



## CITY OF COLLEGE PARK

P.O. Box 87137. College Park, GA 30337. 404/767-1537

Dear Business Owner:

Occupational Tax License(s) expires on December 31st of each calendar year. You are required to complete the entire license renewal process no later than March 31<sup>st</sup> of the following calendar year. Steps to the renewal process have been streamlined to improve and expedite the process.

### 3 EASY STEPS TO RENEW YOUR OCCUPATION/BUSINESS TAX

**Forms Needed:**  Occupation Tax Renewal Form  State Income Tax Return Waiver  Department of Revenue Official Addendum to Business Occupancy License Application  SAVE Affidavit Pursuant to O.C.G.A  Private Employer Affidavit Pursuant to O.C.G.A.  Business Information Sheet

1. Please complete all spaces on the Occupation Tax Renewal Form. Provide a complete description of the type of business activity conducted at your location. Make sure to include a copy of your State Tax Return. If you do not have a State Tax Return you may complete the State Income Tax Waiver and return with your renewal form. Please make sure of the following: Include gross revenue totals and number of employees ~ If you are the owner and you run your business solely, then you are to report (1) employee ~ make sure all documents have been properly signed and notarized ~ **documents that are NOT signed and notarized are considered incomplete and will not be processed.**
2. You may Mail the completed documents with payment to the Occupation Tax Office or Hand deliver by the filing deadline. No faxed or emailed renewal application will be accepted!

To ensure correct occupational tax amount, use attached sheet or call the Occupation/Business Tax Office at 404-669-3766.

3. **Completed documents and payment received after March 31<sup>st</sup> will be assessed for additional interest and penalty fees.** Your license will be mailed promptly upon receipt of completed documents and payment.

## STATE INCOME TAX RETURN WAIVER

Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_  Check here if business is in Home

Name of Applicant \_\_\_\_\_

Location of Business \_\_\_\_\_  
Number and Street (room, apt. or suite no.) City State Zip

Mailing Address \_\_\_\_\_  
Number and Street (room, apt. or suite no.) City State Zip

Business telephone # \_\_\_\_\_ Cellular telephone # \_\_\_\_\_

Business Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

### **Gross Receipts and Number of Employees from previous calendar year**

Gross Receipts \$ \_\_\_\_\_

Number of Employees (at least one, includes owner/operator) # \_\_\_\_\_

The City of College Park reserves the right, under penalty of perjury, to conduct periodic audits of any business license holder to determine the accuracy of the information upon which the business license is based.

Pervious year state tax returns are not included herein. The above information with regard to gross receipts and number of employees is true and accurate to the best of my knowledge. I understand that failure to provide accurate information will result in the revocation of all permits associated with this business.

\_\_\_\_\_  
Applicant Name (Print)

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

\_\_\_\_\_  
Date

Before me personally appeared the above named applicant who says that he/she executed the above statement of his/her own free will and accord with full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expires



# CITY OF COLLEGE PARK

P.O. Box 87137  
College Park, GA 30337  
Phone (404) 669-3766

Total Due \$ \_\_\_\_\_

Previous Year's Fees: \$ \_\_\_\_\_

Business Name & Address:

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

## OCCUPATION TAX Renewal Form

Please select the appropriate option below to calculate your TOTAL DUE. Return payment to the City of College Park along with this form and any attachments no later than March 31st. **Please note interest and penalties if not paid by due date.**

### CALCULATION OF OCCUPATION TAX

If yearly gross receipts **exceed \$25,000**:  
Gross Receipts x Rate (Based on Class) \$ \_\_\_\_\_

-OR-

If yearly gross receipts **do not exceed \$25,000**:  
Tax Based on # of Employees (Use Chart) \$ \_\_\_\_\_

Administrative Fee +\$ 75.00

Regulatory Fee (Flea Market Promoter Only) +\$ \_\_\_\_\_

Regulatory Fee (Flea Market Vendor Only) +\$ \_\_\_\_\_

Interest 1.5% of Total per month After Mar 31 +\$ \_\_\_\_\_

Penalty 10% of Total per month After April 1 +\$ \_\_\_\_\_

**TOTAL DUE** =\$ \_\_\_\_\_

Class	Rate
Class 1	\$.00097
Class 2	\$.00103
Class 3	\$.00108
Class 4	\$.00115
Class 5	\$.00130
Class 6	\$.00168

Employees	Liability
1	\$30
2	\$60
3-9	\$60+\$15 per employee over 2
10-99	\$165+\$12.60 per employee over 9
100-499	\$1299+\$10.40 per employee over 99
500 or more	\$5459 + \$7.40 per employee over 499

### PROFESSIONALS

Practitioners of certain professions and occupations shall elect as their occupation tax one of the following, please check one:

\_\_\_\_\_ Option 1: Occupation Tax based on Gross Receipts (See calculations at top)

\_\_\_\_\_ Option 2: A fee of \$300.00 per practitioner in the business.

If Option 2: \_\_\_\_\_ x \$300.00 = \_\_\_\_\_ Total Due [ + \_\_\_\_\_ 1.5%/mo. Of total (after 1/15) + \_\_\_\_\_ 10% of total (after 4/15) = \_\_\_\_\_ Total w/ late fees ]

### CERTIFICATION

I, (name) \_\_\_\_\_ being the (title) \_\_\_\_\_ of the business named do hereby register to operate said business.

Furthermore, I do hereby affirm that the information provided by me on this form is true, correct and complete, and that all of the requirements of Chapter 11, Article 1 of the City Code have been met by the business named.

\_\_\_\_\_  
Authorized Agent

07/15/2021

\_\_\_\_\_  
Date



## BUSINESS INFORMATION SHEET

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PROVIDE A DETAILED EXPLANATION OF BUSINESS ACTIVITY TO BE CONDUCTED:

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IS THIS BUSINESS SUCH THAT THERE WILL BE GROUP INSTRUCTION, ASSEMBLY OR ACTIVITY?

YES

NO

WILL THERE BE ANY VISIBLE STORAGE OF SUPPLIES OR EQUIPMENT IN CONNECTION WITH THIS BUSINESS?

YES

NO

**HOME BASED BUSINESSES ONLY: ANSWER THE TWO FOLLOWING QUESTIONS**

- WHAT PERCENTAGE OF FLOOR SPACE IN YOUR HOME WILL BE USED FOR BUSINESS? \_\_\_\_\_%
- GIVE NAME, ADDRESS AND RELATIONSHIP OF PERSONS OTHER THAN YOURSELF WHO WILL BE WORKING IN THE BUSINESS:

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

By executing this affidavit under oath, as an applicant for an **OCCUPATIONAL TAX CERTIFICATE** as referenced in O.C.G.A. § 36-60-6(d), from The City of College Park, the undersigned applicant [redacted] representing the private employer known as [redacted] verifies one of the following with respect to the employer's application for the above mentioned document:

**1. CHOOSE ONE BELOW.**

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed eleven (11) or more employees.
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than eleven (11) employees.

*If the employer selected 1(a) please fill out Section 3 below.*

**3. 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.

Executed on the [redacted] day of [redacted], 20 [redacted].

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

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

By executing this affidavit under oath, as an applicant for an **OCCUPATIONAL TAX CERTIFICATE** as referenced in O.C.G.A. § 50-36-1, from The City of College Park, the undersigned applicant [redacted] representing the private employer known as [redacted]

**VERIFIES ONE OF THE FOLLOWING** with respect to his/her application for public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States. **(PLEASE COMPLETE (3a) BELOW)**
- 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. **(PLEASE COMPLETE (3a) BELOW)**
  - 3a) My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.
- 4) Birthdate [redacted]

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: [redacted]

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 in \_\_\_\_\_, \_\_\_\_\_  
Date \_\_\_\_\_

[redacted]  
Signature of Applicant

[redacted]  
Printed Name of Applicant

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

\_\_\_\_\_  
**NOTARY PUBLIC**

**My Commission Expires:**  
\_\_\_\_\_

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

**Official Addendum to Business Occupancy License Application**

**Required Fields**

<b>Name of Business (Legal Name or Trade Name):</b>
<b>Mailing Address if Different from the Physical Address:</b>
<b>Actual Physical Address of Each Location of Such Business if Different from the Mailing Address:</b>
<b>Sales Tax ID#, if Your Business is Required to Have One by Law:</b>
<b>Applicable North American Industry Classification System Code Number (Please list all NAICS):</b>

**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) 417-6758 or e-mail [David.Smith@dor.ga.gov](mailto:David.Smith@dor.ga.gov).