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.

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 mail 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.

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.

Complete and submit all required forms/documentation and \$150 application fee to the Lithonia City Hall for review and approval (may take up to 15 business days) 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)
 - Lease Agreement or Purchase Agreement
- √ SAVE Affidavit Form with appropriate identification
 - o #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
 - o 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
 - o Restaurants only
- √ Copy of FOG (Fats, Oils, Greases) Compliance Inspection from DeKalb County Department of Watershed Management
 - Restaurants only



CHECKLIST FOR OCCUPATIONAL TAX CERTIFICATE APPLICATION

BUS	INESS NAN	√ E					BUSINES	SS TYPE		
	\$150 Adm	ninistra	tive Fe	e						
	New Occupational Tax Certificate Application Must be completed, signed and notarized									
	Lease Agr	Lease Agreement or Purchase Agreement								
	SAVE Affi	davit Fc	rm wi	ith appro	priate identif	fication				
		#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								
	Authoriza E-Verify A	Authorization Card E-Verify Affidavit or Private Employer Exemption Affidavit Pursuant to O.C.G.A§ 36-60-6(d)								
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	Restaurar			•	neys, Physicians, CAP's, Engineering, Architects, Surveyors, Cosmetology, etc.					
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	Copy of Fo	OG (Fat	s, Oils,	Greases)	Compliance I	nspection from	DeKalb Cour	nty Departme	ent of Watershed	
	Managem	ıent								
	Alcohol St	tate Lice	ense							
	Complian	ce Revi	ew – C	Code Enf	orcement					
	TYPE			DATE	REASON				NEXT STEP	
	Non-Cor	•	e							
	-	Nuisance								
_	Pending	Court	ases							
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	DATE	APPRO)VED	DENIED	REASON				HISTORIC PRESERVATION	
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	City Clerk_	City ClerkDATE OF ISSUANCE								
	Chief of Pol									
		Ode Enforcement								
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_	Councilmen									
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City of Lithonia

2025 Occupational Tax Certificate Application

Out of Town Contractor EIN#:					
	moking is prohibited	in all public plac	es & places of emp		State ID#: :he city.
Business Name:	Copies	of the City's Or	dinance are availa DBA Name:	ble**	
			DBA Name:		
Primary Business Activ	ity:				NAICS Code:
Primary Business Active Address/Location: (List Bill To/Mailing Address	t actual business site ac	ddress)			Telephone Number:
Bill To/Mailing Address	:				
City:	Sta	ate:		Zip:	
Ownership Type:					
() Association Applicant's Name:	() Corporation	()	Partnership Owner/Agent's Nar	() Single Owne	er ()LLC
Owner/Agent's Addres	S:				
City:	State/Zip:		Email:		
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of adult entertainment Has the owner, application occupation tax certifications with the second occupation tax certification on the second occupation on the second occupation on the second occupation of the second occupation occup	int, the stated business, ate denied, suspended, on explanation. Fords Act prohibits is form. Kalb plus Georgia Grow least one, includes on the first professional Optimates of the complete of the first professional Optimates of the first profes	establishment as d If yes, plead or revoked within the public viewing the view of the view o	efined by the Lithoniase contact City Hall organizationally relative past twelve (12) of gross receipt #	for additional infored entity had a busmonths? Yes s. The public number of the number of the public number of the	mation. sinessNo nay view other \$ 150.00 to 6920 Main Street, pay.com .
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E-Verify Private Employer Affidavit O.C.G.A § 36-60-6(d)

The e-verify private employer affidavit must be collected when applying for occupational tax certificates, business licenses and alcohol licenses. The City of Stonecrest will not Issue Initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

Certificate, Business Li referenced in O.C.G.A. the private employer kr	avit under oath, as an application of the cense, Alcohol License or on § 36-60-G(d), from the City own as	other document y of Lithonia, th	required to operate a bu e undersigned applicant Printed Name of Busine	usiness as t representing ess) verifies one
1.Choose ONE of the	following:			
· /	t of the below signed year to a ployer selected (A) please			loyed more than
	of the below signed year the employer selected (B) sect			oyed 11 or
with the applicable pro	gistered with and utilizes the visions and deadlines estable ttests that its federal work and below:	ished In O.C.G,	A. § 36-60-G(a). The u	ndersigned
E-Verify # User Identif	cation Number	_	Date of Authorization	
willfully makes a false	epresentation under oath, , fictitious, or fraudulent s O,C,G.A, § 16-10-20 and	statement of re	presentation In an affi	davit shall be
THIS FORM MUST I	BE NOTARIZED AND SI	GNED		
Applicant Printed Nam	e Signature of Applican	t	 Date	
SUBSCRIBED AND S	WORN BEFORE ME ON	ГНІЅ ТНЕ		
Executed in	(City)		_(State)	
NOTARY PUBLIC SIG	GNATURE	My Con	nmission Expires	



(Please check one)

GEORGIA

S.A.V.E. Public Benefit Affidavit O.C.G.A. § 50-36-1

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1(f)(2). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for (Occupational Tax license or Alcoholic Beverage license or any other Public benefit) as referenced in O.C.G.A. § 50-36-1, from the City of Lithonia, the undersigned applicant verifies one of the following with respect to my application for public benefit.

1)		itizen. (REQUIRES VERIFICA	· · · · · · · · · · · · · · · · · · ·
2)	• .	nt resident of the United Sta	
3)		_	Federal Immigration and Nationality Act with an alien
	number Issued by the	Department of Homeland S	Security or other federal Immigration agency.
	My alien number Issue	ed by the Department of Ho	meland Security or other federal Immigration agency is:
		•	
The undersigne	ed applicant has also he	reby verifies that he or she I	s 18 years of age or older and has provided at least one
			G.A § 50-36-1(f) (1), with this affidavit. A complete list of
secure and ver	ifiable documents have	been provided within applic	cation packet.
REQUIRES VE	RIFICATION AT SUBMIS	SION - The secure and verif	iable document provided with this affidavit can best be
			nat any person who knowingly and willfully makes a false,
		representation in this affi ed by such criminal statute	davit shall be guilty of a violation of O.C.G.A. § 16-10-20,
ana 1400 011111	mat ponattioo ao attorr	ou by out of officer at a care at	
		(representative for)	
——————— (Applicant Prin	ited Name)	(representative for)	(Name of Business, corporation, partnership, etc.)
(, , , , , , , , , , , , , , , , , , ,	itou riumoj		(name of Buenness, corporation, partnersmp, ctor)
		<u></u>	
Signature of Ap	plicant		Date
THIS FORM M	UST BE NOTARIZED		
SUBSCRIBED	O AND SWORN BEFORE	ME ON THIS THE D	OAY OF, 20
Executed in _		(City),(St	rate).
		('
NOTARY PUB	SLIC Signature	My Commission Expire	es



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.

Busine	ess/Agency Name:	
Туре о	or Line of Business:	
Owner	's Name:	Address:
Phone	Number:	Email Address:
Busine	ess Website Address:	
Person	n to call in emergency:	
1.	Address:	
2.	Address:	
3.	Address:	
Do you	ı have a Fire Alarm?	Hold-Up Alarm?
-		Phone #:
	rty Owner (if different than Business/Ag	ency Owner)
Addres	SS:	
	nce Carrier:	
		Phone#:
Addres	SS:	



CITY OF LITHONIA

6920 Main Street Lithonia, GA 30058 Ph:770-482-8136

www.lithoniacity.org

Home Occupation Supplemental Registration Form

	ESS NAME:	
	ESS TYPE:	
	ESS ADDRESS:	
	CANT:	RESIDENCE PHONE:
BRIEF	DESCRIPTION OF BU	JSINESS:
seconda		O.P.) means an occupation carried on by an occupant of a dwelling unit as a sidential purposes and is operated in accordance with applicable provisions of the
27-351		apply to home occupations (per Sections 27-201, 27-221, 27-241, 27-261, Zoning Ordinance adopted by the Lithonia City Council December 5,
2005):	There shall be no exten	ion avidance of the home economics
	No use shall create noi	se, dust, vibration, odor, smoke, glare or electrical interference that would
C.		cted entirely within the dwelling unit and only persons living in the employed at the location of the home occupation.
D.	No more than 25% of t	the dwelling unit and in no case more than 500sq. ft., whichever is less may of the home occupation.
E.	No use shall involve pu sold on the premises of for the customer (publi	ablic contact on the property and no article, product, or service shall be her than by telephone. (Note: A special Land Use Permit may be applied c) contact, which must be approved by the Planning and Zoning Dept. at a the Planning Dept. for infom1ation (770-482-8136, Councilman Marcus
F.	No materials or equipn	nent shall be stored on the premises upon which the home occupation is such materials and equipment are stored entirely within the residence.
G.	No vehicle other than a	a passenger automobile, passenger van, or passenger truck shall be used in occupation, and no other vehicle shall be parked or stored on the premises.
H. I.	No home occupation sl Home occupation shall automobile repair estab	nall be operated so as to create a nuisance. not include the use of a dwelling unit for the purpose of operating any blishment, taxi service, van service, limousine service, wrecker service, car r firearms sales establishment.
hereby shown	acknowledge that I have above and will comply	ress shown for the proposed business and that it is my principal residence. It is received a copy of the zoning regulations covering Home Occupation as with it. I am aware that failure to comply with said requirements would license and/or legal action by City of Lithonia.
Signad		Data