



**Jason Lary, Sr.**, Honorable Mayor

**Jimmy Clanton Jr.**  
District 1, Council Member

**George Turner**  
District 4, Council Member

**Rob Turner**  
District 2, Council Member

**Tammy Grimes**  
District 5, Council Member

**Jazzmin Cobble**  
District 3, Council Member

Date

\_\_\_\_\_

Dear Business Owner,

RE: **2022** Renewal Application for **Business License/Occupational Tax Certificate**

**THE CITY OF STONECREST WILL BEGIN ISSUING THE YEARLY BUSINESS LICENSE FOR 2022.**

**Documents required for renewal:**

- [ ] 1. Completed Application (signed and dated)**
- [ ] 2. Copy of Government ID**
- [ ] 3. Current copy of Certificate of Organization for all LLC / INC**
- [ ] 4. Current state license for Boards and Licensed Professions**
- [ ] 5. Copy of 2021 City of Stonecrest Business License Certificate**
- [ ] 6. Completed E-Verify and SAVE Affidavit Forms (must be notarized)**

- [ ] 7. Full Payment Due at Time of Renewal**

Make all business checks and/or money orders payable to:  
The City of Stonecrest. We also accept debit and credit cards.  
**NO CASH OR PERSONAL CHECKS ACCEPTED**

Please note:

1. Payment must be postmarked or received no later than April 30, 2022 to avoid paying penalty and interest.
2. Submit all payments with your completed application and required documentation to:

City of Stonecrest City Hall  
3120 Stonecrest Blvd Suite 190 1st Floor  
Stonecrest, GA 30038

If you have questions about whether your business is located in the City of Stonecrest, please visit our website at [www.stonecrestga.gov](http://www.stonecrestga.gov) to view Stonecrest boundaries on the city map.

The City of Stonecrest looks forward to working with you. If you have any questions, please contact The City of Stonecrest Business License Department at [www.stonecrestga.gov](http://www.stonecrestga.gov) or 770-224-0200. Monday-Friday. 9:00AM-4:30PM.

We appreciate having your business in the City of Stonecrest. Best wishes to you for a successful new year!

Sincerely,  
**City of Stonecrest**  
**Business License Department**

City of Stonecrest, 3120 Stonecrest Blvd Suite 190 1st Floor, Stonecrest, GA 30038  
Phone: 770-224-0200 Website: [www.stonecrestga.gov](http://www.stonecrestga.gov)



Stonecrest NAICS Codes Table				
NAICS	Business Description	Tax Class	Tax Rate	Employee Fee
72	Accommodation, Food Services & Drinking Places	4	0.0009	\$10.00
56	Administrative & Support & Waste Management & Remediation Services	2	0.0005	\$6.00
11	Agriculture, Forestry, Hunting & fishing	4	0.0009	\$10.00
71	Arts, Entertainment & Recreation	4	0.0009	\$10.00
23	Construction	1	0.0003	\$4.00
61	Educational Services	3	0.0007	\$8.00
52	Finance & Insurance	6	0.0013	\$14.00
62	Health Care & Social Assistance	3	0.0007	\$8.00
51	Information	5	0.0011	\$12.00
55	Management of Companies (Holding Companies)	6	0.0013	\$14.00
31-33	Manufacturing	3	0.0007	\$8.00
21	Mining	5	0.0011	\$12.00
54	Professional, Scientific, & Technical Services	5	0.0011	\$12.00
53	Real Estate & Rental & Leasing	6	0.0013	\$14.00
48-49	Transportation & Warehousing	2	0.0005	\$6.00
22	Utilities	1	0.0003	\$4.00
42, 44-45	Wholesale Trade & Retail Trade	1	0.0003	\$4.00
81	Other Services	2	0.0005	\$6.00

\* Tax Classes are determined by the business's NAICS Code. The NAICS Code can be found on a federal tax return or online at [www.naics.com/search](http://www.naics.com/search).



3120 Stonecrest Blvd, 1st Floor, Suite 190  
Stonecrest, GA 30038 Office: 770-224-0200  
Website: [www.stonecrestga.gov](http://www.stonecrestga.gov)

Business Name and <b>Mailing</b> Address	Business Name and <b>Physical</b> Address

**2022 RENEWAL APPLICATION FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE  
DUE BY APRIL 30, 2022**

BL #: \_\_\_\_\_ TAX CLASS: \_\_\_\_\_ TAX RATE: \_\_\_\_\_ EMPLOYEE FEE RATE: \_\_\_\_\_ NAICS CODE: \_\_\_\_\_

Email \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_

No. of Employees (Mandatory) \_\_\_\_\_ Federal Tax ID \_\_\_\_\_ Sales Tax ID \_\_\_\_\_

Please check box if the **Mailing** Address Changed? ☐ Yes or ☐ No

If **Yes**, please list new address \_\_\_\_\_

Please check box if the **Business** Address Changed? ☐ Yes or ☐ No If yes, **\*\*PLEASE CONTACT OFFICE\*\***

**Has ownership changed?** ☐ Yes or ☐ No If yes **\*NEW APPLICATION PROCESS MUST BE COMPLETED IN OUR OFFICE\***

Has the Business Closed in the City of Stonecrest? ☐ Yes or ☐ No

Give brief description of the primary business activity: \_\_\_\_\_

**IMPORTANT: APPLICATION WILL NOT BE CONSIDERED COMPLETE IF SECTION IS NOT FULLY COMPLETED**

Do you have 10 or more employees? ☐ Yes or ☐ No

(If yes, it is required to provide E-verify Number if you have 10 or more employees) \_\_\_\_\_

**(O.C.G.A. 36-60-6(d))**

To register for e-verify please go to [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify)

Are you a United States citizen or legal permanent resident 18 years or older? ☐ Yes or ☐ No

(If No please complete the Affidavit Verifying Lawful Presence form which can be found on our website at [www.stonecrestga.gov](http://www.stonecrestga.gov) and include a copy of your verifiable documentation Ex. Permanent Resident Card, Visa, Foreign Passport)

**Please send your completed and signed renewal application, payment, a copy of your Govt Issued ID, City of Stonecrest 2021 Occupational Tax Certificate and all required documents no later than April 30, 2022 to avoid paying penalty and interest.**

**Make all checks and money orders payable to: City of Stonecrest.**

# City of Stonecrest

## 2022 RENEWAL APPLICATION FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE

**DUE BY APRIL 30, 2022**

BL#: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_  
 NAICS CODE: \_\_\_\_\_  
 TAX CLASS: \_\_\_\_\_  
 TAX RATE: \_\_\_\_\_  
 EMPLOYEE FEE RATE: \_\_\_\_\_

**PROFESSIONAL PRACTITIONERS (\$400.00 PER PRACTITIONER) AND INSURANCE COMPANIES (\$150.00) DO NOT NEED TO COMPLETE THE CALCULATION WORKSHEET. PLEASE SIGN THE BOTTOM AND RETURN TO THE CITY OF STONECREST ALONG WITH PAYMENT. OCCUPATIONAL TAX RENEWAL MAY BE PAID ONLINE OR IN PERSON (BY CHECK, MONEY ORDER OR CREDIT CARDS), OR BY MAIL (BY CHECK OR MONEY ORDER)**

**NO CASH OR PERSONAL CHECKS ACCEPTED.**

Previous Year Calculations:	2021	Current Year Estimates:	2022
A. Actual Gross Receipts for 2021 <b>(must enter amount)</b>		1. Estimated Gross Receipts for Current Year for 2022 <b>(must enter amount)</b>	
B. Estimate Gross Receipts from Previous Year for 2021 <b>(must enter amount)</b>		2. Current Year Estimate (x) Times Tax Rate <b>(must enter amount)</b>	
C. Gross Receipts Adjustment <b>(Difference of Line A and Line B)</b>		3. Administrative Fee	<b>75.00</b>
D. Line C (x) Times Tax Rate <b>(must enter amount)</b>		4. Minimum Flat Tax	<b>50.00</b>
<i>I hereby certify under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.</i>  _____ <b>Print Name &amp; Title of Individual Authorized to Complete Return</b>  _____ <b>Signature</b>		5. _____ <b># Employee (x) Employee Fee Rate</b>	
		6. Subtotal <b>(Add Line 2, Line 3, Line 4, and Line 5)</b>	
		7. Previous Year Line D Total	
		8. TOTAL DUE	
		9. Late Penalty Fee <b>(10% of Line 8) on/after May 1st</b>	
		10. Late Interest Fee <b>(1% per month of Line 8) on/after May 1st</b>	
		GRAND TOTAL DUE	
		<b>Please send your completed and signed renewal application, payment, a copy of your Govt Issued ID, City of Stonecrest 2021 Occupational Tax Certificate and all documentation on or before April 30, 2022 to avoid paying penalty and interest.</b>  <b>Make all checks and money orders payable to:</b> <b>City of Stonecrest.</b> <b>NO CASH ACCEPTED</b>	



**S.A.V.E. Public Benefit Affidavit O.C.G.A. § 50-36-1**

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1(f)(2)). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for (Occupational Tax license or Alcoholic Beverage license or any other Public benefit) as referenced in O.C.G.A. § 50-36-1, from the City of Stonecrest, the undersigned applicant verifies one of the following with respect to my application for public benefit.

**(Please check one)**

1. \_\_\_\_\_ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)
2. \_\_\_\_\_ I am a legal permanent resident of the United States.
3. \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

\_\_\_\_\_.

The undersigned applicant has also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by Georgia Law O.C.G.A § 50-36-1(f)(1). A complete list of secure and verifiable documents have been provided within application packet.

**REQUIRES VERIFICATION AT SUBMISSION** - Which type of secure and verifiable document was provided with this affidavit?

\_\_\_\_\_

**In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.**

**THIS FORM MUST BE NOTARIZED AND SIGNED**

I, \_\_\_\_\_ (representative for) \_\_\_\_\_  
**Applicant Printed Name** **(Name of BUSINESS, corporation, partnership, etc.)**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_**

**Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)**

\_\_\_\_\_  
**NOTARY PUBLIC Signature**

\_\_\_\_\_  
**My Commission Expires**

3120 Stonecrest Boulevard, Stonecrest, GA 30038  
770.224.0200 [www.stonecrestga.gov](http://www.stonecrestga.gov)



***E-Verify Private Employer Affidavit O.C.G.A. § 36-60-6(d)***

The e-verify private employer affidavit must be collected when applying for occupational tax certificates, business licenses and alcohol licenses. The City of Stonecrest will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a \_\_\_\_\_ (Occupational Tax license, Business License, Alcohol License or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d)), from the City of Stonecrest, the undersigned applicant representing the private employer known as \_\_\_\_\_ (Printed Name of Business) verifies one of the following with respect to my application for the above-mentioned business document:

**1. Choose ONE of the following:**

(A) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed **more than 10 employees**. If the employer selected (A) please fill out section 2 below.

(B) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed **10 or fewer employees**. If the employer selected (B) section 2 is not required.

**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 # 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 of 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.

**THIS FORM MUST BE NOTARIZED AND SIGNED**

\_\_\_\_\_  
**Applicant Printed Name**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\*\*\*\*\*  
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
**NOTARY PUBLIC Signature**

\_\_\_\_\_  
**My Commission Expires**

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