biocode.com/naics\_code\_footasp\_enverig

(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

# Jurisdicitional Approvals for Occupation Tax Certificate

Go to: www.decaturga.com/fire

Click on Fire Insepctions, 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, <a href="https://dksuperiorclerk.com/trade-names/Notary/Trade">https://dksuperiorclerk.com/trade-names/Notary/Trade</a> Name Division. Proof needs to be provided.

# **Application for Home-Based Business Occupancy**

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



Home-based businesses or home occupations are allowed within a dwelling or accessory building. There are special regulations governing home occupations. The term "home occupation" does not include restaurants, veterinarian offices, medical, dental, or chiropractic offices, or offices of similar health-related professions. Please fill out the checklist below to determine if your home-based business is allowed.

Business Location Information		Business Owner Information			
Name of Business, DBA:		Historic District: □Yes □No	Name of Applicant:		
Business Street Address:		Suite #:	Applicant Mailing Address:	Drivers License #:	State:
Contact Person:	Phone of	Business:	City/ State/ Zip Code:	Applicant Phone Number:	
Email:	9 19 19 19 19 19 19 19 19 19 19 19 19 19				
Description of Building Occupied by Business Activity					
Will more than 25% of the total floor area of the main dwelling be used for a home occupation? ☐ Yes ☐ No					
Is this business carried on within, and clearly incidental to, the dwelling at the above address? $\square$ Yes $\square$ No					
Will stock in trade or commodities be kept or sold on the premises? ☐ Yes ☐ No					
Is any mechanical equipment used which is not normally used for typical household purposes?   Yes  No					
Will you have any employees who do not live at the business address? ☐ Yes ☐ No If yes, please explain:					
*Excepting other members of the family residing on the premises, no more than one employee shall be employed and such employee shall not work more than 20 hours per week at the premises					
Additional Regulations:  Signs: Other than a nameplate not more than 24 square inches in area, no exterior indication that the building or property is being used for any purpose other than the dwelling shall be attached to the dwelling unit. No other signs, free standing or attached, related to the home occupation are permitted on the property.  Operations and client visits to the premises are prohibited between 12:00 midnight and 6:00 a.m.  Commercial deliveries shall be limited to no more than 20 deliveries to the premises per week.  No outdoor open storage related to the home occupation shall be allowed on the premises.  No vehicle exceeding a one ton capacity shall be allowed to park on the premises.  No sales displays shall be visible from outside the dwelling.  Contact with the public shall be limited to no more than two visitors in the dwelling at one time.					
I have read and understand the Additional Regulations listed above? ☐ Yes ☐ 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.					
Applicant Signature:					
Departmental Approval: Approval for home-based businesses shall be approved by the Office of the Building Official. Please contact Greg Curtis, greg.curtis@decaturga.com Phone: 678-553-6508					
Approved By:			Date:		
Donied Peason for De					



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	CITY OF DECATUR	FEDERAL EIN# TYPE OF APPLICATION	STATELID#	MO DAY	YEAR
E C	OCCUPATION TAX CERTIFICATE APPLICATION RETURN APPLICATION TO:	JAR YEAR	STARTED NEW BUSINESS		
	F.O. BOX 220, DECALOR, GA 30031 (404) 370-4100	NEW   RENEWAL S	SOLD/CLOSED BUSINESS	The state of the s	- September - Sept
PLEASE COMPLETE ALL INFORMATION PRACTITIONER/BISINESS NAME:	ATION	☐AMENDED ☐ OTHER	BUSINESS MOVED		
BUSINESS LOCATION:			BUSINESS INFORMATION:	ORMATION:	
CITY, STATE:	ZIP CODE	PHONE #:	EMAIL ADDRESS:		
MAILING ADDRESS, IF D	MAILING ADDRESS, IF DIFFERENT. STREET ADDRESS:	the state of the s	SEENCE STREET TO H	OVEE 6	
CITY, STATE:	ZIP CODE	PHONE #:	# OF POLC-TIME EMPLOTEES	LOTEES	
TYPE:	PARTNERSHIP SOLE OWNERSHIP CORPORATION	ATION GEORGIA	EMERGENCY CONTACT OTHER THAN YOURSELF	ACT OTHER THAN YO	URSELF
	OTHER CONTRACT STREET		NAME:		
STREET ADDRESS:	PORAIE NAME:		AFTER HRS.		
CITY, STATE:	ZIP CODE	PHONE #	TO BUSINESS:		
OWNER(S) NAME:			TAX OFFICE USE ONLY	ISE ONLY	
RESIDENCE ADDRESS:			BUSINESS DO	BUSINESS DOCUMENTS REQUIRED:	UIRED:
CITY, STATE:	ZIP CODE	PHONE #	DECATUR FIRE	DECATUR FIRE INSPECTION REPORT	T
OWNER(S) NAME:			DECATUR CERT	DECATUR CERTIFICATE OF OCCUPANCY	NCY
RESIDENCE ADDRESS:			L DEKALB COUNT	DEKALB COUNTY FOOD SERVICE PERMIT	ERMIT
CITY, STATE:	ZIP CODE	PHONE #	GA BOARD OF COSMETOLOG	(FOR KESTAUKAN IS UNLY) GA BOARD OF COSMETOLOGY LICENSE	ENSE
DESCRIPTION OF BUSINESS:	ESS:	Expenses Department of the Control o		GA LICENSE FOR TABACCO SHOPS	
DOES THE BUSINESS IN	DOES THE BUSINESS INCLUDE ANY PRACTITIONERS OF THE FOLLOWING PROFESSIONS/OCCUPATIONS? [ ] YES	PROFESSIONS/OCCUPATIONS? YES	U NO PAYMENT INFORMATION:	ORMATION:	
IF YES, DESIGNATE PROF	IF YES, DESIGNATE PROFESSIONAL OR OCCUPATION BY CHECKING THE APPROPRIATE BOX.	DENTISTRY	PAID:	\$	
MEDICINE	PUBLIC ACCOUNTING LAND SURVEYORS  EARDAI MING	CIVIL, MECH., HYDRL., ELEC. ENGINEERING MARBIAGE/FAMILY THERAPIST	☐ CREDIT CARD		
PODIATRY	<b>□</b>	SOCIAL-WORK	CASH		
	ш	PROF. COUNSELING	と 開 と に に に に に に に に に に に に に	CHECK NUMBER	BER
ARE YOU THE FIRST BUSINESS IN THIS LOG	ARE YOU THE FIRST BUSINESS IN THIS LOCATION? TYES NO		LICENSE #:		
DOES THIS BUSINESS O	DOES THIS BUSINESS OPERATE IN LOCATIONS OTHER THAN THE ONE INDICATED ABOVE?	NICATED ABOVE?	BUSINESS TAX CLASS:	iS:	
☐YES☐ NO IF YES,	TYES NO IF YES, PLEASE LIST ADDITIONAL LOCATIONS:		- NAI CS #:	CATEGORY CODE:	
IS BUSINESS CARRIED	IS BUSINESS CARRIED ON UNDER A TRADE NAME OTHER THAN THE ONE SHOWN ABOVE?	E SHOWN ABOVE?	ADMINISTRATION FEE:	E: \$25.00	
☐ YES ☐ NO IF YES, NAME:			TOTAL AND INT DIE		
NEW BUSINESS ONLY: I	NEW BUSINESS ONLY: HAVE SIGN PERMITS BEEN ISSUED? \[ \begin{array}{c} \text{L] YES \begin{array}{c} \text{J NO VALID ID } \begin{array}{c} \text{TES } \text{L] NO VALID ID } \begin{array}{c} \text{LS CPRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.} \end{array}	J NO VALID ID	APPROVED:		
			DATE APPROVED:		

DATE

APPLICANTS SIGNATURE:

# 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 Name of business/private employer Address verifies one of the following with respect to my application for the above mentioned document: 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: Note: This is not your EIN. Call 1-888-464-4218 Federal Work Authorization User Identification Number Date of Authorization to obtain the #. 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) 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

		s an applicant for a public bend h respect to my City of Decatur	
<ul><li>Alcohol license</li><li>Taxi permit</li></ul>		Business license or occupatio	n tax certificate
If person is applying o	on behalf of a busi	ness, specify the <u>name and add</u>	<u>lress</u> of the business:
Business name		Business addr	ress
a qualified alier	legal permanent r n or non-immigrar	en OR esident (LPR) 18 years of age on the under the Federal Immigration present in the United States.*	
If #2 is selected ab	oove, a copy of one	e of the following documents n	nust be attached:
<ol> <li>Unexpired foreign p</li> <li>Employment Autho</li> <li>Refugee Travel Doc</li> <li>Permanent Residen</li> <li>Reentry Permit (I-32</li> <li>Certificate of Citizen</li> </ol>	rization (I-766) ument (I-571) t Card (I-551) 27)	7. Naturalization Certificate 8. Machine Readable Immigrant Vis 9. Temporary I-551 Stamp (on pass) 10. I-94 (Arrival/Departure Record) i 11. Cert. of Eligibility for Nonimmig 12. Cert. of Eligibility for Exchange N	oort or I-94) n unexpired foreign passport ant (F-1) Student Status (I-20)
and willfully makes a	false, fictitious, or	der oath, I understand that any fraudulent statement or represection 16-10-20 of the Official Co	entation in an affidavit
SUBSCRIBED AND S	IS THE	Signature of Applicant	Date
DAY OF	_, 20	Printed Name:	
Notary Public My Commission Expires:			
		<ul> <li>Alien registration number for</li> </ul>	r non-citizens
Title 8 U.S.C., as amend federal definition of "ali	ed, provide their alic en," LPRs must also	at aliens under the Federal Immigien registration number. Because provide their alien registration numay supply another identifying nu	LPRs are included in the umber. Qualified aliens that

An Equal Opportunity Employer

# 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 know 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 <u>Internet EIN</u> 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 <u>Form SS-4</u> (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 <u>Where to File Your Taxes (for Form SS-4)</u> 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.

OR

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