



**Community Development Department  
Development Services Division**

12453 Highway 92,  
Woodstock, GA 30188  
Office: (770) 592-6054

[www.woodstockga.gov](http://www.woodstockga.gov)  
[businesslicense@woodstockga.gov](mailto:businesslicense@woodstockga.gov)

*Effective June 1, 2015*

Prior to submitting an application for an Occupational Tax License within the City of Woodstock, please contact the Planning & Zoning department for zoning approval for your business type. A Business Registration Safety Inspection will be required prior to the issuance of the business license. This inspection 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.

**Please complete and initial the following steps for application:**

**Step 1**

\_\_\_\_\_ Provide to Development Services 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. 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 the 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\*\*\***

\*\*\*\*\*

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

\_\_\_\_\_ COVER SHEET INITIALED IN ALL THREE STEPS TO BE SUBMITTED WITH COMPLETED PACKET

\_\_\_\_\_ APPLICANT'S DRIVER'S LICENSE, AND PERMANENT RESIDENT CARD IF APPLICABLE

\_\_\_\_\_ THE EXECUTED LEASE / RENTAL AGREEMENT (FOR UNOWNED PROPERTY) \*\*MAY BE SUPPLIED AT  
APPLICATION OR 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)

\*\*\*\*\*



# City of Woodstock

Development Services Department  
12453 Hwy 92 Woodstock GA 30188  
Office: 770-592-6054  
BusinessLicense@woodstockga.gov

## Occupational Tax License Application

**Type of License:**  New  Change of Location (Requires a new application)  Change of Ownership

**Ownership Status:**  Sole Proprietorship  Corporation  Partnership  LLC

**Business Type:**  Standard Occupation  Insurance Agency / Company  Professional

**Is the business a Massage Business?**  Yes  No (If Yes, a separate Massage Establishment License and Work Permits for each person employed are required)

**When the license is complete, we will send to the following e-mail address:**

\_\_\_\_\_ @ \_\_\_\_\_

Will there be any renovation to the business location? \_\_\_\_\_ \*\*

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

Target Opening Date in City: \_\_\_\_\_ (Cannot be prior to issuing of Occupational Tax License)

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

DBA (if applicable): \_\_\_\_\_  
(If using a DBA, a Trade Name Certificate must be provided)

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

Property Owner: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City/State: Georgia Zip: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ GA Sales & Use #: \_\_\_\_\_

NAICS Code (may be obtained through NAICS.com): \_\_\_\_\_

Registered Agent of Business: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Detailed Description of Business: \_\_\_\_\_

**Code Compliance of Business:**

**\*\*Please make sure all information is completed. If information is incomplete, application could be delayed or denied issuance\*\***

Previous use of location: \_\_\_\_\_

Total Square Footage of the Space Owned or Leased for Business: \_\_\_\_\_

Number of Restrooms in the Building: \_\_\_\_\_ / Men's \_\_\_\_\_ Women's \_\_\_\_\_

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 Number 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).



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):

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Mailing Address if Different from Physical Address:

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

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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

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### **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](mailto: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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\* \_\_\_\_\_  
Alien Registration number for non-citizens

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

\*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:

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

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**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 \_\_\_\_\_, \_\_\_\_, 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:

**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](http://www.woodstockga.gov/businesslicense), click on **Helpful Links/FAQs, & click on GROSS RECEIPTS CALCULATOR**. When using this tool, you must remember to add the \$25 inspection fee to total. Call for assistance.

**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](http://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](http://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 (min \$30) \$ \_\_\_\_\_  
**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 \$75.00 flat fee** **TOTAL DUE:** \$ \_\_\_\_\_

**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.

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Signature of Applicant                      Print Name                      Title                      Date

**OFFICE USE ONLY:**

NEW     REVISION    DATE RECEIVED: \_\_\_\_\_

BUSINESS NO: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

Call for pick up when ready     Email 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 \_\_\_\_\_

CASH \_\_\_\_\_     CHECK # \_\_\_\_\_     CC TRANS # \_\_\_\_\_

**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	_____		
<b>Occupation Tax Clerk</b>		<b>Comments</b>		<b>Date</b>
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____		
<b>Zoning Administration</b>		<b>Property Zoned</b>	<b>Comments</b>	<b>Date</b>
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____		
<b>Fire Marshal's Office</b>		<b>Comments</b>		<b>Date</b>
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____		
<b>Building Official</b>		<b>Comments</b>		<b>Date</b>
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____		
<b>Code Enforcement Officer</b>		<b>Square Footage</b>	<b>Comments</b>	<b>Date</b>

NOTES: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_