Welcome to the First Mountain City

Jasper, Georgia

New Business Application

City of Jasper
200 Burnt Mountain Road
Jasper, GA 30143
business.license@jasper-ga.us

Checklist for New Businesses

located within the City of Jasper

1. Consult with the Planning & Zoning Department to make sure the type of business you plan to open is allowed in your zoning district.

2. Contact and create new business with the Department of Revenue. This can be done at www.dor.georgia.gov/taxes/register-new-business-Georgia.

3. Complete a Tenant Occupancy Change Form for the Fire Marshall. The Fire Marshal will contact you to schedule a fire safety inspection.

4. Under Title lll of the ADA, businesses open to the public shall ensure ADA compliance is met and followed.

5. f you are a retail business, provide a copy of your Sales & Use Tax Certificate.

6. Provide a copy of any state & federal licenses required for type of business (examples: cosmetology, restaurant, used car sales, etc.)

7. Review instructions & complete the Federal Work Authorization Affidavit verifying status & the Private Employer Affidavit required by Georgia law (O.C.G.A. 36-60-(d)).

8. Provide a fully-executed lease agreement or the landlord agreement form, (which is attached in this packet).

9. Complete a sign permit application to be approved prior to installing any signage (this includes any lettering on the windows & doors) being placed at the business.

Application for

Business License/Occupational Tax License

This application must be completed and returned with applicable fees to:
Planning & Development Department,
200 Burnt Mountain Road
Jasper, GA 30143
Make Checks Payable to the City of Jasper

1. NAME OF BUSINESS *(Legal registered business name or trade name)*

2. NEW BUSINESS ADDRESS *(Physical location of business - Do not use P.O. Box)*

3. MAILING ADDRESS, IF DIFFERENT *(P.O. Box or alternate address for all legal notices)*

4A.CITY **48. STATE** **4C. ZIP CODE**

5A. PHONE NUMBER **5B EMAIL ADDRESS**

6. OWNER OF BUSINESS *(Individual, Corporate Entity, or Partnership Name)*

7. OWNER'S HOME ADDRESS *(Street Address, City, State, Zip Code)*

8. MANAGER OF BUSINESS *(Primary day-to-day operations manager name)*

9. MANAGER'S HOME ADDRESS *(Street Address, City, State, Zip Code)*

10. DESCRIPTION OF BUSINESS *(Detailed nature of retail, service, or professional activity)*

11. FEDERAL TAX I.D. OR SOCIAL SECURITY# *(Must provide at least one valid identifier)*

12. E-VERIFY # *(Federal work authorization number, if applicable)*

13. GA SALES TAX ID# *(Required for all retailers or resellers operating within GA)*

Number of Employees: Full Time_____ Part Time_____
(SAVE and E-Verify affidavits must be signed and documentation attached)
I certify that the foregoing information is true and correct. I understand that falsification of any part of this application could cause revocation of the certificate.

Date:_____ Signature: _____

New Business License Fee Schedule

New Business License Occupational Tax
(based on number of employees)

- 0-4 employees: $100
- 5-10 employees: $150
- 11-30 employees: $250
- 31-50 employees: $500
- 51-100 employees: $750
- 101-200 employees: $1500
- 201+ employees: $2000 + $10 per employee

Business License Renewal.....$100

Late Fees ....
$25 late fee for first 30 days
$100 late fee beyond 30 days

Change in Licensee $50

For a business operating without a valid business license, a $500 *fee will be assessed.*

City of Jasper

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):

Section 1. Please check only one:
(A) _ On January 1st of the below-signed year, the individual, finn, or corporation employed more than ten (10) employees

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

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

*** If you select Section l(B), please skip Section 2 and execute 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_____

Date of Authorization_____

Notary Acknowledgement

**Notary Public signature cannot be submitted electronically*
State of Georgia
County of _____
Acknowledged in my presence on _____(Date)
by _____,(Printed name of present, named signer)
who _____ispersonally known or _____who produced government-issued photo identification pursuant to O.C.G.A. Sec. 45-17-B(e).
_____(Signature of Notary Public)

Notary Public, State of Georgia

[Stamp/Seal]

My commission expires: _____

City of Jasper

O.C.G.A. § 50-36-l(E)(2) Affidavit

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

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-l(e)(I), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
Driver's License Number:_____ Exp. Date:_____or
_____

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.

Signature of Applicant _____

Printed Name of Applicant _____

Name of Business_____

Notary Acknowledgement

**Notary Public signature cannot be submitted electronically*

State of Georgia

County of _____

Acknowledged in my presence on _____(Date)

by _____,(Printed name of present, named signer)

who _____is personally known or _____who produced government-issued photo identification pursuant to O.C.G.A. Sec. 45-17-B(e).

_____(Signature of Notary Public)

Notary Public, State of Georgia

My commission expires: _____ [Stamp/Seal]

City of Jasper

Agreement of Understanding

Property Owner / Landlord Acknowledgement

**To be completed in lieu of the executed lease agreement if it cannot be provided*

Applicant Portion

Applicant's Name:_____

Business Name:_____

Business Address:_____

By signing this Agreement of Understanding I,_____ acknowledge that I am aware of the limitations placed on me by the City of Jasper in regard to the Occupational Tax License being issued to me, or renewed, in the name of _____,and located at _____

Because my business is located at a rented facility, I understand that the following restrictions apply.

Those restrictions include but not limited to:
1) No advertising is to be made unless a sign permit has been filed and the fee paid with the City of Jasper Planning & Development Department.

I further understand that by violating any of the above restrictions, the City of Jasper may revoke my Occupational Tax License.

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Occupational Tax License.

X _____ **X** _____

Applicant's Signature — Date

*Original Signature Required

City of Jasper

Agreement of Understanding

Property Owner / Landlord Acknowledgement

Landlord Portion

By signing this Agreement of Understanding I,_____ acknowledge that I am aware of the limitations placed on me by the City of Jasper in regard to the Occupational Tax License being issued to me, or renewed, in the name of _____,and located at _____

Because my business is located at a rented facility, I understand that the following restrictions apply.

Those restrictions include but not limited to:
1) The landlord understands that the above business is being ran out of the rented location by the tenant.

I further understand that by violating any of the above restrictions, the City of Jasper may revoke my Occupational Tax License.

X _____ **X** _____

Landlord's Signature Date

*Original Signature Required

Notary Acknowledgement

**Notary Public signature cannot be submitted electronically*
State of Georgia
County of _____
Acknowledged in my presence on _____(Date)
by _____,(Printed name of present, named signer)
who _____is personally known or _____who produced government-issued photo identification pursuant to O.C.G.A. Sec. 45-17-S(e).
_____(Signature of Notary Public)

Notary Public, State of Georgia

[Stamp/Seal]

My commission expires: _____

CITY OF JASPER
FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL
500 Liberty Lane
Jasper, GA 30143

Kevin Duncan Fire Marshal
Cell: (678) 460-9301
Office: (706) 253-6788

TENANT OCCUPANCY CHANGE

A Tenant Occupancy Change Inspection will need to be conducted to ensure the proposed business meets all building and fire safety codes and meets all requirements of current zoning. The Inspectors may discover code violations that will need to be corrected. You may be required to submit plans and obtain a building permit to correct some violations. Any new tenant that moves into a commercial space or takes over a commercial business is required to obtain a Certificate of Occupancy and/or Business License. Certificate of Occupancy and Business License will not be issued until code requirements are met.

Property Address		**Suite #**
City JASPER	**Zip Code 30143**	**Zoning**
Prior Business Name at Above Address		
Proposed Business Name		
Proposed Business Type: Assembly_____ Ambulatory Health_____ Business/Office_____ College_____ Daycare_____ Education_____ Hospital_____ Industrial_____ Institution_____ Mercantile/Retail_____ Nursing Home_____ Personal Care_____ Storage_____		

Business Owners Name		**Business Phone**	
Email		**Cell Phone**	
Address	**City**	**State**	**Zip Code**
Property Owners Name		**Phone**	
Address	**City**	**State**	**Zip Code**

I hereby certify that I have read and examined this application and know the same to be true and correct, I understand that any changes to the structure, exits, signage, miscellaneous plumbing, electrical connections, equipment or HVAC system requires a commercial permit and/or plan review with the associated inspections and fees. This application is only valid for change in tenant where there are no changes in the type of occupancy or use of the building or areas within the building.

I_____attest, to the best of my knowledge, all of the above information is true.
(Business Owners Signature)

Date: _____

F.M.O. Approved_____ Rejected_____

By:_____
Date:_____

Comments:
_____
_____