

Business License Application  
Occupational Tax Application  
Planning & Development Department  
Licensing Division  
[pddtechs@augustaga.gov](mailto:pddtechs@augustaga.gov)  
706-312-5050 Option 1



**Residential Division:**  
1803 Marvin Griffin Rd,  
Augusta, GA 30906  
**Commercial Division:**  
535 Telfair St Suite 300,  
Augusta, GA 30901

Thank you for choosing to locate your business in Augusta-Richmond County! This packet includes all required documents for the business license and occupational tax application.

Applications can be submitted:

- In person at either of our offices
- By email to [pddtechs@augustaga.gov](mailto:pddtechs@augustaga.gov) (include your business name in the subject line)
- Online at <https://cityview.augustaga.gov/cityviewportal>

You'll receive an email confirmation within one business day. If not, call **706-312-5050**.

**Important:** Email services from retail stores (UPS, FedEx, Office Depot, etc.) may not reach us. If using one, have them send documents to you, then forward them from your own account.

The Items below are required for a complete application:

- ☐ Business License and Occupational Tax Application (completed, signed, and dated).
- ☐ System Alien Verification for Entitlements (SAVE) Affidavit, signed by both the applicant and a notary.
- ☐ Private Employer Affidavit, signed by both the applicant and the notary.

Additional items needed, depending on the business type. Please keep in mind that this list is not all inclusive and additional documentation may be requested.

- ☐ Professional license, certification, or permit, if required by state or federal government. Notarized licensee permission may be required if the license, certification, or permit is issued to an individual that is not the applicant for the business license.
- ☐ Secretary of State Registration, Corporations, Limited Liability Companies, and Limited Partnerships in Georgia are formed through the Secretary of State's Corporations Division. Proof of registration for the current year is required for these businesses. If your business is organized within another state, it must be registered as a foreign entity with the Georgia Secretary of State. Additional information may be obtained through their website <https://sos.ga.gov/index.php/corporations>, phone 404-656-2817, or email [corporationswebmail@sos.ga.gov](mailto:corporationswebmail@sos.ga.gov).
- ☐ Special Use Permit (SUP) signed and dated by the applicant (only for home based businesses). Please note that there may be a cost for the SUP.
- ☐ Permanent resident card, for applicants who are not a United States Citizen.
- ☐ Additional items can be found at <https://www.augustaga.gov/2592/Business-Requirements>.

Once received, your application will be reviewed by the necessary departments, typically within one week. You'll be contacted by phone or email with approval, tax amount, and payment instructions. Be sure to add **augustaga.gov** to your safe senders list or check your spam folder.

For questions, contact us—we're happy to help!

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Business License Number (Office Use Only): \_\_\_\_\_

## Business License Application

Business Legal Name: \_\_\_\_\_  
If registered with the Georgia Secretary of State, a copy of the current year registration is required. Out of state businesses must register as a foreign entity with the Georgia Secretary of State. If you are a sole proprietor, provide your legal name.

Doing Business As: \_\_\_\_\_  
If different than the business legal name, list the name used to conduct business. The appearance of the name on the business license does not secure or protect the use of the name exclusively to your business. The Augusta-Richmond County Clerk of Court's office is the governing authority for registration of doing business as or trade names. Their phone number is 706-821-2460.

Mailing Address: \_\_\_\_\_  
(Complete Mailing Address – City, State, Zip Code)

Physical Location: \_\_\_\_\_  
(Complete Street Address– City, State, Zip Code) – *P.O. BOX or VIRTUAL OFFICE SPACE NOT ACCEPTED*

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method of Contact: ☐ Mailing ☐ Address ☐ Phone ☐ Text Message ☐ Email

Description of Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Entity's Name and Address: \_\_\_\_\_  
Is Owner a Disabled Veteran? ☐ Yes ☐ No If yes, \_\_\_\_\_ %

Last 4 SSN (Required): \_\_\_\_\_ Primary Contact Number: \_\_\_\_\_

Applicant's Name and Address: \_\_\_\_\_

Last 4 SSN (Required): \_\_\_\_\_ Applicant's Position / Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Local Contact Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Number of Employees (only working in Augusta-Richmond County): \_\_\_\_\_

Federal Tax ID: (EIN #) \_\_\_\_\_ State Tax ID: (Dept. Of Revenue #) \_\_\_\_\_

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### Business Occupational Tax Fee Options

Select One:

☐ Gross Revenue (Provide an estimated gross revenue for the first year of business): \$ \_\_\_\_\_

☐ Number of Professionals: \_\_\_\_\_ (Professionals and certain practitioners have the option of paying \$400 Professional Fee per practitioner in lieu of reporting gross receipts. Check with the Business Tax Office to determine eligibility for this option.)

☐ Out of Town Businesses pay based on gross revenue. If you pay an occupational tax for a license in a county or city within the State of Georgia that is not Augusta-Richmond County, provide the current year license from that city or county, and it will be \$6 for the printing of the Augusta-Richmond County license plus any decal fees, if applicable.

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### Decal Information

(1 Decal is required if your business falls into one of the below categories)

Vehicle Decals: ☐ Contractor ☐ Lawn Care ☐ Wrecker ☐ Taxi ☐ Food Truck How Many: \_\_\_\_\_

Machine Decals: ☐ Vending Machines How Many: \_\_\_\_\_

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### Occupational Tax Exemptions

Nonprofit Organizations: Submit the tax-exempt determination letter for the Internal Revenue Service. (501C3)

Disable Veterans: Submit the certificate of eligibility form issued by the Probate Court in the Georgia Court you live or from the Department of Veterans Affairs.

Please note that any business with an occupational tax exemption will pay \$6 for the printing of the license each year the business is in operation plus any decal fees, if applicable.

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### Applicant Responsibilities for Business License and Occupational Tax

I understand that it is my responsibility to comply with all local, state, and federal laws and that the issuance of this business license and occupational tax certificate is not deemed an affirmation by Augusta-Richmond County of such compliance. I further understand it is my responsibility to submit a gross revenue form each year by October 31, and to notify Augusta-Richmond County Licensing Division if the form was not received by October 1. Failure to do so will result in a failure to submit fee at license renewal that will not be removed. I also understand that it is my responsibility to renew this business license each year by January 31, and to notify Augusta-Richmond County if a renewal bill is not received by January 1. I acknowledge that I must notify Augusta Richmond County Licensing Division of any updates in the address, phone number, or status of my business. Failure to report a change in address will result in a \$75 fine. I certify that the information provided is true and accurate and contains no false or fraudulent information. I understand that this information, or refusal to provide information, will be provided to the Georgia Department of Revenue per O.C.G.A Section 48-13-20-1

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Systematic Alien Verification for Entitlements (SAVE) Affidavit

Affidavit Verifying Status for Augusta, Georgia. Public benefit Application with License and Inspection Division Pursuant to O.C.G.A. §50-36-1 (e) (2)

By executing this affidavit under oath, as an applicant for: (check all that apply)

- ☐ Augusta-Richmond County, GA Business License or Georgia Occupational Tax Certificate
- ☐ Alcohol License
- ☐ Taxi Permit
- ☐ Other public benefits, including \_\_\_\_\_ as referenced in O.C.G.A. §50-36-1

From Augusta, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit: (Only pick 1)

- 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 is 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.

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 the O.C.G.A. §16-10-20, and face criminal penalties as allowed by such a criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

Business Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Officer

\_\_\_\_\_  
Printed Name of Owner or Officer

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

\_\_\_\_\_  
NOTARY PUBLIC

Notary Seal

My Commission Expires: \_\_\_\_\_

## 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 one of the following 2 options:

☐ **Option 1**

On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed more than ten (10) employees. 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 / E-Verify Company ID Number

\_\_\_\_\_  
Date of Authorization

☐ **Option 2**

On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Signature of Owner or Authorized Officer

\_\_\_\_\_  
Printed Name and Title of Owner/ Authorized Officer

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

\_\_\_\_\_  
NOTARY PUBLIC

Notary Seal

My Commission Expires: \_\_\_\_\_

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## Fire Inspection Application

**Business Name:** \_\_\_\_\_

**Business Owner's Name:** \_\_\_\_\_

**Contact Number (Should be a local contact.):** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

☐ Check here if this is a new business      ☐ Check here if this is a location change only

**Email Address:** \_\_\_\_\_

**Description of the business being conducted at the address:**

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## OWNER PERMISSION AFFIDAVIT

**Subject Property Address:** \_\_\_\_\_

**Property Owner:**

Name (Person, Firm, Corporation, or Agency): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Authorized Applicant:**

Name (Person, Firm, Corporation, or Agency): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I (Property owner/Agent) am applying for, or I hereby give authority to the authorized applicant to file an application for the following address: \_\_\_\_\_

Type of Application: \_\_\_\_\_

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Property Owner's printed name

This instrument was signed before me on this date: \_\_\_\_\_

County: \_\_\_\_\_ Georgia Notary Signature: \_\_\_\_\_

Affix seal/stamp here: