2665 Buford Hwy
Atlanta, GA 30324
Main 404-637-0500
Fax 404-637-0501
www.BrookhavenGa.gov

PLEASE COMPLETE APPLICATION IN FULL

ALL NEW APPLICATIONS MUST BE SUBMITTED ONLINE WITH PROPER IDENTIFICATION

Make checks or credit/debit payments online: https://brookhavenga.munirevs.com/

Penalties

The City of Brookhaven 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 30th of any calendar year, when the business or practitioner was in operation the preceding calendar year.

Delinquent taxes and fees are subject to interest at a rate of 1.5 percent per month.

Conditions

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 Brookhaven Zoning Resolution of 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.

An Occupational Tax Certificate is non-transferable to a new owner, location, or business name.

Certification

I,_____, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability and that no false or misleading statement is made herein to obtain a business occupational tax certificate. I understand that if I provide false or misleading information in this application, I may be subject to criminal prosecution and/or immediate revocation of my business occupational tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required to issuance of a business occupation tax certificate. All occupational tax certificates expire December 31st and must be renewed annually.

_____ _____ _____
Signature *Title* *Date*

As an applicant for **a home-based occupational tax certificate**, I have received a copy of Sec. 27-700 of the Zoning Ordinance of The City of Brookhaven entitled "Home Occupations." If not applicable, write NA on the signature line below.

_____ _____
Signature *Date*

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE_____DAY OF_____, 20 _____

_____ My commission expires: _____
Notary Public Signature *Notary Stamp*