

CITY OF GAINESVILLE ***FINANCE SERVICES***

300 HENRY WARD WAY / P.O. BOX 2496
GAINESVILLE, GA 30503
TELEPHONE: 770-533-5842
FACSIMILE: 770-535-5636

APPLICATION CHECKLIST

- Certificate of Occupancy OR Home Office Affidavit**
- Completed Application**
- City of Gainesville Status Verification Affidavit (SAVE Affidavit)**
- Private Employer E-Verify Affidavit**
- Photo ID (ex. Driver's license, passport, if you are a resident alien you must provide documentation from Homeland Security ex. Permanent Residence Card or Employment Authorization Card)**
- Other documents (if applicable): State License, Food Service Permit Phone # 770-531-3973, Dept of Agriculture Certificate Phone # 770-535-5955, Health Dept Permit, State Sales Tax Number, Federal Id Number**

PROCEDURE FOR OBTAINING BUSINESS/OCCUPATION TAX CERTIFICATE [BUSINESS LICENSE]

- 1. Contact the **Gainesville Planning & Zoning Department** to secure the appropriate document for your particular business situation. This normally consists of:
 - A. Home Office Affidavit [Required For Operating an In-Home Office]**
 - B. Certificate of Occupancy [Required For All Commercial Locations]****

This document is required and must be obtained before the applicant can receive the Business/Occupation Tax Certificate to open for business.

GAINESVILLE PLANNING & ZONING DEPARTMENT
311 HENRY WARD WAY [ZIP CODE 30501] / P.O. BOX 1435 [ZIP CODE 30503]
GAINESVILLE, GA
TELEPHONE: 770-531-6570

3. When you are ready to apply for your **Business/Occupation Tax Certificate**, bring either the **Home Office Affidavit** or the **Certificate of Occupancy** to the **Office of City Finance/Business-Occupation Tax**. After you have completed the return (application), signed a status verification document and have paid the fee, your tax certificate should arrive at your mailing address in approximately seven (7) to ten (10) days.

4. Depending upon your type of business, you may be required to have certain other documentation prior to the issuance of a Business/Occupation Tax Certificate.

A. Federal Employer Identification Number (F.E.I. #)

The U.S. Internal Revenue Service issues an **Identification Number (E.I.N.)** to any business that: **1)** has employees, **and/or 2)** plans to establish itself as a corporation, partnership, or sole proprietorship (some exceptions may apply). Provide this number on your City of Gainesville Business/Occupation Tax Return at the time of application.

The telephone number to call to obtain this number or for questions concerning it is **1-800-829-4933** or online at www.irs.gov.

B. Georgia Sales Tax Number

The State of Georgia levies a sales and use tax on the retail purchase, retail sale, rental, storage, use, or consumption of tangible personal property and on certain services described in the **Georgia Code**. It is the responsibility of any business owner making transactions subject to this tax to obtain a Georgia Sales and Use Tax Number.

Provide this number on your City of Gainesville Business/Occupation Tax Return at the time of application.

The telephone number to call to obtain this number or for questions concerning it is **(770) 718-3700**. The Internet Website is: <https://dor.georgia.gov/tax-registration>. Select Register for a Sales and Use Tax Number.

State Licenses/Certification

Certain professions are required to obtain licenses/certifications from the State of Georgia. A few examples of these professions are: Plumbers, Electricians, Heating/Air Conditioning Contractors, Attorneys, Physicians, Cosmetologists and Salons. **Call PHONE #404-656-2881 for further information.**

Documentation of this certification must be presented, and the license or certificate number must be provided on the Business/Occupation Tax Return.

CITY OF GAINESVILLE

BUSINESS/OCCUPATION TAX (BUSINESS LICENSE) NEW BUSINESS

OFFICE USE ONLY:

Account No.:

NACIS Code:

Business Trade Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **DBA:** _____

Corp. Name & Address: _____

Contact: _____ **Title:** _____ **Phone:** _____
(THIS PERSON'S NAME WILL APPEAR ON THE LICENSE)

Emergency Contact: _____ **After Hours Phone:** _____
(For Police & Fire Use)

Email Address: _____

Mailing Address

Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ **State:** _____ **Zip:** _____

Owner's Address

Name	Address	City	State	Zip
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Are you a U.S. Citizen? **Yes** **No**

Dominant Line of Business: _____
(WHAT DO YOU DO OR WHAT SERVICE DO YOU PROVIDE?)

Partnership

Sole Ownership

Georgia Corporation

Other State Corporation

Date Opened: _____ **Solid Waste Company:** _____

Georgia Sales Tax No: _____ **Home Business:** **Yes** **No**

Certificate of Occupancy No.: _____ **Fed. I.D. or S.S. No.:** _____

State Board Certificate No.: _____ **Expiration Date:** _____

City of Gainesville

Affidavit Verifying Status for City Public Benefit Application

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

- 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. Some examples of secure and verifiable document: driver's license, passport, military identification.**

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: _____

City of Gainesville

Private Employer E-Verify Affidavit

Under Georgia Law, employers must now register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit www.uscis.gov/everify. The CITY OF GAINESVILLE will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

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 GAINESVILLE, the undersigned applicant representing the private employer known as

_____ [printed name of private employer – individual, firm or corporation] verifies one of the following with respect to my application for the above mentioned business document:

- (A) _____ **11 or more employees**
You must provide the Federal Work Authorization number. This document must be completed, notarized and returned with the business occupation tax renewal.

PLEASE PROVIDE THE BELOW INFORMATION:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

- (B) _____ **10 or fewer employees – automatically exempt from participation in E-Verify program.**
This document must be notarized and returned with the business occupation tax renewal.

Furthermore, I, as the applicant, affirmatively state that 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. § 13-10-90.

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 _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

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

Printed Name of and Title of Authorized Officer or Agent

NOTARY PUBLIC
My Commission Expires: _____