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Business License Renewal

PO Box 830900

Birmingham, AL 35283-0900

South Fulton, Georgia **Application Instructions**

It is the responsibility of every business owner/official/applicant to make certain that the type or nature of the business activity being conducted at any location in the City of South Fulton is permitted by and conforms to the zoning ordinances of the City. Activity or "use" means any business activity including the dominant activity and all other business activity conducted by the business at a location. You must not begin operation of your business at any location until it is determined by the Director of the City's zoning department that your "business use" is permitted at the business's location.

Calculation Instructions:

The fee for the certificate is based on the number of employees x \$13.00 plus gross receipts times the tax rate for your business. The tax class is determined by the NAICS Code (North American Industry Classification System).

• Fee = Gross Receipts x Tax Rate (see fee schedule) + \$75 (Administration Fee) + Number of Full-Time Employees x \$13.00.

Full-Time Employee calculation: The number of employees of the business or practitioner as computed on a full-time position basis or full-time position equivalent basis, provided that for the purposes of this computation an employee who works 40 hours or more weekly shall be considered a full-time employee and that the average weekly hours of employees who work less than 40 hours weekly shall be added and such sum shall be divided by 40 to produce full-time position equivalents

As Required by O.C.G.A ~ 36-60-6(a): Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented. If it is determined your occupational license requires board certification, you must submit a copy of that certification along with your renewal. Failure to supply this documentation could result in a delay of the issuance of your certificate.

Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1 through 3): All businesses are now required to complete and return the "Affidavit Verifying Status of Benefit Applicant". This form must be completed in full, signed by an officer of the company, notarized and returned along with your completed renewal worksheet and payment in full. As specified on the Affidavit, you must also provide at least one "secure and verifiable" document with the completed Affidavit. Some examples of a secure and verifiable document are a current state issued ID, driver's license or US passport. For a full list of acceptable documents please visit the Avenu website at www.avenuinsights.com (Taxpayer → Georgia → Taxpayer Forms) or the Attorney General of Georgia's website at <http://law.ga.gov>.

Immigration Legislation (HB87) Passed on April 14, 2011: Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires. However, this requirement went into effect for larger companies with 100 or more employees in 2012.

Exemption from payment of occupation tax, administrative fee, or regulatory fee: The following classes of persons may peddle, conduct business, or practice the professions and semiprofessions in any county or municipality in this state without paying an occupation tax, administrative fee, or regulatory fee for the privilege of so doing, provided such person receives a certificate of exemption issued by the commissioner of veterans service: (1) Any disabled veteran of any war or armed conflict in which any branch of the armed forces of the United States engaged, whether under United States command or otherwise; (2) Any blind person; or (3) Any veteran of peace-time service in the United States armed forces who has a physical disability incurred during the period of such service. Documentation is required.

1. Legal Business Name: _____
 2. Doing Business As (DBA) (if applicable): _____
 3. Business Physical Address: _____ Suite or Apt. No.: _____
 4. Business Mailing Address: _____ City: _____ State: _____ Zip: _____
 5. Business Telephone Number: _____ Fax Number: _____ Email: _____
 6. Contact Person: _____ Contact's Title: _____ Contact's Phone Number: _____
 7. Ownership Type: Corporation Sole Proprietorship General Partnership LLC LLP Foreign Corp
 Other (Describe): _____
- **Corporations and partnerships must provide the name of all officers or partners, titles, mailing addresses, phone numbers and SSNs on a separate sheet of paper**
8. Owner Name: _____ Owner Mailing Address: _____
 9. Federal Employer Identification Number (FEIN): _____ GA Sales Tax #: _____ SSN(Owner): _____
 10. Date business commenced in South Fulton: _____ Number of Employees (Required): _____
 11. Estimate gross receipts for the year \$ _____ for the period ____/____/____ through ____/____/____
 12. Is this a home-based occupation? Yes or No NAICS: _____
www.naics.com/search
 13. Have you registered your trade name? Yes or No (If yes, please submit a copy of the printout from the Secretary of State's website.)
 14. Is this business required by the State of Georgia to have a state license? Yes or No (If yes, please submit a copy of the state license.)
 15. Are you licensed through the Secretary of State's Professional Licensing Boards? Yes or No (If yes, please provide copy of the board certificate.)
 16. Give a description of primary business activity: _____

Occupational License Calculations*

The occupation business tax is based either on the total gross receipts, business type and number of full-time employees or a flat rate per practitioner if the business is a professional practitioner. Complete the below for computation of fees:

- | | |
|--|----------------|
| 1. Gross Receipts since business began: _____ (-20,000.00) x (Rate in fee schedule*) + (50.00) \$ _____
<small>(Report gross receipts even if under \$20,000, gross receipts under \$20,000 will pay a base fee of \$50.00)</small> | |
| 2. Number of full-time Employees (see definition in application instructions: _____ x \$13.00 | \$ _____ |
| 3. Subtotal of 1 and 2: _____ Subtotal | \$ _____ |
| 4. Professional Practitioners may elect to pay a flat fee per practitioner instead of gross receipts.
<small>If per practitioner fee is chosen, please submit a separate application for each practitioner. Each practitioner fee is \$400.00</small> | \$ _____ |
| 5. Administrative fee is due for ALL renewals. | \$95.00 |
| 6. Total Fees Due (Either line 3 and line 5 or lines 4 and 5) | \$ _____ |

* Rate is determined by the municipality based on the dominant service or product as described in O.C.G.A § 48-13-12. For rate information, see the fee schedule located at www.avenuinsights.com. Financial Institutions minimum business tax due is \$1,000.00. More instructions are located on the back of this form.

By signing below, you acknowledge that it is your responsibility to ensure that your business meets all occupancy and zoning requirements of the City of South Fulton and that the information given on this form is true and correct to the best of your knowledge.

 Signature of Owner/Officer, Manager, responsible for form Email Phone

 Printed Name of Signature Title Date

Make Check or Money Order Payable to: Tax Trust Account Mail To: Avenu, Business License Department
 PO Box 830900, Birmingham, AL 35283-0900

CUSTOMER NUMBER:

Affidavit Verifying Status of Benefit Applicant

****REQUIRED****

Pursuant to the Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1), effective July 1, 2007, every agency in The City of South Fulton providing public benefits through any local program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application for benefits from Fulton County Government:

Select one of the below.

_____ I am a United States citizen 18 years of age or older;

_____ I am a legal permanent resident 18 years of age or older;

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency is _____.

The undersigned applicant also hereby verifies that he or she 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:

(Please enclose legible copy of document with Affidavit.)

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.

Executed in _____ (city), _____ (state).

Signature of Applicant

Date

Printed Name

Subscribed to and sworn before me on this the

_____ Day of _____ 20_____.

Notary Public

My Commission Expires:

****FORM REQUIRED**** This form must be completed and returned with a copy of your secure and verifiable document, your City of South Fulton Occupational Tax Renewal and payment. Failure to return the completed Affidavit with your renewal and payment will delay the issuance of your occupational certificate.

Taxpayer Name

Mailing Address

City, State, Zip

Account Number: _____

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

****REQUIRED****

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

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 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

If your business employs less than ten (10) employees, please check this box , and sign below.

By checking this box and signing this form below, you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

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

Executed on _____, _____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.**

NOTARY PUBLIC

My Commission Expires:
