



Updated December 2021

CITY OF ALPHARETTA

BUSINESS LICENSE APPLICATION

FOR NON-HOMEBASED BUSINESSES

All businesses operating within the City of Alpharetta must possess a current Occupational Tax Certificate upon the first day of business. Businesses found to be operating within the corporate limits of the City of Alpharetta without a current City Occupational Tax Certificate shall be subject to fines and penalties as allowed by law.

Completion of this form does not guarantee or grant issuance of an Occupational Tax Certificate. The City of Alpharetta reserves the right to not issue or renew a certificate in cases in which there are documented violations of City Codes and/or Ordinances, other taxes or fees are owed to the City by the business or its owners, or in which the business or location fail to meet requirements set forth by the City of Alpharetta or applicable state and federal laws.

Failure to complete this form in its entirety or provide all required information will result in rejection of the application.

Section 1: General Business Information (Required for All Applicants)

Business Name: _____

D/B/A (if applicable): _____

If registering as a D/B/A, the applicant must provide a notarized copy of the Registration of a Business to be Conducted Under a Trade Name as issued by the Clerk of Fulton County Superior Court.

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Ownership Structure: _____ Federal ID (FEIN): _____
Sole Proprietor, Corporation, LLC, etc. For information, please visit www.irs.gov/businesses/small

GA Sales and Use Tax # _____ (If your business is required by law to have one.)

(This information will be provided to the GA Department of Revenue) <http://gtc.dor.ga.gov> Go to GTC, then register your new GA Business.

Section 2: Local Physical Location Information (Required for All Applicants)

Street Number: _____ Street Name: _____ Suite: _____

City: _____ State: _____ Zip: _____ - _____

Business Telephone Number: _____ Email: _____

Section 3: Description Of Business Activity At This Location (Required for All Applicants)

The 6-digit NAICS Code for this business is: _____

For 2007 definitions of NAICS Codes please visit <http://www.census.gov/naics/>

Business services and classification. *Please select all that apply (minimum of one required).*

- | | | |
|--|--|---|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Arts / Entertainment / Recreation | <input type="checkbox"/> Banking / Wealth Management |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Educational Services | <input type="checkbox"/> Finance / Insurance |
| <input type="checkbox"/> Health Care / Social Assistance | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Manufacturing / Distribution |
| <input type="checkbox"/> Non-Profit / Charity Organization | <input type="checkbox"/> Professional/Management Services | <input type="checkbox"/> Real Estate / Rental / Leasing |
| <input type="checkbox"/> Research & Development Center | <input type="checkbox"/> Restaurant / Food Service | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Transportation / Warehousing | <input type="checkbox"/> Wholesale Trade | |
| <input type="checkbox"/> Other (Please specify) | | |
- _____

Technology Industries (Please identify industry sector):

- | | | |
|--|---|--|
| <input type="checkbox"/> Aircraft / Aerospace | <input type="checkbox"/> Automotive | <input type="checkbox"/> Biotechnology / Pharmaceuticals |
| <input type="checkbox"/> Communications Equipment | <input type="checkbox"/> Biotechnology / Pharmaceuticals | <input type="checkbox"/> Data Center / Virtual Hosting |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Electrical Machinery / Apparatus | <input type="checkbox"/> Financial Technology (FinTech) |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> IT Services / Consulting | <input type="checkbox"/> Logistics/Supply Chain/Transportation |
| <input type="checkbox"/> Medical / Medical Devices | <input type="checkbox"/> Mobility / Application Development | <input type="checkbox"/> Nanotechnology |
| <input type="checkbox"/> Photonics | <input type="checkbox"/> Robotics | <input type="checkbox"/> Software Development |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Other (Please specify) | |
- _____

Section 4: Owner Information (Required for All Applicants)

Corporations and partnerships must provide the names of all officers or partners, their titles, mailing addresses, and telephone numbers on a separate sheet of paper and attach same to this application.

Owner Name: _____ Driver's License #: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Owner's Telephone: _____ - _____ - _____ Owner's Email: _____

Section 5: Local Business Contact Information *(Required for All Applicants)*

All applicants must provide the following information for an authorized representative who will be physically located at the address reflected in Section 2 of this form.

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ Email: _____

Section 6: Calculation of Annual Occupation Tax *(Required for All Applicants)*

Your City of Alpharetta Occupational Tax is calculated based upon the number of full-time equivalent employees (FTEs) at this location. For the purposes of this form, two part-time employees shall constitute one full-time employee. A full-time employee shall be defined as anyone working a minimum of 30 hours per week.

Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2, but not a form I.R.S. 1099. The term employee also includes owners, partners, officers, or managers who work for a business, whether or not such person is salaried.

Application Date	Month: _____	Day: _____	20 _____	Total FTEs	Tax Due
FTEs at Location:	_____	Minimum of 1		1 to 4	\$ 100
Tax Due:	\$ _____	From Table at Right		5 to 10	\$ 175
Prorate	\$ _____	If Applicable		11 to 25	\$ 300
Administrative Fee:	_____	Mandatory for All Applicants		26 to 49	\$ 450
Total Due* :	\$ _____	Please Pay This Amount		50 and Above *	\$ 150 + \$ 7 per FTE
					The maximum tax amount is \$10,000

** The total amount due will be determined by adding the appropriate "Tax Due" based upon your FTEs at this location as noted in the column at the far right above and the \$50 Administrative Fee. The resulting sum should be noted in "Total Due" above.*

Section 7: Licensed Professionals

Practitioners of certain professions are subject to licensure by the Professional Licensure Division of the Office of the Georgia Secretary of State. To determine if your business is subject to such licensure, please visit the Secretary of State's website at www.sos.state.ga.us or contact the Professional Licensure Division at 478-207-2440.

If the business for which this application is being submitted is subject to licensure by the State of Georgia, a copy of the current state license for the business must be provided and attached to your application at the time of submittal in order for your application to be processed.

Section 8: Sanitation And Recycling (Required for All Applicants)

The City of Alpharetta requires that all businesses recycle a minimum of 25% of the solid waste that they produce. This includes paper, glass, aluminum, cardboard, and metal. The City enforces this ordinance by random on-site auditing of businesses.

Company Providing Sanitation and Recycling Service: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Section 9: Swear and Attest (Required for All Applicants)

By completing and submitting this Application for Occupational Tax Certificate I, as a duly authorized agent of the applicant, do hereby swear and attest that all information provided herein is complete and accurate to the best of my knowledge. I and the applicant business agree to abide by all ordinances, rules, and regulations of the City of Alpharetta and acknowledge that City of Alpharetta personnel may enter my commercial property for purposes of inspection and to verify compliance with all applicable ordinances, rules, and regulations. I understand that any false statements on this application shall void the Occupational Tax Certificate.

Authorized Agent Name (Please Print): _____

Signature: _____

Date: _____

The City is required by Georgia law to obtain a copy of Verifiable Identification (e.g. driver's license) with this application.

Payment And Submittal Instructions

Payment of Occupational Taxes may be made to the City of Alpharetta in the form of cash, check, or credit card (American Express, Master Card, or Visa only). Checks must be made payable to "City of Alpharetta."

Certificate of Occupancy (CO) or Safety Inspections: New construction or newly built-out locations must attach a copy of the new CO to this application. Previously occupied locations will require a New Business License Fire and Life Safety Inspection, the inspection will be conducted after initial set up of the business and not of an empty space. Questions may be directed to 678-297-6272. To request an inspection, please complete the form located at: [https://www.alpharetta.ga.us/government/departments/public-safety/fire-marshal/inspections-request form](https://www.alpharetta.ga.us/government/departments/public-safety/fire-marshal/inspections-request-form)

If the business involves food service, a copy of your Fulton County Food Service Permit must be attached to your application.

Attach all required additional documentation to your completed application. Incomplete applications and/or those missing any required documentation will be rejected and/or denied.

Complete application packages, including payment, may be mailed or delivered in person between the hours of 8:30 AM and 3:30 PM Monday through Friday to:

City of Alpharetta
Business Licenses & Codes
Enforcement 2 Park Plaza
Alpharetta, GA 30009

For additional information, please call (678) 297-6086.

CITY OF ALPHARETTA
PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)

THIS AFFIDAVIT MUST BENOTARIZED

By executing this affidavit under oath, as an applicant for an Business Occupation License as referenced in O.C.G.A. § 36-60-6 (d), from the City of Alpharetta Georgia, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application for the above mentioned document.

Printed Name Of Private Employer: _____

Section 1: Please select ONE of the following.

- Employs more than ten (10) employees (total employees for Individual, Firm or Corporation). *Please complete section 2 below and sign/notarize at the bottom.*
- Employs ten (10) or fewer employees (Individual, Firm, or Corporation). *Do not complete Section 2. Please sign/notarize at the bottom.*

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(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.

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

Executed on _____, _____, 20__ in _____ (City) _____ (State)

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

Printed Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires

CITY OF ALPHARETTA
AFFIDAVIT VERIFYING LEGAL IMMIGRATION STATUS

THIS AFFIDAVIT MUST BE NOTARIZED

O.C.G.A. § 50-36-1 states that an agency or political subdivision providing or administering a public benefit shall require every applicant for such benefit to execute a signed and sworn affidavit verifying the applicant's lawful presence in the United States.

By executing this affidavit under oath, as an applicant for a City of Alpharetta public benefit, I hereby state the following with respect to my application for (please check one):

Occupational Tax Certificate (Business License)
(insert business name)

Alcoholic Beverage License
(insert business name)

_____ OR I am a United States citizen. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a United States citizen 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,* as defined by O.C.G.A. § 50-36-2 with this affidavit.

_____ OR I am a legal permanent resident. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a legal permanent resident 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,** as defined by O.C.G.A. § 50-36-2 with this affidavit.

_____ I am a qualified alien or non-immigrant. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a qualified alien or non-immigrant under the federal Immigration and Nationality Act, Title 8 U.S.C. with an alien number issued by the Department of Homeland Security or other federal immigration agency, and is 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,** as defined by O.C.G.A. § 50-36-2 with this affidavit.

Applicant's alien number issued by the Department of Homeland Security Or other federal immigration agency

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

Executed on _____, _____, 20__ 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

*Documents include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

**Documents include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website:

<http://law.ga.gov/immigration-reports>.

Print Form