

City of Lithonia Occupational Tax Certificate Checklist

If you are a business in the City of Lithonia, you are required to have a current occupational tax certificate in order to conduct business within city limits. Below are some items we recommend each business should look into to ensure your business is in compliance with City Ordinances.

Step 1: Before signing a lease we recommend that you make sure your business location is in the proper zoning district for your type of business. Please email your business address and a description of the primary business activity to the Zoning Department for confirmation at cityclerk@lithoniacity.org. This will help reduce applications denied due to improper zoning.

Step 2: For home-based businesses, there are certain zoning rules and regulations governing the business location. If you are not a home-based business, we recommend that you verify whether or not your business will need a Certificate of Occupancy from Lithonia at City Hall. Please call 770-482-8136, ext. 128.

Step 3: Complete and submit all required forms and documentation to the Lithonia City Hall to obtain your Occupational Tax Certificate. To obtain your Occupational Tax Certificate please follow the instructions below. The items listed below are needed to complete occupational tax certificate applications:

Required for all applicants:

- ✓ **New Occupational Tax Certificate Application**
 - Must be completed, signed and notarized (be sure to print clearly)
- ✓ **SAVE Affidavit Form with appropriate identification**
 - #1 U.S. Citizens: Passport, Georgia Driver's License, or Military ID
 - #2 Legal Permanent Residents: Georgia Driver's License and either Permanent Resident Card or Employment Authorization Card
- ✓ **E-Verify Affidavit or Private Employer Exemption Affidavit Pursuant to O.C.G.A§ 36-60-6(d)**
- ✓ **Copy of Applicant's Identification**
 - Either Passport, Georgia Driver's License or Military ID
- **Payment for the correct fee amount**
 - On-Line, Cash, Checks or Money Orders are acceptable forms of payment

Optional depending on business type:

Home Occupational Supplemental Form

Only needed if business will be operated from home

- ✓ **Copy of the first page of the Certificate of Incorporation**
 - Only needed if business is a Corporation or LLC (Includes non-profits)
- ✓ **Copy of Professional State License**
 - Only if applicable: Attorneys, Physicians, CAP's, Engineering, Architects, Surveyors, Cosmetology, etc.
- ✓ **Copy of health inspection report with the grade and/or fire inspection report**
 - Restaurants only
- ✓ **Copy of FOG (Fats, Oils, Greases) Compliance Inspection from DeKalb County Department of Watershed Management**
 - Restaurants only

City of Lithonia

2022 Occupational Tax Certificate Application

Out of Town Contractor: Yes No
 EIN#: _____

License#: _____
 State ID#: _____

Smoking is prohibited in all public places & places of employment within the city. Copies of the City's Ordinance are available

Business Information	Business Name:		DBA Name:		
	Primary Business Activity:			NAICS Code:	
	Address/Location: <i>(List actual business site address)</i>			Telephone Number:	
	Bill To/Mailing Address:				
	City:		State:		Zip:
	Ownership Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Owner <input type="checkbox"/> LLC				
	Applicant's Name:			Owner/Agent's Name:	
	Owner/Agent's Address:				
	City:		State/Zip:		Email:
	Contact Information	***Applicant must provide copy of valid Georgia driver's license or other governmental issued photographic identification with application (Passport, Military ID, or Georgia driver's license).			
Will this be based out of your home? Yes _____ No _____ ***If "yes" you must attach a "Home Occupational Supplemental Form" to this application.					
Will your business be an adult entertainment establishment as defined by the Lithonia City Code or does (will) it offer any form of adult entertainment? Yes _____ No _____ If yes, please contact City Hall for additional information.					
Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? Yes _____ No _____ ***If yes, attach written explanation.					
Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.					
2022 "Projected" DeKalb plus Georgia Gross Receipts \$ _____					
Total Employees (at least one, includes owner/operator) # _____					
Administrative Fee of \$25.00. (no refund or transfer) \$ 25.00					
Total Amount Due or Professional Option. (\$400 per practitioner only if allowed by O.C.G.A.) \$ _____					
Please make check/money order payable to the City of Lithonia and mail or deliver to 6920 Main Street, Lithonia, GA 30058. Credit/debit payments are accepted.					

This application must be executed under oath and notarized. I, _____, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expire December 31st and must be renewed annually.

Signature _____ Position _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public Signature/Seal _____

OFFICE USE ONLY: Class _____ Type _____ H.O.P. _____ Parcel _____ ID _____ COL LIC # _____									
Zoning: Approved by _____			Denied by _____			Date _____		Denial Reason _____	
Pending Items: C.O. _____		Fire _____		Health _____		Sanitation Service _____		State License _____ Insurance _____ Police _____	

O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status for City Public Benefit
****This form is required for ALL LICENSES/PERMITS by State Law****

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 Lithonia, Georgia, the undersigned applicant verifies one of the following with respect to the application for a public benefit:

- 1) _____ I am a United States citizen
(Must include copy of either current State Driver's License, Passport, or Military ID)
- 2) _____ I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)
- 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**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**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.

The secure and verifiable document provided with this affidavit can best be classified as: _____.

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

_____ (A) On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

_____ (B) On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

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.

The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer _____
Federal Work Authorization User Identification Number (Not FEI #) _____ Date of Authorization _____

***To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of city, state, or country in which they are based, working at least 35 hours.

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

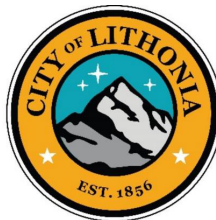
Executed in _____ (City), _____ (State).

Signature of Applicant _____
Printed Name of Applicant _____ Date _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 2020/2021.

Signature of Authorized Officer or Agent _____ Printed Name and Title _____

NOTARY PUBLIC/SEAL



Expires: _____



EMERGENCY BUSINESS CONTACT FORM

CITY OF LITHONIA – POLICE DEPARTMENT
6920 MAIN STREET, LITHONIA, GA 30058
PHONE: (770) 482-8136 FAX: (678) 526-0252

Occasionally it may be necessary for our Police Department to contact a responsible person from your business or agency outside of regular business hours. In order to save time and to ensure that only qualified persons are called by our personnel, we request that you fill out this form and return it along with your completed Occupational License Application.

Business/Agency Name: _____

Type or Line of Business: _____

Owner's Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Business Website Address: _____

Person to call in emergency:

1. Name: _____
Address: _____
Phone Number: _____

2. Name: _____

3. Address: _____
Phone Number: _____

4. Name: _____
Address: _____
Phone Number: _____

BUSINESS HOURS OF OPERATION

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have a Fire Alarm? _____ Hold-Up Alarm? _____

Alarm Company Name: _____ Phone #: _____

Property Owner (if different than Business/Agency Owner) _____

Name: _____

Address: _____

Insurance Carrier: _____

Company: _____ Phone #: _____

Address: _____