Business License

Overview

Responsible for processing all applications for business license located in the city limits of Stonecrest. New businesses as well as those that are changing names, changing ownership, or moving to a new location within the City **must** all obtain a business license. To be sure that you are within the city limits, please contact our Community Development Department at 770-224-0200. If your business is **not** located within the city limits, please contact the **Dekalb County** Licensing Office at 404-371-2461 for further information. www.dekalbcountyga.gov

ALL BUSINESS LICENSE ARE CALENDAR YEAR ISSUED (JANUARY 1ST-DECEMBER 31ST) NON- PRORATED/NON- REFUNDABLE -EXPIRE YEARLY 12/31

The following items are **required** for the City to issue a business license: Payable to **The City of Stonecrest**

Commercial Businesses

- A New Certificate of Occupancy
- (Note: **New Construction** or **Existing Building** issued by the City of Stonecrest Building Official)
- A **completed** new business license application
- A current lease agreement or proof of ownership
- Proof of **Dekalb County** sanitation services
- A valid government issued ID
- Business License fee **$125.00** (includes: $75.00 Admin Fee **and** $50.00 Minimum Tax) **plus** applicable fees based on the estimated gross receipts **and** the number of employees.

Home Based Businesses

- **Approval** from the Community Development Director
- A **completed** new business license application (check **YES** box for Home Based Occupation)
- A current lease agreement or proof of ownership
- A valid government issued ID (Note: Home Address on application **must** match ID)
- Business License fee **$125.00** (includes: $75.00 Admin Fee **and** $50.00 Minimum Tax) **plus** applicable fees based on the estimated gross receipts **and** the number of employees.

All **NON-PROFIT** Organizations **must** provide proof of **501-C status** with completed application (Fee: Zero)

The non-prorated administrative fee of $75.00 shall be required on all business and occupation tax accounts. This fee is in addition to the $50.00 Employee Tax Liability Fee. The tax rate shall be determined by number of employees for each business, trade, or profession.

Professional Practitioners

shall elect as their entire occupation tax one that is based on estimated gross receipts and number of employees **or** a flat rate fee of **$400.00** per practitioner who is licensed to provide the service.

Applies to law, medicine, osteopathy, chiropractic, podiatry, dentistry, optometry, applied psychology, veterinary, landscape architecture, land surveying, massage therapy, physiotherapy, public accounting, embalming, funeral directing, civil engineering, mechanical engineering, electrical engineering, architecture, marriage and family therapists, social workers, professional counselors.

To obtain an Occupational Tax Certificate, follow the instructions below.

Please Note *Office Hours: Monday – Friday 9:00AM – 4:30PM *Closed: Saturday/Sunday *New Application Process: Allow 3-5 Business Days*
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Return the Following **Completed** Documents

1. The Occupational Tax Application form and New Business form.

2. A current lease agreement or proof of ownership.

3. A valid government issued ID.

4. Proof of **Dekalb County** Sanitation Services (Commercial Businesses **Only**).

5. Home Based Occupation form (Home Businesses **Only**).

6. Owner/Applicant Affidavit (to be completed **only** if **business owner or homeowner** of said business is **not** the one completing the application package). (Commercial and/or Home Businesses).

7. Sign Permit Application (to be completed **Only** if a sign is to be posted)

8. Stonecrest Routing Sheet Process: (Commercial Businesses **Only**). ***Please Note: ALL APPLICANTS:**
   A. Submit **completed** new business application packet for approval and **pay $50.00 fee** for (Certificate of Occupancy) (Non-Refundable)
   B. Completed applications will be issued a Stonecrest routing sheet with routing number (depending on type of business)
   C. Return **completed** and **signed** routing sheet from designated list of **Dekalb County or other agencies** checked off on routing sheet to City of Stonecrest (depending on type of business)
   D. City of Stonecrest will call applicant to schedule CO Inspection once zoning **approvals**
   E. Will pay Business Licenses fee (Non-Refundable) once all **approvals** are issued
   F. Will be issued both Business License Certificate and Certificate of Occupancy (must display both)

Please Note:
Both **Type I and Type II** *Home Based* Occupation businesses will need **Approval** from the Community Development Director. ***(SLUP)*** *Special Land Use Permit(s)* and additional condition may be placed on **Type II** home businesses approvals**.** It is recommended that you contact the community development department at 770.224.0200 to verify your *Home-based* business is zoned for your business activity.

Stonecrest Routing Sheet process does **not** apply to *Home-based* Businesses, multi-use office space where there are not permanent walls or partitions erected. (**exception of FOOD**)
(Apply to Commercial Businesses **Only**)

All Business License **NAICS Code** (North American Industry Classification System) **must** be submitted with **completed** application. NAICS code can be found online at www.naics.com/search and searching by the type of business activity.

All applications include **required notary** of **E-Verify** Private Employer Affidavit form O.C.G. 36-60-6(d) **and S.A.V.E** Public Benefit Affidavit O.C.G.A. 50-36-1 form that **must** be **completed** with application.
If you have any other questions, please call 770-224-0200

New Business License Application

(Occupational Tax Certificate) **YEAR _____**

[ ] New Business [ ] Change of Ownership - Previous Business Name: _____

Business Name: _____

Business Telephone Number: _____ **Fax Number:** _____

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

City, State, Zip: _____ **E-mail**: _____

Type of Ownership (*check one*): [ ] GA Corporation [ ] LLC [ ] Sole Owner [ ] Partnership [ ] Other_____

Corporate/Owner's Name: _____

Corporate/Owner's Address: _____

Mailing Address: _____ **Suite or Apt No.:** _____

City, State, Zip: _____

Contact Person: _____ **Phone Number:** _____

Fed ID or SSN (Owner): _____ **Sales Tax ID:** _____

Are you a NON-PROFIT Organization? [ ] Yes [ ] No ***If yes, please provide proof of 501-C status.***

Have you obtained your certificate of occupancy? [ ] Yes [ ] No

What it the square footage of the building or suite? _____

Date business commenced in City of Stonecrest:_____

Number of Employees: _____

Estimates of the gross receipts for the year $_____

Are you a professional electing to pay the flat fee? [ ] Yes or [ ] No ***If yes, please submit a copy of all practitioners' state licenses.***

Is this a home-based occupation? [ ] Yes or [ ] No If ***yes, please submit a copy of your driver's license that matches your home address.***

Will your business be an adult entertainment establishment (sexually oriented business) as defined by the City of Stonecrest Code, or will it offer any form of adult entertainment? [ ] 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.***

Does your business engage in international business activity? [ ] Yes or [ ] No

Give a description of the primary business activity: (If Home based – MUST be for office use ONLY)_____

_____

_____

Office Use Only:	Fee: $ _____	Paid: $ _____	Due: $_____	Date: _____
Act. No:_____ Check No:_____	NAICS: _____	Class: _____Rate: _____	EE Fee: _____	Staff Initial:_____

NEW BUSINESS WORKSHEET

TAX CALCULATION FOR CURRENT YEAR – YEAR: 20 ____

Number of Employees _____

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. Subtract Deductions from **Estimated Gross Receipts** (1-f) (2) _____

3. **NAICS Code** (North American Industry Classification System) _____

(The **NAICS** code can be found by going to the web address below and searching by the type of business activity)
www.naics.com/search

****

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Please Note: The fee for a business license is not collected until the license has been approved and issued. Therefore, the fee is **non-refundable**.

_____
PRINTED NAME OF APPLICANT

_____
SIGNATURE OF APPLICANT

****

_____ _____
ZONING APPROVAL DATE
COMMUNITY DEVELOPMENT

_____ _____
APPROVED BY BUILDING OFFICIAL, COMMUNITY DEVELOPMENT DATE
ALL PERMITS ON FILE AND/OR REQUIRED

PLEASE COMPLETE THE APPLICATION IN FULL

We accept all credit cards / Make checks, cashier checks or money orders payable to: **City of Stonecrest**
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PENALTIES

The City of Stonecrest shall assess a penalty in the amount of ten percent (10%) of the amount owed for each calendar year or portion thereof for:

1. Failure to pay occupation taxes and administrative fees when due;
2. Failure to file an application no later than April 30 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.

Delinquent taxes and fees are subject to interest at a rate of 1 percent per month.

Issuance of a business occupational tax certificate is not to be considered as an approval of said business use and in no way confirms that said business meets the requirements of the City of Stonecrest Zoning Ordinance 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.

_____

Applicant Printed Name **Date**

_____

Applicant Signature

Checklist Approvals (For Office Use Only)

_____ Fire Marshal Inspection _____ Environmental Inspection (Food) (Both through Dekalb CO.)

_____ City Planner/Zoning _____ Building Official (Community Development)

_____ Certificate of Occupancy _____ Background Check (Dekalb Co.)

_____ Copy of Lease _____ If Owner (proof of ownership/verify address in GIS)

_____ Copy of Government issued I.D

_____ Copy of FOG Inspection Report and Health Score (if applicable)

_____ Copy of State License (if applicable)

_____ Stonecrest Routing Sheet (if applicable)

#_____

_____ Affidavit's notarized _____ Dekalb County Sanitation Location Account (10 digit#)

BUSINESS OWNER OR HOMEOWNER/APPLICANT AFFIDAVIT

Please PRINT or TYPE all information

*to be completed **only** if **business owner or homeowner** of said business is **not** the one completing the application package*

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PART 1 – BUSINES OWNER OR HOMEOWNER'S AFFIDAVIT

I hereby certify that I am the legally authorized owner of all property involved in this application or have been empowered to sign as the owner on behalf of a corporation, partnership, business, etc., as evidenced by separate instrument attached herewith. I hereby grant to the applicant of this form full power to sign all documents related to this application, including any conditions or mitigation measures as may be deemed necessary.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ at _____, Georgia
(Date) (City)

Owner Signature _____, Print Owner Full Name_____
Must** include a copy of **business owner or homeowner** government issued ID

PART 2 – APPLICANT'S AFFIDAVIT

I hereby certify that the statements furnished above and in the attached exhibits represent the data and information required for this initial evaluation and that the facts, statements and information presented are true and correct to the best of my knowledge and belief. Further, should the stated information be found false or insufficient, I agree to the return of this form for appropriate revisions, understanding that the City of Stonecrest cannot process this form until all applicable information is corrected or provided by the applicant. I hereby certify that I have been legally authorized by the owner to present this application and to sign on behalf of all documents related to this application, including any conditions or mitigation measures as may be deemed necessary. **Note**: When the applicant is a corporation, partnership, business etc., a separate document verifying the authorization to sign for such applicant is required.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ at _____, Georgia
(Date) (City)

Applicant's Signature _____, Print Applicant's Full Name_____

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 Certificate, 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 11 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 **11 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

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

NOTICE

HOME BASED OCCUPATION FORM

(For Home Based Businesses Only)

ALL BUSINESS LICENSE ARE CALENDAR YEAR ISSUED (JANUARY 1ST-DECEMBER 31ST) NON- PRORATED/NON- REFUNDABLE -EXPIRE YEARLY 12/31

Home occupation means an occupation customarily carried on within a dwelling unit for profit or support involving the sale of only those articles, products or services produced on the premises, conducted entirely within the dwelling by those who reside in the dwelling unit with equipment customarily used for household purposes and involving no display of articles or products. The term "*home based occupation*" includes:

The following provisions apply in accordance with Article 4 of the City of Stonecrest Zoning Ordinance:

A. A home occupation where no customer contact occurs on site shall be considered a **Type I** Home Occupation and shall require an Special Administrative Permit (SA) $25.00 permit fee. **This permit takes** 30 days **to process. Please take this into account when applying for your business license. Must have approval by the director of community development.**

1. Up to two (2) full-time residents of the premises are allowed to conduct separate home occupations in the same dwelling. In reviewing such a request, the local government may consider the reason, potential residential impact, parking needs, hours of operation and other relevant factors.

B. All home occupations other than **Type I** home occupations shall be considered a **Type II** Home Occupation and shall require a Special Land Use Permit (SLUP) $400.00 permit fee. **This permit takes** 3 months **to process and requires City Council hearings**. **Please take this into account when applying for your business license. Must have approval by the director of community development.** Additional conditions may be placed on the approval of an **Type II** home occupation in order to ensure the home occupation will not be a detriment to the character of the residential neighborhood.

1. Customer contact is allowed for **Type II** home occupations.
2. Up to two (2) full-time residents of the premises are allowed to conduct separate home occupations in the same dwelling. In reviewing such a request, the local government may consider the reason, potential residential impact, parking needs, hours of operation and other relevant factors.

C. All **Type I and Type II** Home Occupations shall meet the following standards:

1. There shall be no exterior evidence of the home occupation.
2. No use shall create noise, dust, vibration, odor, smoke glare or electrical interference that would be detectable beyond the dwelling unit.
3. The use shall be conducted entirely within the dwelling unit, and only persons living in the dwelling unit shall be employed at the location of the home occupation.

4. No more than twenty-five percent of the dwelling unit and or five hundred (500) square feet, whichever is less, may be used for the operation of the home occupation.
5. No more than one (1) business vehicle per home occupation is allowed.
6. No home occupation shall be operated so as to create or cause a nuisance.
7. Home occupation shall not include the use of a dwelling unit for the purpose of operating any automobile repair establishment, or car wash.
8. Occupations that are mobile or dispatch-only may be allowed, provided that any business vehicle used for the home occupation complies with section 6.1.3, and is limited to one (1) business vehicle per occupation.

D. Private educational services shall comply with home occupation standards and no more than three (3) students shall be served at a time. Family members residing in the home are not counted towards the three (3) students allowed.

Any person violating any provision of Stonecrest home based occupation code(s) shall be guilty of a misdemeanor and, upon conviction, shall be fined not less than $140 nor more than $1,000 for each offense. Each day a violation continues shall constitute a separate offense.

PLEASE SIGN BELOW INDICATING THAT YOU HAVE RECEIVED AND READ THIS NOTICE:

PLEASE NOTE:

***BUSINESS LICENSE WILL NOT BE ISSUES UNTIL YOU OBTAIN: (IF APPLICABLE)**

1. **SA/ SPECIAL ADMINISTRATIVE PERMIT (30 DAY PROCESS) – Fee: $25.00**
2. **SLUP/ SPECIAL LAND USE PERMIT (3 MONTH PROCESS) – Fee: 400.00**

_____

NAME (PRINT) SIGNATURE DATE

_____

ADDRESS

SECURE AND VERIFIABLE DOCUMENTS

(Valid issued government ID)

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2 contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

• A United States passport or passport card

• A United States military identification card

• A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. **Please note that a driver's license from one of the following states is NOT acceptable at this point due to non-compliance with the immigration verification prior to issuance: Alaska, Idaho, Illinois, New Jersey, New Mexico, New York, Rhode Island, Utah or Washington, PENDING: Maryland and Massachusetts.

• An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.

• A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind ex.htm

• A United States Permanent Resident Card or Alien Registration Receipt Card

• An Employment Authorization Document that contains a photograph of the bearer

• A passport issued by a foreign government

• A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard

• A Free and Secure Trade (FAST) card

• A NEXUS card

• A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card

• A unexpired driver's license issued by a Canadian government

• A Certificate of Citizenship issued by the United States Department of Citizenship and

• Immigration Services (USCIS) (Form N-560 or Form N-561)

• A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)

Dekalb County Contacts:
www.dekalbcountyga.gov

Business and Alcohol License
330 West Ponce de Leon Avenue
2nd Floor
Decatur, GA 30030
(404) 371-2461
business.license@dekalbcountyga.gov

Fire Marshal Inspection
330 West Ponce de Leon Avenue
Decatur, GA 30030
(404) 371-9256

Environmental Health Inspection
445 Winn Way, Suite 320
Decatur, G 30030
(404) 508-7900
www.dekalbcounty.net

If you are a restaurant, deli, convenience store or sell open food in any way

Sanitation
3720 Leroy Scott Drive
Decatur, GA 30032
(404) 294-2900
sanitation@dekalbcountyga.gov

Code Enforcement
1807 Candler Road
Decatur, GA 30032
(404) 687-3700
CodeEnforce@dekalbcountyga.gov

Community Development
3486 Covington Highway
Decatur, GA 30032
(404) 371-2727
311CCC@dekalbcountyga.gov

Planning and Sustainability
330 W. Ponce de Leon Avenue
3rd Floor
Decatur, GA 30030
(404) 371-2155
plandev@dekalbcountyga.gov

Tax Commissioner Office
4380 Memorial Drive
Suite 100
Decatur, GA 30032
(404) 298-4000
propertytax@dekalbcountyga.gov