

**Community Development Department
Development Services Division**

12453 Highway 92,
Woodstock, GA 30188
Office: (770) 592-6054
www.woodstockga.gov

Effective June 1, 2015

When making application for an Occupational Tax License within the City of Woodstock, you will need to first receive Zoning approval and pass a Business Registration Safety Inspection. These inspections will center on the correction of any immediate safety issues within the business space and will be conducted by both the Building and Fire Department.

Some things that will be included in these inspections will be checking for ADA compliance in accordance with the ADA Standards and 120-3-20 Georgia Law (ie: grab bars, signage, accessible mobility throughout the space), as well as any noticeable violations resulting from changes or modifications to the space or building since the original CO was issued that would constitute a safety hazard or concern for the occupants of the building and general public. The fire department will also be checking for any life safety issues and fire hazards within the space, which could include fire extinguishers, fire exits, or signage for example.

You will need to follow the following steps for application:

Step 1

Supply Development Services with a completed application including a non-refundable \$55.00 admin and inspection fee. This fee will cover the initial inspection and a follow-up if needed. Should more than 2 inspections be needed, the business may be subject to an additional \$25.00 re-inspection fee. The application will include all necessary documentation for your business, however does not include an executed lease agreement. The application will be reviewed by our planning and zoning department to insure your intended business is in conformance with the zoning regulations for the City of Woodstock.

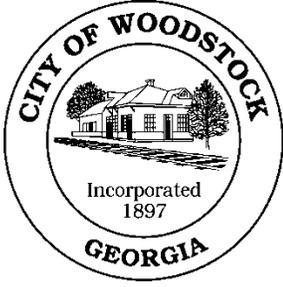
Step 2

Once our zoning department has issued approval, you will be contacted by someone from our Development Services Department to schedule the necessary safety inspections on the business address. You will need to make sure that someone will be available to allow access to the location so the inspections can be completed. These inspections will be held on Tuesday mornings or Thursday afternoons. Failure to make the space available will delay the issuing of the license. In the event that there are violations, it will be the applicant's responsibility to correct these and notify the Development Services Department so a second inspection can be scheduled.

Step 3

Once the application has all necessary inspections and approvals we will be able to issue your Occupational Tax License. The final documentation that will be required will be an executed lease or purchase agreement. We will also request the occupation tax payment.

*****No business will be allowed to open prior to the passed inspections and issuance of the Occupational Tax License*****



CITY OF WOODSTOCK

Development Services Department
12453 Hwy 92, Woodstock, GA 30188
Office: (770)592-6054 Fax: (770)926-7820
www.woodstockga.gov/businesslicense

OCCUPATIONAL TAX LICENSE APPLICATION

Type of License: NEW CHANGE OF LOCATION CHANGE OF OWNERSHIP
Ownership Status: SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP LLC
Business Type: STANDARD OCCUPATION INSURANCE AGENCY/ COMPANY
 PROFESSIONAL

Is the business either of the following: Yes or No (if yes choose from below)

- MASSAGE BUSINESS (REQUIRES SEPARATE MASSAGE ESTABLISHMENT LICENSE)
 TAXI BUSINESS (REQUIRES INDIVIDUAL DRIVER'S PERMITS AND VEHICLE FOR HIRE APPLICATION)

When the license is complete would you like us to?

Call When Ready Mail When Ready

Will the space require any renovations before occupying: Yes or No

****Please note if renovations are in process, the license will not be issued until the Certificate of Occupancy is completed****

TARGET OPENING DATE IN CITY: _____ (can not be prior to issuing of occupational tax license)

BUSINESS NAME: _____

DBA IF APPLICABLE: _____
(If using DBA must provide Trade Name Certificate)

BUSINESS OWNER: _____

PROPERTY OWNER: _____

BUSINESS STREET ADDRESS: _____

CITY/STATE: WOODSTOCK, GA ZIP: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

LOCAL WOODSTOCK BUSINESS PHONE #: _____ FAX #: _____

ALTERNATE PHONE #: _____

E-MAIL: _____

FEDERAL EMPLOYER ID #: _____ GA SALES & USE #: _____

DETAILED DESCRIPTION OF BUSINESS: _____

NAICS CODE: _____

EMERGENCY CONTACT (other than the applicant): _____ PHONE #: _____

Code Compliance of Business:

****Please make sure all information is completed. If information is incomplete application could be delayed with issuance****

PREVIOUS USE OF LOCATION: _____

TOTAL SQUARE FOOTAGE OF THE SPACE OWNED OR LEASED TO CONDUCT BUSINESS: _____

NUMBER OF RESTROOMS IN THE BUILDING: MEN'S _____ WOMEN'S _____ UNISEX _____

ARE THE RESTROOMS ADA COMPLIANT? _____

HOW MANY PARKING SPACES ARE DEDICATED TO THE BUSINESS? _____

DOES THE SUITE OR SITE SHARE PARKING SPACES WITH OTHER BUSINESSES? _____

TOTAL NUMBERS OF EMPLOYEES: _____

****** Existing Building Change of Occupancy requires a new Certificate of Occupancy ******

As stated in Section 18-64, if any occupancy classification or zoning of any existing building or structure is changed, the building, plumbing, electrical, gas, and mechanical systems shall be made to conform to the intent of the construction codes as required by the Building Official.

A certificate of occupancy for any building may be obtained by applying to the building department and supplying the information and data necessary to determine compliance with the construction codes for the occupancy intended. Where necessary in the opinion of the Building Official, two sets of detailed drawings, a general inspection, or both may be required. When upon examination and inspection it is found that the building conforms to the provisions of the construction codes and other applicable laws and ordinances for such occupancy, a certificate of occupancy shall be issued.

Please contact the City of Woodstock's Building Department at **770-592-6036 option 0** if you have any questions or concerns about applying for a building permit and obtaining a certificate of occupancy (CO).

**PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS COMPLETED APPLICATION
INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED FOR REVIEW**

- APPLICANT'S DRIVER'S LICENSE AND PERMANENT RESIDENT CARD IF APPLICABLE
- THE EXECUTED LEASE / RENTAL AGREEMENT (FOR UNOWNED PROPERTY) **SUPPLIED ONCE LICENSE IS APPROVED**
- BILL OF SALE / PROOF OF OWNERSHIP (FOR OWNED PROPERTY)
- CERTIFICATE OF ORGANIZATION OR ARTICLES OF INCORPORATION (FOR LLCs AND CORPORATIONS)
- VALID STATE ISSUED LICENSE (FOR PROFESSIONALS. SEE WOODSTOCK ORDINANCE SEC. 86-81)
- TRADE NAME CERTIFICATE (IF USING A DBA NAME)



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, GA 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):

Mailing Address if Different from Physical Address:

Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:

If Your Business Is Required to Have One by Law:

Sales Tax ID# _____

Sales Tax Number: _____

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)417-6581 or e-mail Derek.Todd@dor.ga.gov

***Affidavit Verifying Status
for a City Public Benefit Application***

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

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 O.C.G.A §16-10-20.

Signature of Applicant: _____ Date: _____

Print Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS

_____ DAY OF _____, 20_____

Notary Public

My Commission Expires:

_____*

Alien Registration number for non-citizens

*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:

Company Name _____

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs **10 or more employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 201__ in Woodstock, Georgia.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Company Name

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs **9 or fewer** employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, _____, 20____ in Woodstock, Georgia.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Company Name

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

NOTARY PUBLIC

My Commission Expires:

CALCULATION OF FEES:

Please select one (1) of the following occupation types for the proper fee calculation. For a helpful spreadsheet based fee calculator, visit www.woodstockga.gov/businesslicense and click on **Helpful Links and FAQs**.

STANDARD OCCUPATION

All businesses will have a Business Class Number determined by the first four digits of the business’s NAICS Code. Visit www.woodstockga.gov/businesslicense and click on **Helpful Links and FAQs** and then **Business Class List** for this list. For help with determining a NAICS code, visit www.naics.com/search. Once a Business Class Number is determined, the following tables and formula will aid in calculating the necessary fee.

Table 1	
Business Class Number	Class Factor
Class 1	.00010
Class 2	.00030
Class 3	.00035
Class 4	.00040
Class 5	.00045
Class 6	.00050
Class 7	.00055

Table 2	
Gross Receipt Brackets	Final Multiplier
\$0.00 - \$249,999.99	1.00
\$250,000.00 – \$499,999.99	1.05
\$500,000.00 – \$749,999.99	1.10
\$750,000.00 - \$999,999.99	1.15
\$1,000,000.00 - \$4,999,999.99	1.20
\$5,000,000.00 - \$9,999,999.99	1.25
\$10,000,000.00 and above	1.50

Line 1) Estimated Gross Receipt Amount Through The End Of The Year \$ _____
Line 2) Multiply Value of Line 1 by respective Class Factor in Table 1 \$ _____
Line 3) Multiply Value of Line 2 by respective Final Multiplier in Table 2 \$ _____
Line 4) Add \$55.00 Administrative/ Safety Inspection Fee to Value of Line 3 **TOTAL DUE:** \$ _____

****** payment of \$55.00 admin and inspection fee due upfront******

PROFESSIONALS

Number of Professionals _____ x \$300.00 **TOTAL DUE:** \$ _____
 • See City of Woodstock Ordinance Sec. 86-81

INSURANCE AGENCIES AND FINANCIAL INSTITUTIONS (NOT INCLUDING BANKS)

Insurance Agencies/ Financial Company **TOTAL DUE:** \$ 75.00

ADDITIONAL FEES (IF APPLICABLE)

Regulatory Fee (see Fee Schedule) \$ _____
Revision Fee \$30.00 \$ _____

I hereby certify that the above stated information as well as supplemental attachments are true and correct under penalty of law as set forth by the City of Woodstock Occupation Tax Ordinance as now or hereafter amended.

Signature of Applicant

Print Name

Title

Date

OFFICE USE ONLY:

NEW REVISION DATE RECEIVED: _____

BUSINESS NO: _____ LICENSE NO: _____

Call When Ready Mail When Ready

Is this a Change of Use: Yes or No

Business Name: _____

Business Address: _____

Map/Parcel No: _____ **NAICS CODE:** _____

Date and Time of Safety Inspection _____

AMOUNT PAID _____

MONEY ORDER # _____ CHECK # _____ CC Auth # _____

ANY DEPARTMENT RECOMMENDING DENIAL OF THE APPLICATION MUST ATTACH WRITTEN JUSTIFICATION FOR DENIAL AND FORWARD APPLICATION TO THE OCCUPATIONAL TAX CLERK.

_____	<input type="checkbox"/> Complete	_____	_____	_____
Occupation Tax Clerk		Comments		Date

_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____	_____
Zoning Administration			Property Zoned	Comments	Date

_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____
Fire Marshal's Office			Comments	Date

_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____
Building Official			Comments	Date

_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____	_____
Code Enforcement Officer			Square Footage	Comments	Date

NOTES: _____
