

NEW BUSINESS CHECKLIST

Ш	Copy of GA Secretary of State Articles of Incorporation (If applicable)
	Copy of Commercial Lease (Call 678.512.3278 for Zoning Approval of Use)
	SAVE Affidavit Verifying Lawful Presence (Notarized)*
	Private Employer Affidavit (Notarized)* Provide (6) six digit E-Verify Number for 10 or more Employees
	Permanent Resident "Green" Card – (Non U.S. Citizens Only) <u>Please Copy Both Sides of Card!</u>
	Copy of Valid Driver's License
	List of Officers/Members/Partners
	Federal Identification Number OR Social Security Number
	Georgia Sales Tax Identification Number
	Copy of Professional State License(s) (If applicable)
	Health Report from Fulton County Health Department (Full Service and Limited Restaurants Only)

* Free Notary Services Provided at City Hall
Home Occupation Applicants Driver's License must reflect City of Johns Creek Address

Allow 7-10 Business Days For Zoning Approval And New Commercial Businesses

IMPORTANT NOTICE!!

Before signing your lease, call the Fire Marshall's Office if starting the listed types of businesses:

- Physician's or Dentist Office
- School or Daycare Services
- Restaurants
- Churches
- Massage/Day Spa Services

Fire Marshall Chad McGiboney 10700 Abbotts Bridge Road, Suite 190

Phone: (678) 512-3363



Business Occupation Tax Return 20___ New Business

City of Johns Creek Revenue 10700 Abbotts Bridge Road, Suite 190 Johns Creek, Georgia 30097

> (678) 512-3200 www.johnscreekga.gov

THE BUSINESS OCCUPATION TAX IS DUE WITHIN 30 DAYS OF COMMENCING BUSINESS IN THE CITY												
BUSINESS NAME & LOCATION INFORMATION					CONTROL NUMBER: LICENSE NI (assigned by the City) (assigned by the							
a. BUSINESS NAME/DBA				(accigned by the Oily)			WEBSI	TE ADDRESS	y are only)			
b. LOCATION ADDRESS	SUITE/UNIT	Г	CITY			ST	ZIP CO	ZIP CODE P		PHONE		
c. MAILING ADDRESS	MAIL SUITE	E/UNIT	MAIL CI	ITY MAIL ST			MAIL ZIP CODE AT			ATTENTION TO		
d. TYPE OF OWNERSHIP (check one)							FEDERAL ID (FEIN) OR	SSN (Sole	Proprietor)		
Sole Proprietor Partnership Corporation		☐ Foreign Corpo	oration	Other:				I LDLIVIL ID ((I EII 1) OI	(0014	1 Tophictor)	
e. CORPORATE/OWNER NAME*	ADDRESS				SUITE	/UNIT	CITY			ST	ZIP CODE	
* Corporations and partnerships must provide the name of	f all officers	or partners, their titl	es, reside	ent addresses and	phone	numbers on	the spac	e provided or	the inst	ructions f	or this return.	
f. DATE BUSINESS COMMENCED IN JOHNS CREEK g. I		ERS OF PROFESSION ☐ No							fee? (see	e instructio	ons for details)	
h. IS THIS BUSINESS REQUIRED BY THE STATE OF GEORGIA TO									CT TO FU	RTHER BU	SINESS LICENSE OR	
☐ Yes or ☐ No If yes, please submit a copy of all State	licenses as	sociated with		REQUIREMENTS BY THE CITY OF JOHNS CREEK CODE? Yes or No								
this business, including all practitioners' licenses.	Ohaali Oaa)			ease specify type:				ial an tha line				
j. IS THIS BUSINESS A HOME-BASED OCCUPATION? (Check One)												
	_							-41-1I A	4 .			
k. COMMERCIAL LEASE INFO: Term of Lease (Years): Lease Start Date:			อเลเ Sq. F e End Dat	ootage: e·		Sia	•	te Signed :	iount:		· · · · · · · · · · · · · · · · · · ·	
I. I hereby certify under penalty of perjury, that statements ma	ade herein a							.o o.goa				
Print Name:	Title: _			S	Signatur	e:			C	oate:		
DL/ID # & State Issued:	Date of Birth	<u> </u>		Phone:			Email:					
I. INDUSTRY DESCRIPTION – brief description of primary business a	activity		NAICS	CODE	EE CLA	SS TAX	RATE	GE	ORGIA S	ALES TAX	ID NUMBER	
Calculation to Determine Estimated Taxable Gross Recei	pts	20		Occupation Tax	c Calcu	lation		1				
Estimated gross receipts for calendar year		\$		4. Multiply line 3 by the tax rate						\$		
2. Allowable deductions included in item 1				5. Flat rate						\$	50.00	
A. Sales, use or excise taxes		\$		6. Estimated # of employees for calendar year (minimum of 1)								
B. Sales returns and allowances		\$	7. Multiply line 6 by \$13 per employee						\$			
C. Inter-organizational sales		\$ 8. Administrative fee							\$	75.00		
D. Payments to subcontractors or independent agents		\$	9. Subtotal occu	Subtotal occupation tax due – add lines 4, 5, 7 and 8					\$			
E. Governmental and foundation grants or charitable conf	tributions	\$ 10. Late filing – If return is filed after			s filed after 30	30 days from start of business in City, add penalty and interest						
F. Out of state sales		\$		a. Penalty -	- 10% of	line 9				\$		
G. Standard deduction		\$ 20,000.00		b. Interest – 1.5% of line 9 per month					\$			
H. Total estimated allowable deductions - total of 2A throug	\$		11. Zoning Verifi	ication -	- add \$30.00 fo	or comme	rcial locations o	nly	\$			
3. Estimated taxable gross receipts	\$		- home occup	oations m	nust sign ackno	wledgem	ent above					
– line 1 minus line 2H (enter 0 if amount is negative)				12. TOTAL DUE		ABLE - add I	,	*		\$		
STAFF USE: REVENUE: Initials: Amount Due: _		Amou	nt Paid: _	■ Make Che		ce Due:	oi Jorins	Rece	ipt #: _		R100 (1/27/16	



City of Johns Creek Revenue

\$EERWWV%URGald, Suite Johns Creek, Georgia 30097 (678) 512-3200

www.johnscreekga.gov

Business Occupation Tax Return New Business

TAX RETURN MUST BE COMPLETED IN FULL AND PAYMENT OF ALL TAXES AND FEES MUST BE REMITTED TO THE CITY WITHIN 30 DAYS OF COMMENCING

BUSINESS IN THE CITY. Penalty and interest will apply to all returns remitted later than 90 days after the commencement of business in the City of Johns Creek.

Upon fulfilling the City's requirements for an occupation tax certificate, the City will issue a certificate that shall be available for inspection by the City and may be posted at the location listed on the certificate. Renewals are due by January 1st each year and shall be delinquent after March 31st.

Practitioners of Professions - Practitioners of professions may elect to pay a flat fee of \$400.00 per practitioner or compute their fee using the gross receipts method and appropriate fee class. Practitioners electing to pay the flat fee of \$400.00 per practitioner must complete a separate application per practitioner and are NOT required to complete the calculation portion of the occupation tax return. Additional \$30.00 zoning verification is required for commercial locations and signed home occupation acknowledgement on the return is required for homebased locations.

Insurers – State of Georgia licensed insurers are not subject to the City's business occupation tax, but do need to complete the insurer license application (Form R103) and submit to the Revenue Division with full payment of fees.

Enter the name of all officers or partners, their titles, resident addresses and phone numbers in the table below, as directed on the tax return.

OFFICER OR PARTNER INFORMATION					
(1) Officer/Partner:					
Title:	Phone:				
Resident Address:					
(2) Officer/Partner:					
Title: Phone:					
Resident Address:					
(3) Officer/Partner:					
Title:	Phone:				
Resident Address:					
(4) Officer/Partner:					
Title:	Phone:				
Resident Address:					

INSTRUCTIONS FOR CALCULATION OF OCCUPATION TAX

- Enter the total estimated gross receipts (gross revenue) of Line 1 the business for the calendar year including without being limited to total income without deduction for the cost of goods sold or expenses incurred, gain from the trading in stocks, bonds, capital assets, or instruments of indebtedness, proceeds from fees charged for services rendered, and proceeds from rent, interest, royalty, or divided income.
- Line 2A -Enter the estimated sales, use and excise taxes that will be collected and remitted to government agencies.

Enter the estimated sales returns, allowances, and Line 2B discounts for the calendar year.

- Line 2C -Enter the estimated interorganizational sales or transfers between or among the units of a parent-subsidiary controlled group of corporations, as defined by 26 U.S.C. Section 1563(a)(1), between or among the units of a brother-sister controlled group of corporations, as defined by 26 U.S.C. Section 1563(a)(2), between or among a parent corporation, wholly owned subsidiaries of such parent corporation, and any corporation in which such parent corporation or one or more of its wholly owned subsidiaries owns stock possessing at least 30% of the total value of shares of all classes of stock of such partially owned corporation, or between or among wholly owned partnerships or other wholly owned entities for the calendar year.
- Line 2D -Enter the estimated calendar year payments made to subcontractors or independent agents for services that contributed to the overall gross receipts. Attach a separate sheet with name, address, phone number and amount estimated to be paid.
- Enter the estimated calendar year governmental and Line 2E foundation grants, charitable contributions, or the interest income derived from such funds, received by a nonprofit organization which employs salaried practitioners otherwise covered by the City Code, if such funds constitute 80% or more of the organization's receipts.
- Enter the estimated calendar year proceeds from sales of Line 2F goods or services which are delivered to or received by customers who are outside the state at the time of delivery or receipt
- Line 2G -This is the standard deduction for the first \$20,000 in gross receipts.
- Enter the total of lines 2A through 2G to determine the Line 2H total allowable deductions from the gross receipts.
- Line 3 -Enter the difference between lines 1 and 2H to determine the estimated taxable gross receipts.
- Line 4 -Enter the gross receipts tax by multiplying line 3 by the tax rate assigned to the business industry. Contact the Revenue Division for your appropriate tax rate at (678) 512-3200 or by email at revenue@johnscreekga.gov.
- Line 5 -This is the flat rate for the first \$20,000 in gross receipts.
- Line 6 -Enter the estimated number of employees for the calendar year (minimum of 1 employee).
- Line 7 -Enter the per employee tax by multiplying line 6 by \$13.
- This is the non-refundable administrative fee. Line 8 -
- Line 9 -Enter the total of lines 4, 5, 7 and 8.
- If your return is filed after the due date, enter 10% of line Line 10a -
- If your return is filed after the due date, enter 1.5% of line Line 10b -9 for every month past due.
- Line 11 -Enter \$30.00 if this business is located on commercial property.
- Line 12 -Enter the total of lines 9, 10a, 10b and 11.
- Sign the tax return and make check or money order payable to the City of Johns Creek. Visa or MasterCard are accepted in person at City Hall.

Note: Please make a copy of the occupation tax return for your records.



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Johns Creek, Georgia 30097 (678) 512-3200 www.johnscreekga.gov

Affidavit Verifying Lawful Presence Within the United States

I, (print name)		, swear or affirm under penalty					
of perjury that		, owear or animi ariaer penalty					
	I am a United States citizen.						
	I am a legal permanent resident of the United States.						
	I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.						
Alien F	Alien Registration Number:						
I am applying f	or the following public benefit (check one	a):					
	Alcoholic Beverage License for Print Bu						
	Print Business Name Alcohol Employee Pouring Permit						
	. ,						
	Occupation Tax CertificatePrint Business Name						
	Door-to-Door Salesmen/Solicitors Perr						
	Other: Public Benefit	Name of Business (if applicable)					
I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.							
Print Name of	Applicant	Position Title (if applicable)					
Signature of A	oplicant	Date					
Subscribed a	nd sworn to before me on						
this the	day of, 20	<u></u> .					
(Clerk/Notary Public)		_					
My commission	on expires:						



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PRIVATE EMPLOYER AFFIDAVIT

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

Printed Name of and Title of Authorized Officer or Agent

ON THIS THE ____ DAY OF ______, 20____.

Signature of Authorized Officer or Agent

Notary Signature

SUBSCRIBED AND SWORN BEFORE ME

By executing this affidavit under oath, as an applicant for an occupational tax certificate (business license. occupational tax certificate, or other document required to operate a business) as referenced in O.C.G.A. § 36-60-6(d), from the City of Johns Creek, the undersigned applicant representing the private employer known as (printed name of business/private (Print Business Name) employer) verifies one of the following with respect to my application for the above mentioned document: Fill out this section (Effective July 1, 2013) for new and/or renewal business occupation tax certificates. Check (a) or (b). (a) On the below signed year the individual, firm, or corporation employed ten (10) or more employees. (b) On the below signed year the individual, firm, or corporation employed less than ten (10) employees. COMPLETE THIS SECTION **IF AND ONLY IF** YOU CHECKED (a) ABOVE The employer 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. § 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 ALL APPLICANTS MUST SIGN BELOW, NOTARIZE, AND THEN RETURN THIS AFFIDAVIT WITH APPLICATION/PAYMENT TO OBTAIN YOUR BUSINESS TAX CERTIFICATE 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 _____ day of _____, 20___ in ____ (city), (state)

NOTARY SEAL