



# Paulding County Occupational Tax Certificate

240 Constitution Blvd · 2nd Floor · Dallas, GA 30132

Office: 770-443-7596 Fax: 678-224-4514

## Non-Residential Business

New applications must be submitted in person to the Paulding County business license office. In order to obtain a business license the application must be filled out **completely**. Payment must accompany this application. The application will not be processed if payment is not submitted or if the application is not filled out completely. **\*Application will not be processed without Tax Commissioner Approval\* Written notification is required to close business.**

Business is:  New  
 Closing Business ID# \_\_\_\_\_  
 Filing for an address/name change Business ID# \_\_\_\_\_

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

**\*Pursuant to O.C.G.A 10-1-490 any business operating under a name other than the corporation name, limited partnership name, or limited liability company name shall be required to register the trade name with the Clerk of Courts. Trade Name registration must be complete before application will be processed.**

Corp  LLC  **\*Must Provide articles\*** E-mail Address: \_\_\_\_\_

Physical Location \_\_\_\_\_

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

Full Description/Type of Business \_\_\_\_\_

Number of Employee's \_\_\_\_\_ NAICS Code (www.census.gov/eos/www/naics) \_\_\_\_\_

**If a State license is required, please fill out the following information. A copy of the license must be presented with this application (this is NOT your Driver's License)**

State Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Food Service Permit/Dept. of Agriculture # \_\_\_\_\_

### Business Owner's Information

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_ **\*Copy is Required\***

Partner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_ **\*Copy is Required\***

Name of person completing application \_\_\_\_\_

Owner  Agent  Other Explain & Sign Below: \_\_\_\_\_

**If someone other than the owner is completing the application you must provide a notarized letter from the owner or agent, along with a copy of their picture ID and must read and sign the following:**

**I, \_\_\_\_\_, fully agree that I have permission to obtain a business license on the above listed companies behalf. I also agree that the above stated answers are true and no false or fraudulent statement is made herein.**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

|                                  |                    |
|----------------------------------|--------------------|
| <u>Office Use Only</u>           |                    |
| Zoning Approval _____            | Parcel # _____     |
| Planning & Zoning Comments _____ |                    |
| Taxes Verified _____             | Date _____         |
| BL Clerk _____                   | Business ID# _____ |
| Date _____                       | Pmt Type _____     |
|                                  | Pmt Amt _____      |



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Company Name \_\_\_\_\_

Retail Center \_\_\_\_\_

### Non-Residential Business Requirements

Please read the following requirements for a Commercial (Non-Residential) Business. Be sure to read all the information thoroughly.

1. All Non-Residential businesses must provide a Certificate of Occupancy before a business license can be obtained. This can be obtained at the Building & Permitting Office.
2. All businesses requiring a Department of Agriculture license must obtain a license from the Department of Agriculture before obtaining a Paulding County Business License.
3. Restaurants and Food Service businesses must obtain a food service permit from the State Environmental Health Department located on the 1<sup>st</sup> Floor of the Administration Building.
4. If a State License is required it must be obtained prior to obtaining a Paulding County Business License.

By signing below you agree to comply with all Paulding County ordinances. You also agree you fully understand the restrictions and will abide by them.

I, \_\_\_\_\_, do hereby certify that the facts stated by me in the above and foregoing answers to questions are true and no false or fraudulent statement is made herein. I understand that any falsification of any part of this application could cause denial or revocation of the license.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner       Authorized Agent       Other \*Must complete & sign previous page\*

**\*PLEASE ALLOW UP TO SEVEN BUSINESS DAYS FOR PROCESSING\***



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## Non-Residential Business

### Occupation Tax Fee Schedule

| <u>Number of Employees</u> | <u>Tax Liability<sup>1</sup></u> | <u>Administrative Fee</u> | <u>Total Fee</u> |
|----------------------------|----------------------------------|---------------------------|------------------|
| 0-5                        | \$75.00                          | \$25.00                   | \$100.00         |
| 6-15                       | \$150.00                         | \$25.00                   | \$175.00         |
| 16-25                      | \$300.00                         | \$25.00                   | \$325.00         |
| 26-50                      | \$500.00                         | \$25.00                   | \$525.00         |
| 51 +                       | \$750.00                         | \$25.00                   | \$775.00         |

<sup>1</sup>Tax liability reduced by 50% for new licenses issued after June 30<sup>th</sup>

**THE \$25.00 ADMINISTRATIVE FEE IS NONREFUNDABLE**

#### Tax Penalty

Delinquent occupation taxes shall accrue interest at a rate of 1.5 percent per month.

#### Late Administrative Fee

Any business not having paid their applicable fees within 90 days of the expiration date shall be subject to an additional administrative fee of \$25.00.

#### Replacement Fee

There is a \$5 fee charged (per copy) to replace a license. This fee will apply to any license that has to be reprinted. All payments must be made in person or sent to:

Paulding County Marshal Bureau  
Occupational Tax Division  
240 Constitution Blvd., 2<sup>nd</sup> Floor  
Dallas, GA 30132

#### Forms of Payment Accepted

Exact Cash, Money Order, Check (No Starter Checks)

Credit/Debit cards (Visa, MasterCard and Discover **ONLY**)

Make checks payable to: Paulding County BOC

**\*\*PAULDING COUNTY BUSINESS LICENSES ARE NOT\*\*  
\*\*TRANSFERABLE, THERE WILL BE NO REFUNDS ISSUED\*\***



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## Non-Residential Business

### Affidavit Verifying Status for Paulding County Public Benefit Application

#### O.C.G.A. § 50-36-1(e)(2) Affidavit (SAVE)

By executing this affidavit under oath, as an applicant for a Business Occupation Tax Certificate (Business License), as referenced in O.C.G.A. § 50-36-1, from Paulding County Board of Commissioners, 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. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

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

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_



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## Non-Residential Business

### Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d) Compliance Deadline Schedule

Private employers (including any individual, firm, or corporation) applying for a[n] business license, occupational tax certificate, or other document required to operate a business must complete the above-referenced affidavit if you employ more than ten (10) employees. The affidavit must be completed on or after July, 1, 2013.

#### How to register for E-Verify

To register for E-Verify, please visit the U.S. Citizens and Immigration website at <https://e-verify.uscis.gov/enroll/StartPage.aspx?JS=YES>. If you need assistance in completing the registration process or need additional information relating to E-Verify, call their customer service number at 1-888-464-4218, email them at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or visit their website at <http://www.dhs.gov/e-verify>.



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### Private Employer Affidavit (E-Verify) Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a *business license/occupational tax certificate* as referenced in O.C.G.A. § 36-60-6(d), from the Paulding County Board of Commissioners the undersigned applicant representing the private employer known as \_\_\_\_\_ *[print name of private employer]* verifies one of the following with respect to my application for the above mentioned document:

**1) Fill out this section on or after July 1, 2013.**

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

*If the employer selected please fill out Section 2 below.*

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed less than ten (10) employees.

**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(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

**\*\*This is not your EIN 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 \_\_\_\_ date of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_(state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_



Paulding County Board of Commissioners  
**Community Development Department – Planning & Zoning Division**  
 Watson Government Complex, Administration Building 2<sup>nd</sup> Floor  
 240 Constitution Boulevard  
 Dallas, GA 30132  
 Phone: 770-443-7601 Fax: 678-224-4510 [www.paulding.gov](http://www.paulding.gov)

**AFFIDAVIT – SIGNS**

The undersigned hereby read, understands and agrees with the Paulding County Zoning Ordinance specifically Article XII SIGNS in regards to the placement and permitting of signs as noted below. The undersigned also certifies the following true:

Business Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sign Ordinance regulations regarding placement of signs in unincorporated Paulding County.

1. Signs are prohibited from being placed in public right-of-way.
2. Signs must be properly permitted and located on the business property.
3. No off-premise signs are allowed. (Excluding Paulding County Kiosk Signs and approved billboards)
4. Temporary signs (banners, human directional signs, etc.) must be properly approved and permitted by the Paulding County Planning & Zoning Division prior to installation.
5. One, on-premise standard information sign is allowed without permit approval. The standard information sign can be up to four square feet in size and a maximum of three feet in height. Off-premise standard information signs are prohibited.
6. Signs shall not contain symbols, language or imitate an official traffic sign.
7. A home based business is allowed one sign. The sign can be up to four square feet in size and located at the home based business location. The home based business sign must be ten feet from property lines and right-of-way.
8. Contact the Planning & Zoning Division for additional information regarding commercial signs. (770-443-7601 or [www.paulding.gov](http://www.paulding.gov))

**Business owner (or official representative) further deposes that he/she is aware unauthorized placement of commercial signs could result in land use citation being issued by the Paulding County Marshal Bureau with a minimum fine of \$300 and a maximum fine of up to \$1,000 per sign per day.**

\_\_\_\_\_  
Signature

Swore to before me and subscribed  
 In my presence this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_.

Notary Public Signature and Seal

Date Commission expires:

\_\_\_\_\_

\_\_\_\_\_