



OFFICE USE ONLY:

Occupation Tax ID# _____
Run Save Y N

Cobb County Business License Division

Mailing Address: P.O. Box 649
Marietta, Georgia 30061

Office Location: 1150 Powder Springs Street, Suite 400
Marietta, Georgia 30064
Phone (770) 528-8410

Web site Address - www.cobbcounty.org
Email Address: businesslicense@cobbcounty.org

Application For Sole Proprietor Occupation Tax Certificate

- The owner or a W2 employee should sign the application and affidavits, and submit a copy of their secure and verifiable document (driver's license, passport, etc.). Please print with ink or type. If you are not a US citizen, please include a front and back copy of your immigration card/document(s). *The same person should sign all the documents and submit a copy of their id.*
- You may email a completed copy of your application to businesslicense@cobbcounty.org to obtain the tax due for your business.
- This application will not be processed if it is not accompanied by the appropriate tax or fee. You will not be billed.
- If you are using a residential address as your location, it must be the address at which you reside. Po Box and UPS store addresses can not be used as the business address.

I am filing a: () New Application
() Certificate Reprint Request(Only complete sections with * for this request.)
Occupation Tax Certificate # _____

Is this business located: () Outside Cobb Co. () In Unincorporated Cobb () Inside City Limits

*1. Name Doing Business As (DBA) _____

2. Business Address _____ Suite# _____ City _____ State _____ Zip _____

3. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

4. Email Address _____ Can we email your renewal and other notices? Y N
(circle one)

Is property zoned? () Residential () Commercial () Industrial Business Phone #() _____

5. Full Detailed Description of Business _____

6. Estimated Gross Receipts in GA from this location for the current calendar year \$ _____

Gross Receipts in GA from this location for the calendar year prior to this application \$ _____

Gross Receipts in GA from this location for the year two calendar years prior to this application \$ _____

7. Date Business began in Cobb County _____

8. # of employees in Cobb _____ E-Verify # (Required if 11 or more employees) _____

9. State Sales Tax ID # _____ Federal ID # _____

*

10. Name of Sole Proprietor _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____

Email Address _____

11. Name of person completing application _____ Title _____

Business Address _____ Apt# _____ City _____ State _____ Zip _____

Business Phone () _____ Alternate Phone () _____

Email Address _____

13. Are you currently delinquent in payment of any taxes or fees to any state or local government? _____
If yes, Please indicate the type of tax or fee, the amount due, and the reason the tax is delinquent.

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I will comply with the Zoning Restrictions stated above: _____
(initials)

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

Signature: _____

I, _____, affirm that the facts stated by me are true. I understand any misrepresentation or fraudulent statement is ground for automatic dismissal of this application and/or revocation of the certificate. I understand that all signs displayed on my premise must be permitted by the Cobb County Community Development Agency. I further understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations. The granting of this business registration certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce all laws, ordinances & regulations. I understand that all decisions of the Business License Division may be appealed to the Cobb County License Review Board.

This _____ day of _____, 20_____.

* Signature of applicant _____ *Legibly Print Name _____
() Owner () Manager () Other specify _____

APPLICANT MUST COMPLETE THE AFFIDAVITS AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT

**THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE FIRE PREVENTION BUREAU
AND/ OR THE DEVELOPMENT AND INSPECTIONS DIVISION.**

OFFICE USE ONLY:

Occ. Tax Cert. # _____

SIC Description _____ Fee Schedule _____ Processed By _____

Current yr tax _____ Penalty _____ Interest _____ Total Due\$ _____

Previous yr tax _____ Penalty _____ Interest _____ Total Due\$ _____

2 yrs prior to current yr tax _____ Penalty _____ Interest _____ Total Due\$ _____

Total Amount Due\$ _____

Zoning Division _____ Approved/Denied _____ Property Zoned _____
(circle one)

If Zoning is denied, please list a reason for denial _____

ATTENTION OWNERS OF RENTAL OR LEASED REAL PROPERTY:

If you own real property in unincorporated Cobb County that is rented or leased to another person or entity, you are not required to pay occupation taxes or business license fees to Cobb County in connection with that property if you can provide to the Cobb County Business License Division evidence (e.g., supporting documentation or affidavits(s)) that:

- (1.) Your only activities at that property involve showing the property to prospective tenants or lessees and/or performing maintenance or repairs to such property; and
- (2.) You maintain an office or location (which is a structure or vehicle where a business, profession, or occupation is conducted and is not a temporary or construction work site which serves a single customer) outside unincorporated Cobb County but within the State of Georgia **OR** you provide to the Business License Division proof of payment of a local business or occupation tax in another State which purports to tax your sales or services in the State of Georgia.

If you provide evidence that you meet the above criteria, you are not required to pay Cobb County occupation taxes or business license fees in connection with your rental property. However, you may be required to register your rental property location with the Business License Division and obtain a business registration certificate at no charge.

RIGHT OF APPEAL:

REVISED 9/29/16

All administrative decisions made by the Business License Division regarding applications for licenses, transfers, renewals, changes in ownership, or other matters affecting such licenses or occupation tax certificates, including attempts by the Cobb County Business License Division to impose or collect occupation taxes or business license fees, may be appealed to the Cobb County License Review Board. To be considered, all appeals must be submitted on appeal forms provided by the Business License Division. For more information on your right to appeal, please contact the Business License Division at (770) 528-8410 and/or consult Section 6-90 *et seq.* of the Official Code of Cobb County.

THIS AFFIDAVIT MUST BE COMPLETED

Private Employer Affidavit

Business Name: _____

Occupation Tax #: _____

NUMBER OF EMPLOYEES (COMPANY-WIDE): _____ **(Required)**

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

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

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

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in 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

Date of Authorization

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: _____

To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

THIS AFFIDAVIT MUST BE COMPLETED

Business Name

Business License #/Occupation Tax #

O.C.G.A. § 50-36-1(e)(2) Affidavit

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

Do not check more than one option.

_____ 1) I am a United States citizen.

_____ 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 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)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: (i.e. driver's license, I-551, I-766, Passport, etc.)

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)

Signature of Applicant

Printed Name of Applicant

Applicant Phone Number

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____