



**City of Lithonia - 2026**  
**Occupational Tax Certificate / Business License Checklist**

City of Lithonia  
6920 Main St  
Lithonia, Georgia 30058  
Phone: 770-482-8136

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 investigate to ensure your business is in compliance with City Ordinances.

Before purchasing property or 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 City Clerk's Office for confirmation at [cityclerk@lithoniacity.org](mailto: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 your business will need a Certificate of Occupancy from Lithonia at City Hall. Please call 770-482-8136, ext. 124.

Complete and submit all required forms/documentation and the \$150 application fee to 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 are needed to process occupational tax certificate applications:

**Required documents for all applicants:**

1. New Occupational Tax Certificate Application
  - Valid (current) Lease Agreement or Purchase Agreement
2. SAVE Affidavit Form with appropriate identification – **This form will need to be notarized.**
  - #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
3. E-Verify Affidavit or Private Employer Exemption Affidavit Pursuant to O.C.G.A§ 36-60-6(d) – **This form will need to be notarized.**
4. Copy of Applicant's Identification
  - Either Passport, Georgia Driver's License or Military ID
  - Legal Permanent Residents: Georgia Driver's License and either Permanent Resident Card or Employment Authorization Card
5. Emergency Contact Form – Insurance information is mandatory
6. Proof of Income Options (choose one)
  - 2025 Federal Tax Return Transcript/Form 1040 Tax Return Transcript
  - Certified P & L Statement signed by CFO/Controller
  - Signed and notarized letter from a CPA firm (if applicable)
7. DBA Registered Trade Name (if applicable)
8. Payment for the correct fee amount
  - On-Line, Cash, Checks or Money Orders are acceptable forms of payment

**Optional documents depending on business type:**

1. Home Occupational Supplemental
  - Required if business will be operated from home
2. Copy of the first page of the Certificate of Incorporation
  - Required if business is a corporation or LLC (Includes non-profits)
3. Copy of Professional State License
  - Required for: Attorneys, Physicians, CAP's, Engineering, Architects, Surveyors, Cosmetology, etc.
4. Copy of health inspection report with the grade and/or fire inspection report
  - Restaurants only
5. Copy of FOG (Fats, Oils, Greases) Compliance Inspection from DeKalb County Department of Watershed Management
  - Restaurants only

**City of Lithonia**  
**2026 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: (List business physical address)			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:		

**\*\*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.**

2025 "Projected" DeKalb plus Georgia Gross Receipts: \$ \_\_\_\_\_

Total Employees – Number must be at least one, include owner(s)/operator(s): \_\_\_\_\_

Administrative Fee: \$150.00 (no refunds or transfers)

\$ 150.00

**Total Amount Due or Professional Option** (\$400 per practitioner only if allowed by O.C.G.A.):

\$ \_\_\_\_\_

**Please make checks/money orders payable to the City of Lithonia. Mail or deliver to 6920 Main Street, Lithonia, GA 30058.  
Credit/debit payments are accepted at [lithoniapay.com](http://lithoniapay.com).**

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 31<sup>st</sup> and must be renewed annually.

Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_



City of Lithonia - 2026

## E-Verify Affidavit

Private Employer Affidavit Pursuant to 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 Lithonia will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

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-G(d), from the City of Lithonia, the undersigned applicant representing the private employer known as \_\_\_\_\_ (print name of business) verifies one of the following with respect to my application:

### Section 1.

**Check only one of the following:**

- A. \_\_\_\_\_ On January 1st of the below signed year the Individual, firm, or corporation employed more than 11 employees. If the employer selected (A) please fill out section 2 below.
- B. \_\_\_\_\_ On January 1" of the below signed year the Individual, firm, or corporation employed 11 or fewer employees. If the employer selected (B) section 2 is not required.

\*If the employer selected Section 1 (A), please fill out Section 2 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-G(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number  
(Also called E-Verify #, usually 4 -7 digits)

\_\_\_\_\_  
Date of Authorization

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

Executed on \_\_\_\_\_, 202\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

### THIS FORM MUST BE NOTARIZED

Subscribed and sworn before me on  
this the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

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

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



**G E O R G I A - 2026**  
**S.A.V.E. Public Benefit Affidavit**  
Pursuant to 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.

Please check one

- 1)  I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)
- 2)  I am a legal permanent resident of the United States.
- 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.

My alien number issued by the Department of Homeland Security or other federal Immigration agency is:

\_\_\_\_\_.

The undersigned applicant has 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 Georgia Law O.C.G.A § 50-36-1(f) (1), with this affidavit.

**REQUIRES VERIFICATION AT SUBMISSION**

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

**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 this 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.**

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

(representative for)

\_\_\_\_\_  
Name of Business, corporation, partnership, etc.

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

\_\_\_\_\_  
Date

**THIS FORM MUST BE NOTARIZED**

Subscribed and sworn before me on  
this the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

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

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



**City of Lithonia – Police Department - 2026**

**Emergency Business Contact Form**

6920 Main Street, Lithonia, GA 30058

Phone: (770) 482-8136

Occasionally it may be necessary for our Police Department to contact a responsible person from your business or agency outside of regular business hours. 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: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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: \_\_\_\_\_



**City of Lithonia - 2026**  
**Home Occupation Supplemental Registration Form**

City of Lithonia  
6920 Main St  
Lithonia, Georgia 30058  
Phone: 770-482-8136

BUSINESS NAME: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

BRIEF DESCRIPTION OF BUSINESS: \_\_\_\_\_

**Definition:** Home Occupation (H.O.P.) means an occupation carried on by an occupant of a dwelling unit as a secondary use dwelling unit for residential purposes and is operated in accordance with applicable provisions of the Zoning Ordinance.

The following provisions shall apply to home occupations (per Sections 27-201, 27-221, 27-241, 27-261, 27-351, 27-376, 27-426 of the Zoning Ordinance adopted by the Lithonia City Council December 5, 2005):

- A. There shall be no exterior evidence of the home occupation.
- B. No use shall create noise, dust, vibration, odor, smoke, glare or electrical interference that would be detectable beyond the dwelling unit.
- C. The use shall be conducted entirely within the dwelling unit and only persons living in the dwelling unit shall be employed at the location of the home occupation.
- D. No more than 25% of the dwelling unit and in no case more than 500sq. ft., whichever is less may be used for the conduct of the home occupation.
- E. No use shall involve public contact on the property and no article, product, or service shall be sold on the premises other than by telephone. (Note: A special Land Use Permit may be applied for the customer (public) contact, which must be approved by the Planning and Zoning Dept. at a public hearing. Contact the Planning Dept. for information (770-482-8136).
- F. No materials or equipment shall be stored on the premises upon which the home occupation is located, except where such materials and equipment are stored entirely within the residence.
- G. No vehicle other than a passenger automobile, passenger van, or passenger truck shall be used in the conduct of a home occupation, and no other vehicle shall be parked or stored on the premises.
- H. No home occupation shall be operated so as to create a nuisance.
- I. Home occupation shall not include the use of a dwelling unit for the purpose of operating any automobile repair establishment, taxi service, van service, limousine service, wrecker service, car wash, or ammunition or firearms sales establishment.

I certify that I reside at the address shown for the proposed business and that it is my principal residence. I hereby acknowledge that I have received a copy of the zoning regulations covering Home Occupation as shown above and will comply with it. I am aware that failure to comply with said requirements would result in revocation of business license and/or legal action by City of Lithonia.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_