



General Requirements and Information for Obtaining an Occupational Tax Certificate

The location of the business must be physically located within the municipal jurisdiction of the City of Douglasville, Georgia. PO Boxes are not valid locations for business.

Zoning Verification: Provide an approved zoning verification request form. *(Attached to This Application)* This is required in order to process your Occupational Tax Application.

For more information please contact Yuying Huang with Planning and Zoning at: 678.449.3054 or by email: huangy@douglasvillega.gov or visit the Community Development offices located at 6701 Church Street, Douglasville, GA 30134

Utility Bill: Provide a copy of a current utility bill (Gas, Water, Electric, Internet) *if the business is located at a residential address.*

Lease Agreement / Bill of Sale: Provide a copy of a current signed and dated lease agreement, bill of sale, or deed for the location printed on the application. *if the business is located at a commercial address.*

Identification: Provide a copy of a valid state issue driver's license or identification card. A valid passport is also acceptable.

Corporations/LLCs: If an Incorporated entity, Limited Liability Company, or Limited Liability Partnership, provide a copy of a valid and current registration with the Georgia Secretary of State, or if a foreign entity operating in Georgia provide a valid registration from the originating Secretary of State. For information on registering/renewing visit sos.ga.gov

Partnerships: Provide an executed partnership agreement that includes the stated percentage of ownership of the entity for each individual with ownership stake.

Professional Licensure: If the occupation described in this application requires state licensure (See attached professional licensure list) or visit sos.ga.gov; provide the appropriate valid certificates and/or licenses. If the entity employs multiple licensed professionals, please provide the establishment's licensure in addition to each employee's professional license and government issued identification.

A regulatory fee may be applied to each licensed individual, please see the regulatory fee structure attached to this application



General Requirements and Information for Obtaining a Commercial Occupational Tax Certificate

Restaurants, Body Art Establishments, Swimming Pools, and Mobile Home Parks: Must receive the necessary inspections, permits and approvals from Cobb and Douglas Public Health.

For Information please visit:

cobbanddouglaspublichealth.com

Second Hand Sales, Pawn Shops, Sale of Used or Refurbished Goods: If the business engages in secondhand sales a permit will be required prior to the issuance of an Occupational Tax Certificate. Please contact the City of Douglasville Police Department to inquire about the necessary permitting.

P. 770-920-3010 or visit the website at douglasvillega.gov

Fees and Tax: For new applications a \$50.00 non-refundable, non-prorated administrative fee is included in addition to the occupational tax levied on a business's anticipated gross receipts for a period of 12 months. Professionals classified under O.C.G.A. Section 48-13-9c may elect to pay a \$300.00 flat rate in addition to the \$50.00 administrative fee. An administrative fee of \$10.00 shall be required on all businesses for the transfer of the occupational tax certificate to a new business location for the same owner to operate the same business under the same name at the new location for the remainder of the existing license period.

Renewals: Occupational Tax Certificates (Business licenses) are only valid until December 31st of each year. Renewal notices are mailed out beginning the month of October of each year and payment is accepted without penalty until January 30th of the following year. A 1.5% interest penalty is added for each month thereafter and an additional 10% late penalty is applied for renewals received after March 31st.

(Ord. No. 95-39, § 1, 12-18-95; Ord. No. O-2016-52, § 2, 11-7-16)

For more information on the City of Douglasville's Ordinances please visit douglasvillega.gov

Processing time for applications is on average 7-10 business days from submission of a completed application. In some instances, such as new construction, permitting requirements, follow-up inspections or other matters may potentially delay the approval and subsequent issuance of an Occupational Tax Certificate.

City of Douglasville, Georgia
PO Box 219, Douglasville, GA 30133
Occupational Tax / Business License Application

Finance Department
ask-occtax@douglasvillega.gov
P. 678-449-3078



Occupational Tax Registration Application

Revision Date: 2/22/2019

(1) BUSINESS NAME [DBA]					
(2) CORPORATION/LLC NAME					
(3) PHYSICAL BUSINESS ADDRESS	Street	Suite	City	State	Zip
(4) MAILING ADDRESS	Street	Suite	City	State	Zip
(5) DETAILED EXPLANATION OF BUSINESS ACTIVITIES					

(6) BUSINESS PHONE	(7) BUSINESS FAX	(8) SECONDARY PHONE
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(9) BUSINESS TYPE CORPORATION LLC PARTNERSHIP SOLE PROPRIETER OTHER

(10) BUSINESS EMAIL	(11) NUMBER OF EMPLOYEES
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(12) CONTACT 1 NAME	(13) EMAIL	(14) PHONE
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(15) CONTACT 2 NAME	(16) EMAIL	(17) PHONE
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(18) BUSINESS EIN	(19) EST. GROSS RECEIPTS \$	(20) NO. OF LICENSED PROFESSIONALS	(21) Do You Plan to Buy, Sell or Trade in Any Used Goods?
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(22) APPLICATION TYPE	<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> OWNER/NAME CHANGE	<input type="checkbox"/> LOCATION CHANGE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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(24) In accord with the occupation tax ordinance, City of Douglasville, Georgia. I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct and complete.

(23) Do You Plan to Serve/Sell Alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Applicant Signature _____ Title _____ Date _____

OFFICE USE ONLY

BUS. CONTROL NO.	LICENSE NO.	SIC CODE	FEES TOTAL
COMMERCIAL BUSINESS <input type="checkbox"/>	RESIDENTIAL BUSINESS <input type="checkbox"/>		

DOUGLAS COUNTY FIRE MARSHALL	COBB & DOUGLAS ENVIRONMENTAL HEALTH
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
_____ SIGNATURE DATE	_____ SIGNATURE DATE

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DOUGLASVILLE POLICE DEPARTMENT

PO Box 219, Douglasville, GA 30133-0219

2083 Fairburn Road, Douglasville, GA 30135

Phone: 770.920.3010 | www.douglasvillega.gov

EMERGENCY CONTACT INFORMATION FORM (Complete if Commercial Business)

DATE: _____

BUSINESS NAME: _____

ADDRESS: _____
STREET SUITE STATE ZIP

BUSINESS PHONE: _____ BUSINESS/OWNER EMAIL: _____

TYPE OF BUSINESS: _____

IS THERE AN ALARM? YES NO ALARM COMPANY PHONE: _____

ALARM COMPANY NAME: _____

SPECIAL INSTRUCTIONS (GATE CODE, HIDDEN KEY, DOGS PRESENT, ETC.)

EMERGENCY INFORMATION FOR POLICE AND 911

IN CASE OF EMERGENCY DURING NON-BUSINESS HOURS, ATTEMPT TO CONTACT THE FOLLOWING PEOPLE IN THE ORDER THEY APPEAR BELOW

NAME: _____ CELL PHONE: _____ ALT PHONE: _____

NAME: _____ CELL PHONE: _____ ALT PHONE: _____

NAME: _____ CELL PHONE: _____ ALT PHONE: _____



Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Please check only one:
Section 1.

____ **A)** On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

____ **B)** On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

***** If the employer selected Section 1(A), please fill out Section 2 below*****

Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number
(Also called E-verify#, usually 4-6 digits)

Date of Authorization

-----**THIS FORM MUST BE NOTORIZED**-----

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

Executed on _____, _____, 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: _____



Occupational Tax Affidavit/E-VERIFY

O.C.G.A. § 50-36-1 (e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an **Occupational Tax Certificate**, as referenced in O.C.G.A. § 50-36-1, from the **City of Douglasville, Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

____ I am a United States citizen.

____ I am a legal permanent resident of the United States.

____ 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 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 O.C.G.A. § 50-36-1 (e) (I), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

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 as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE	
_____ Day of _____, 20____.	
_____ Notary Public	
My Commission Expires: _____	

Signature of Applicant

Printed Name of Applicant



State of Georgia Department of Revenue

1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

An Equal Opportunity Employer

City of Douglasville, Georgia
PO Box 219, Douglasville, GA 30133
Occupational Tax / Business License Application

Finance Department
ask-occtax@douglasvillega.gov
P. 678-449-3078



OFFICE OF GEORGIA SECRETARY OF STATE BRAD RAFFENSPERGER PROFESSIONAL LICENSING BOARDS DIVISION

The Professional Licensing Boards Division serves as administrative support to the 41 licensing boards housed with our agency. In addition to staffing the board meetings, our agency assists the boards with processing applications for licensure, license renewals and complaints.

Although the Professional Licensing Boards Division of the Secretary of State's Office provides administrative and clerical support to assist the boards in carrying out their licensing responsibilities, the agency does not directly oversee or direct the actions and decisions of the boards. Determinations regarding licensing qualifications and complaints rest solely with the individual boards. Accordingly, our office does not have the ability to review, modify, or overturn a decision which has been made by any board.

www.sos.state.ga.us/plb

ARCHITECTS & INTERIOR DESIGNERS	FUNERAL DIRECTORS & EMBALMERS	PLUMBERS
ATHLETE AGENTS	GEOLOGISTS	PODIATRY
ATHLETIC & ENTERTAINMENT COMMISSION	HEARING AID DEALERS & DISPENSERS	PRIVATE DETECTIVES & SECURITY AGENCIES
ATHLETIC TRAINERS	IMMIGRATION ASSISTANCE	PROF COUN/SOC WORK/MARRIAGE
AUCTIONEERS	LACTATION CONSULTANTS	PSYCHOLOGY
CEMETERIES	LANDSCAPE ARCHITECTS	RESIDENTIAL AND GENERAL CONTRACTORS
CHIROPRACTORS	LIBRARIANS	SPEECH PATHOLOGISTS AND AUDIOLOGISTS
CONDITIONED AIR CONTRACTORS	LOW VOLTAGE CONTRACTORS	USED MOTOR VEHICLE DEALERS
COSMETOLOGISTS AND BARBERS	MASSAGE THERAPY	USED MOTOR VEHICLE PARTS
DIETITIANS	MUSIC THERAPY	UTILITY CONTRACTORS
DISPENSING OPTICIANS	NURSING	VETERINARY MEDICINE
ELECTRICAL CONTRACTORS	NURSING HOME ADMINISTRATORS	WATER & WASTEWATER TREATMENT PLANT OPERATORS
ENGINEERS & LAND SURVEYORS	OCCUPATIONAL THERAPISTS	
FORESTERS	OPTOMETRY	
	PHYSICAL THERAPISTS	



Sec. 26-3. -Administrative and Regulatory Fee Structure

- (a) A nonprorated, nonrefundable administrative fee of \$50.00 shall be required on all business and occupation tax accounts for the initial start-up, renewal, or reopening of those accounts.
- (b) An administrative fee of \$10.00 shall be required on all business and occupation tax accounts for the transfer of the registration certificate to a new business location for the same owner to operate the same business under the same name at the new location for the remainder of the existing license period under the same terms and conditions contained herein.
- (c) In addition to the administrative fee, a non-prorated regulatory fee will be imposed as provided under O.C.G.A. § 48-13-9 on those applicable businesses. A regulatory fee may not include an administrative fee and is non-refundable. The regulatory and administrative fees required by this section shall be paid in addition to any occupation tax required under section 26-4.
- (d) The regulatory fee schedule for persons in occupations and professions is set forth as follows:
- (1) Vehicles for hire, per registered operator \$100.00
 - (2) Private ambulance, per provider 50.00
 - (3) Dealers in precious metals, per applicant 35.00
 - (4) Pawnbrokers, per applicant 50.00
 - (5) Massage parlors, per applicant 50.00
 - (6) Fortunetellers, per applicant 50.00
 - (7) Flea markets, per location 50.00
 - (8) Amusement centers, per location 100.00
 - (9) Peddlers and door-to-door salespersons 35.00
 - (10) Transient merchants, per location 35.00
 - (11) Adult entertainment, per location 5,000.00
(For additional regulations see section 14-1000 et seq.)
 - (12) Building and construction contractors, subcontractors, roofers, siding, security and fire alarm installers and workers. Permit fees shall be as provided in a schedule adopted by the city council and on file in the office of the building official, and are due for each permit issued.

Unless otherwise noted, all fees under this section are due annually and are payable prior to the conduct of any business for the applicable time period.
- (e) Regulatory fees required by this article shall be paid before commencing business or the practice of a profession or occupation as a condition precedent for transacting business, or practicing a profession or occupation. Regulatory fees may be paid after commencing business or the practice of a profession or occupation when:
- (1) The work done or services provided are necessary for the health, comfort, or safety of one or more individuals or protection of property. This paragraph shall apply to, but not be limited to, the repair, service, or installation of heating, ventilation, and air conditioning equipment or systems;
 - (2) The work done or services provided have no adverse effect on any other person;
 - (3) Regulatory fees are tendered to the within two business days after commencing business or the practice of a profession or occupation and any and all required inspections are made in order to ensure compliance with applicable codes; and
 - (4) The work is commenced or the services are provided within 24 hours of receiving the request for such work or service and it is not possible for the person conducting the work or providing the service to obtain a permit prior to commencing due to the hours of operation of the city's offices.

(Ord. No. 95-39, § 1, 12-18-95; Ord. No. O-2013-52, § 2, 12-4-13; [Ord. No. O-2015-44, § 1](#), 9-21-15; Ord. No. [O-2016-52](#), § 1, 11-7-16)



SANITATION DEPARTMENT

6695 CHURCH STREET
DOUGLASVILLE, GA 30134
P. 770-920-3005 | F. 770-920-3006
EMAIL: SANITATION@DOUGLASVILLEGA.GOV
OFFICE HOURS: MONDAY – FRIDAY 7:00AM – 4:00PM

SANITATION REQUEST – FRONT LOAD COMMERCIAL CUSTOMERS

ACCOUNT #:

NEW ACCOUNT
 INCREASE
 DECREASE
 CANCEL

START DATE:	INC DATE:	DEC DATE:	END DATE:
HOME PHONE NO. :			

BILLING & MAILING ADDRESS

NAME					
MAILING ADDRESS	Street	Suite	City	State	Zip
CONTACT INFO.	PRIMARY CONTACT	PHONE	FAX	EMAIL	

SERVICE LOCATION / ADDRESS

NAME					
SERVICE ADDRESS	Street	Suite	City	State	Zip
CONTACT INFO.	PRIMARY CONTACT	PHONE	FAX	EMAIL	

FRONT END

TYPE OF SERVICE REQUESTED	DUMPSTER SIZE	
	QUANTITY	
	SERVICE FREQUENCY	
	DEPOSIT	

SPECIAL INSTRUCTIONS

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TERMS AND CONDITIONS

ACCOUNT #:	COMPANY NAME:
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The City Of Douglasville is the exclusive franchise haul of all commercial and industrial waste within the City limits.

COMMERCIAL:

- Charges for the collection of commercial refuse shall be as fixed from time-to-time by the mayor and council and shall be billed by the City of Douglasville Sanitation Department monthly.
- The invoices are mailed out around the first week of each month.
- Payments are due on the 21st of the month. Please submit payment and put your customer number on your check. (Customer account numbers are located in the top right side of billing.)

FAILURE TO PAY CHARGES WILL BE A VIOLATION OF THE CITY SANITATION CODE. CITATION(S) FOR VIOLATION(S) WILL BE ISSUED BY THE CITY, AND SAID CITATION(S) WILL BE RETURNABLE TO AND TRIED BEFORE THE MUNICIPAL COURT.

I certify that I have read the above statement and will abide by the terms and conditions of this contract.

CUSTOMER'S SIGNATURE

DATE



SANITATION DEPARTMENT

6695 CHURCH STREET
DOUGLASVILLE, GA 30134
P. 770-920-3005 | F. 770-920-3006
EMAIL: SANITATION@DOUGLASVILLEGA.GOV
OFFICE HOURS: MONDAY – FRIDAY 7:00AM – 4:00PM

PRICING

SIZE	1X	2X	3X	4X	5X	6X
2YD	\$ 59.78	\$ 72.78	\$ 98.79	\$ 132.55	\$ 163.75	\$
4YD	\$ 72.78	\$ 132.55	\$ 197.55	\$ 262.52	\$ 328.81	\$
6YD	\$ 98.76	\$ 197.55	\$ 295.01	\$ 393.50	\$ 491.26	\$
8YD	\$ 132.55	\$ 262.52	\$ 392.50	\$ 525.07	\$ 655.02	\$ 783.69

Pricing is monthly, X means times per-week

ADDITIONAL CHARGES

1. Deposit: 2 months service amount
2. Extra Pickups: \$ 28.75
3. Lock Kits: \$ 67.85

SIZE & DIMENSION

- 2YD: 3' Deep X 3' 5" High X 6' Wide
- 4YD: 5' 6" Deep X 5' High X 6' Wide
- 6YD: 6' Deep X 5' High X 6' Wide
- 8YD: 6' Deep X 6' 8" High X 6' Wide

PLEASE DO NOT OVERLOAD OR BLOCK ACCESS TO THE DUMPSTERS AS OUR DRIVERS ARE ON A TIGHT SCHEDULE AND WILL PROCEED TO THE NEXT SCHEDULED SITE FOR SERVICE AND POSSIBLY WILL NOT RETURN UNTIL THE FOLLOWING BUSINESS DAY.

IN ORDER TO PROVIDE YOU WITH QUALITY SERVICE THAT FITS YOUR SPECIFIC NEED & TO EXPEDITE SERVICE, PLEASE BE FAMILIAR WITH THE ABOVE INFORMATION BEFORE SIGNING THIS DOCUMENT.

FOR FURTHER INFORMATION PLEASE CONTACT SANITATION AT: **770-920-3005** OR EMAIL **SANITATION@DOUGLASVILLEGA.GOV**



ZONING VERIFICATION REQUEST FORM FOR BUSINESS LICENSE

*For information call
678-449-3054*

APPLICANT INFORMATION:

Applicant Name _____

Mailing Address _____ Suite/Apt. # _____ City, State _____ Zip Code _____

Primary Phone # _____ E-mail _____

BUSINESS LICENSE ADDRESS INFORMATION:

Address needing verification or Land Lot and District _____

Name of Business (If Applicable) _____

THIS IS:

- Change of Use
- Change of Owner
- Change of Location
- Adding a Use
- New Business
- Name Change

HOME-BASED OCCUPATION:

- YES
- NO

INTERIOR RENOVATIONS:

- YES
- NO

DETAILED DESCRIPTION OF PROPOSED USE:

I, the applicant, understand that I am required to conform to all applicable requirements of the Code of Ordinances for the City of Douglasville and all other applicable laws and ordinances that may apply to the above proposed use description. Failure to do so may be grounds to revoke any future permits that may be issued for this address.

Signature of Applicant _____ Date _____

Office Use Only	
ZONING: _____	
PERMITTED USE:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL INFORMATION _____	

STAFF SIGNATURE: _____	DATE: _____

❖ Please bring this short form with staff approval to the Finance Department to obtain your business license