City of Fayetteville Occupational Tax Permit (Business License) PROFESSIONAL Application Instructions.

BUSINESS NAME AND LOCATION: Local street address in Fayetteville.

DESCRIPTION OF BUSINESS: Please list **ALL** business activities to be conducted at this location. This is the description that will be printed on the permit. (Example: Medical Practice, Surgery Center, Legal Practice)
Please provide copy of state license for all professionals.

Number of full-time and part-time employees of the company (Fayetteville location).

Social Security number, Federal or State Tax ID, and/or Sales Tax number: At least one is required.

BUSINESS OWNER: Name of the Corporation, LLC, Partnership, individual, etc., that owns the business.
PLEASE PROVIDE COPY OF ARTICLES OF INCORPORATION OR LLC.

Mailing address, phone number, and e-mail address of business owner.

Name and title of person completing the application (owner, manager, etc.)

U.S. Citizen: Please check yes or no. If not a citizen, please bring in legal resident card.

NAME AND ADDRESS OF PROPERTY OWNER: Company or person that owns the building.

Emergency Contact Form: Please complete all emergency contact information as listed.

New Occupational Tax Sheet: Please complete all information.

Department of Revenue Official Addendum to Business Occupancy License Application:
Please complete this form even if you do not have a sales tax number.

The **Private Employer Affidavit** and the **U.S. Citizen/Qualified Alien Affidavit** must be signed and notarized. Notaries are available at City Hall, or you may use a notary elsewhere. **PLEASE SIGN IN THE PRESENCE OF THE NOTARY**. Please bring your driver's license or photo I.D. with you. If you are not a U.S. citizen, please bring your green card or proof of legal residence. If submitting by email, provide a clear normal size copy of the front and back of the legal resident card, and front of the driver's license. Please list the number of full-time and part-time employees (all locations combined) on the Private Employer Affidavit. If more than ten employees, an E-Verify number is required. **NOTE:** This is not the same as a State or Federal Tax ID number.

When the application is received, it will be entered into the system to go through the approval process with the departments listed. You will be notified when the license is ready to pick up.

Professionals will not pay a fee upon initial application. Each year at the time of renewal, professionals may choose to either pay a flat fee per professional (currently $300), or a tax based on gross revenue (kept confidential), which will not be less than $75.

Please note all occupational tax permits expire on December 31st. Renewal forms will be mailed no later than December 2026. Please complete and return the forms, and you will be billed for 2027, or follow the instructions provided to renew and pay on-line. Payment for the 2027 renewal must be received by March 31, 2027 to avoid penalty and interest. Please keep us updated if your mailing address or email address changes, or if you move from one location to another, or close the business.

PROFESSIONAL

CITY OF FAYETTEVILLE
210 STONEWALL AVE WEST
FAYETTEVILLE, GA. 30214
Phone: 770-461-6029 FAX: 770-460-4238

OCCUPATIONAL TAX PERMIT (BUSINESS LICENSE) APPLICATION

☐) LLC
☐ Single Proprietor
☐ Corporation/Partnership

☐ Home Occupation
☐ Non-Profit Organization

RENEWAL DUE: 01-01-2027
PENALTY APPLIED: 04-01-2027
CITATIONS ISSUED: 05-01-2027

BUSINESS NAME: _____

BUSINESS LOCATION: _____
(Please include suite number if applicable.) **(Fayetteville GA)**

DESCRIPTION OF BUSINESS: _____
(List all business activities to be conducted at this location)

BUSINESS LOCAL PHONE: _____

NUMBER OF EMPLOYEES: _____Full-Time _____Part-Time E-VERIFY # _____
(If more than 10 employees)

SOCIAL SECURITY #: _____ FEDERAL TAX ID: _____

STATE TAX ID: _____ SALES TAX #: _____

BUSINESS OWNER INFORMATION:

BUSINESS OWNER: _____
(Name of Corporation, LLC, Individual, etc.)

MAILING ADDRESS: _____

PHONE: _____ E-MAIL: _____

APPLICATION COMPLETED BY: _____

IS APPLICANT U.S. CITIZEN? ☐ YES ☐ NO (If no, please bring in legal resident card.)

PROPERTY OWNER'S INFORMATION:

NAME: _____

ADDRESS: _____

PARTY RESPONSIBLE FOR WATER SERVICE: ☐ **LANDLORD** ☐ **BUSINESS OWNER**

NOTE: Professionals do not pay a fee upon initial application. Each year at the time of renewal, professionals may choose to either pay a flat rate per professional (currently $300), or a tax based on gross revenue, which will not be less than $75 (administrative fee).

FAYETTE COUNTY E-9-1-1 COMMUNICATIONS

EMERGENCY CONTACT FORM

Name of Business: _____

Business Address: _____

_____

Prior Business Name **(if applicable)** _____

Prior Address of Business in Fayette County **(if applicable)**: _____

_____

Business Phone Number _____

Business Owner(s) Name: _____

Business Owner(s) Home Phone Number: _____
(Emergency use only)

Building Owner Name: _____

Building Owner Phone Number: _____

Additional Emergency Contact: (Someone who can gain access to the business after normal business hours in the event of Fire, Burglar Alarm, or Other Emergency)

1) Name _____ Phone # _____

2) Name _____ Phone # _____

3) Name _____ Phone # _____

NEW OCCUPATIONAL TAX

Alcohol On-Premise ☐
Alcohol Off-Premise ☐
Restaurant ☐

New Business ☐
New Business Owner ☐
New Location ☐
Name Change ☐
Home Occupation ☐

Business Located in Main Street District: ☐ Yes ☐ No
If so, how many employees? _____
E-Mail Address: _____

DATE: _____ PHONE: _____

_____ _____
BUSINESS NAME BUSINESS ADDRESS

_____ _____
CONTACT PERSON TYPE OF BUSINESS

PLEASE PROVIDE A NARRATIVE DESCRIBING ALL BUSINESS ACTIVITIES AND OPERATIONS TO BE CONDUCTED AT THIS LOCATION. (What does your business do? Be as descriptive as possible.)

_____

_____

_____

_____

_____

_____

_____

_____

Are any vehicles used in conjunction with your business?

- If yes, Make and Model?

  _____

- Where are the vehicles stored when they are not in use?

  _____

FOR STATISTICAL PURPOSES ONLY: (OPTIONAL)
Please select the following SBA Class which best describes your business: ☐ Small Business ☐ Female ☐ Minority

IMPORTANT INFORMATION FOR NEW BUSINESS APPLICANTS

Renovations – Most modifications to a building will require a permit. If you are planning to alter the interior or exterior of your new business in any way (add walls, remove walls, electrical/plumbing/heating and air work, etc.) please contact Paul Hardy (SAFEbuilt) prior to starting your project: 678-216-0641 / PHardy@safebuilt.com.

Exterior Renovations to a building including paint color changes require approval from the Planning and Zoning Commission. Please contact Nicole Gilbert at (770) 719-4177 / NGilbert@fayetteville-ga.gov.

Water Department - If your business is located inside the City Limits of Fayetteville and you are the party responsible for paying for water and/or sewer service, you will need to bring with you a copy of your lease, two forms of ID, and there is a processing fee or transfer fee. Please contact Customer Service at (770)460-4237 / utility@fayetteville-ga.gov for more information.

Signage – A permit from the City of Fayetteville is required for new sign installations and in most cases existing sign modifications. Prior to moving forward with any signage for your new business, please contact Katherine Prickett regarding the City's requirements and ordinances pertaining to signs: (770) 719-4149 / KPrickett@fayetteville-ga.gov. See "Signage" page for more information.

Modify or Add Business Activities – If at any time you plan to modify or add to the type of business activities associated with your license beyond the original description, you are required to contact the city in advance and apply to have the new or modified activities approved. Please contact Phyllis Brown at 770-719-4165 or PBrown@fayetteville-ga.gov

_____ _____

SIGNATURE OF APPLICANT DATE

ASSEMBLY & CHANGE OF OCCUPANCY VERIFICATION

Is this business a change of occupancy?
(Example: changing from office to restaurant, retail to daycare, etc.)

☐ Yes ☐ No ☐ I Don't Know

ASSEMBLY & CHANGE OF OCCUPANCY REQUIREMENTS ⚠

(Applies to restaurants, event centers, gyms, places of worship, daycares, or any change in building use)

_____ I understand that if my business is considered a **place of assembly OR involves a change of occupancy by the Fire Department**, additional requirements apply.

_____ I understand I must submit **professionally prepared plans**, which may include:

- Floor plans with dimensions
- Room usage labels
- Restroom details (ADA compliance)
- Life safety plans (egress, occupancy load, etc.)
- Mechanical/Electrical/Plumbing (MEP) plans (if applicable)

_____ I understand these plans must be reviewed and approved by the **Building Official and/or Fire Marshal** prior to license issuance.

⚠ IMPORTANT NOTICE – POTENTIAL DELAYS

_____ I acknowledge and understand that **ANY of the following may delay the issuance of my Occupational Tax Permit (Business License):**

- Change of occupancy (example: office to restaurant, store to daycare)
- Assembly-type use (example: event center, gym, place of worship)
- Required building, fire, or safety plan reviews
- Incomplete or missing documentation
- Required permits, inspections, or renovations not completed

_____ I understand that my application must receive **approval from all required departments (Zoning, Water, Fire, Building, etc.) before a license is issued**.

FINAL ACKNOWLEDGMENT

I certify that I have reviewed and understand the requirements related to assembly use and/or change of occupancy. I acknowledge that failure to comply or provide complete and accurate information may result in **delays in processing or issuance of my business license**.

Applicant Signature: _____

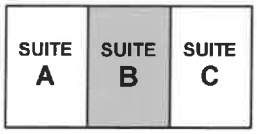
Date: _____

ADDITIONAL REQUIREMENTS

PLACES OF ASSEMBLY OR CHANGE OF OCCUPANCY

To ensure the citizens and visitors of the City of Fayetteville are provided with safe structures, the following information is required for all assembly occupancies or any changes of occupancy, see examples below. This information shall be professionally prepared and drawn to scale with sufficient clarity and shall contain at minimum:

- Business name
- Site address
- A key plan is required if the business is in a multi-tenant building. (A key plan is a small, overall layout of the building that identifies the area in question – see example below)



KEY PLAN

- Existing and proposed (if any changes) floor plan
- Full-dimensioned plan with room dimensions and square footage of proposed layout
- All rooms to be labeled for their intended use
- Details of restrooms: number and location of ADA compliant restrooms, total number of toilets and sinks provided in each restroom, etc.
- Life Safety Plan complete with path of egress, travel distances, emergency and exit lighting, occupancy loads, etc.
- If there are proposed changes to the mechanical, electrical or plumbing (MEP) systems then full MEP drawings reflecting the proposed changes will be required. If there are no proposed changes then that will need to be noted in the plans.

For questions regarding the plan requirements, please contact:

Paul Hardy (SAFEbuilt)		Bill Rieck
Building Official	OR	Fire Marshal
(678) 216-0641		(770) 719-4052
phardy@safebuilt.com		brieck@fayetteville-ga.gov

Examples of Assembly occupancy- restaurant, event center, gym, place of worship, cinema, etc.

Examples of change of occupancy- space was business office and want to open a restaurant, space was a store and want to open a daycare

SIGNATURE OF APPLICANT _____ DATE _____

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

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

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from the City of Fayetteville, Georgia, 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 document:

(CHECK ONE)

☐ On January 1st of the below signed year the individual, firm, or corporation employed **MORE THAN TEN (10) EMPLOYEES.**

OR

☐ On January 1st of the below signed year the individual, firm, or corporation employed **TEN (10) OR LESS EMPLOYEES.**

IF THE EMPLOYER SELECTED MORE THAN TEN (10) EMPLOYEES, PLEASE FILL OUT FEDERAL WORK AUTHORIZATION USER ID NUMBER BELOW. THIS IS NOT THE SAME AS THE TAX ID NUMBER.

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:

_____
Federal Work Authorization 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 or 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.

Executed on the _____ day of _____, 202___ in _____(City)_____(State)

_____
Signature of Authorized Officer or Agent (Representative of Business)

_____
Printed Name of and Title of Authorized Officer or Agent (of Business)

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202____.

_____
NOTARY PUBLIC

My Commission Expires:

_____

U. S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath, as an applicant for a City of Fayetteville, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Fayetteville Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (CIRCLE ONE) for:

_____

(Name of natural **person** applying on behalf of individual, business, corporation, partnership, or other private entity)

1) ☐ I am a United States Citizen

OR (only check one)

2) ☐ I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: Date:

_____ _____

Printed Name:

_____

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

*_____
Alien Registration Number for Non-Citizens

_____
Notary Public
My Commission Expires:_____

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

_____

OCCUPATIONAL TAX CERTIFICATE

DEPARTMENTAL APPROVALS

Prior to the issuance of an occupational tax certificate, application must be approved by each of the following departments.

Zoning Department Nicole Gilbert	770-719-4177
Water Department Brenda Williams	770-719-4187
Fire Department Jason Peckham jpeckham@fayetteville-ga.gov	770-719-4174
Building Department Paul Hardy (SAFEbuilt)	678-216-0641
Fayette County Health Dept. (Restaurants and Food Service)	770-305-5415

Copy of state license required if applicable before the city license is released.

Copy of Health Department certificate required if applicable before the city license is released.

IF YOUR BUSINESS MOVES FROM ONE LOCATION IN THE CITY OF FAYETTEVILLE TO ANOTHER, YOU MUST COMPLETE A NEW OCCUPATIONAL TAX (BUSINESS LICENSE) APPLICATION, COMPLETE WITH DEPARTMENTAL APPROVALS, TO ENSURE THAT YOUR NEW LOCATION MEETS THE REQUIREMENTS OF CITY ORDINANCES, AND TO PROVIDE CURRENT EMERGENCY CONTACT INFORMATION FOR THE FAYETTE COUNTY E-911 COMMUNICATIONS CENTER.

IF YOUR BUSINESS IS CLOSED OR MOVES OUT OF THE CITY LIMITS OF FAYETTEVILLE, PLEASE NOTIFY THE OCCUPATIONAL TAX OFFICE (770-719-4165 OR 770-719-4166) IN ORDER THAT WE MAY CLOSE YOUR ACCOUNT WITH THE CITY.

THIS LICENSE DOES NOT TRANSFER FROM ONE OWNER TO ANOTHER. THE NEW BUSINESS OWNER IS REQUIRED TO COMPLETE AND SUBMIT AN APPLICATION TO CITY HALL

Revised 4/22/26

GROSS RECEIPTS DEFINITION

Sec. 46-66(1)

Gross receipts means the total revenue of the business or practitioner for the period, including without being limited to, the following:

a. Total income without deduction for the cost of goods sold or expenses incurred;

b. Gain from trading in stocks, bonds, capital assets or instruments of indebtedness;

c. Proceeds from commissions on the sale of property, goods or services;

d. Proceeds from fees for services rendered; and

e. Proceeds from rent, interest, royalty or dividend income.

(2)

Gross receipts shall not include the following:

a. Sales, use or excise tax;

b. Sales returns, allowances and discounts;

c. Inter-organizational sales or transfers between or among the units of a parent-subsidiary controlled group of corporations as defined by 26 USC 1563(a)(1), or between or among the units of a brother-sister controlled group of corporations as defined by 26 USC 1563(a)(2), or between or among wholly owned partnerships or other wholly owned entities;

d. Payments made to a sub-contractor or an independent agent;

e. Government and foundation grants, charitable contributions, or the interest income derived from such funds, received by a nonprofit organization which employs salaried practitioners otherwise covered by this article, if such funds constitute 80 percent or more of the organization's receipts; and

f. Proceeds from sales to customers outside the state.