



NEW BUSINESS CHECKLIST

- 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)
Please Copy Both Sides of Card!
- 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: <small>(assigned by the City)</small>		LICENSE NUMBER: <small>(assigned by the City)</small>	
a. BUSINESS NAME/DBA				WEBSITE ADDRESS			
b. LOCATION ADDRESS		SUITE/UNIT	CITY	ST	ZIP CODE	PHONE	
c. MAILING ADDRESS		MAIL SUITE/UNIT	MAIL CITY	MAIL ST	MAIL ZIP CODE	ATTENTION TO	
d. TYPE OF OWNERSHIP (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Foreign Corporation <input type="checkbox"/> Other: _____					FEDERAL ID (FEIN) OR SSN (Sole Proprietor)		
e. CORPORATE/OWNER NAME*		ADDRESS	SUITE/UNIT	CITY	ST	ZIP CODE	

*** Corporations and partnerships must provide the name of all officers or partners, their titles, resident addresses and phone numbers on the space provided on the instructions for this return.**

f. DATE BUSINESS COMMENCED IN JOHNS CREEK		g. PRACTITIONERS OF PROFESSIONS: Are you a practitioner of a profession electing to pay the \$400 flat fee? (see instructions for details) <input type="checkbox"/> Yes or <input type="checkbox"/> No <i>If yes, please submit a copy of your State license with this return.</i>					
h. IS THIS BUSINESS REQUIRED BY THE STATE OF GEORGIA TO HAVE A STATE LICENSE? <input type="checkbox"/> Yes or <input type="checkbox"/> No <i>If yes, please submit a copy of all State licenses associated with this business, including all practitioners' licenses.</i>			i. IS THIS A SEXUALLY ORIENTED BUSINESS OR OTHER BUSINESS SUBJECT TO FURTHER BUSINESS LICENSE OR PERMIT REQUIREMENTS BY THE CITY OF JOHNS CREEK CODE? <input type="checkbox"/> Yes or <input type="checkbox"/> No <i>If yes, please specify type: _____</i>				
j. IS THIS BUSINESS A HOME-BASED OCCUPATION? (Check One) <input type="checkbox"/> Yes or <input type="checkbox"/> No <i>If yes, read the following acknowledgement and initial on the line provided.</i> As an applicant for a home-based occupation tax certificate, I have received a copy of Article 4.12 of the City of Johns Creek Zoning Ordinance entitled "Home Occupation." I have read and understand these provisions and understand I must comply with this section and all sections of the Johns Creek Zoning Ordinance and all other codes and ordinances as established by Mayor and City Council. I understand that failure to adhere to these regulations may result in revocation of the occupation tax certificate. Initial: _____							
k. COMMERCIAL LEASE INFO: Term of Lease(Years): _____ Total Sq. Footage: _____ Starting Monthly Lease Amount: _____ Lease Start Date: _____ Lease End Date: _____ Date Signed: _____							

I hereby certify under penalty of perjury, that statements made herein are to the best of my knowledge true & correct.

Print Name: _____ Title: _____ Signature: _____ Date: _____

DL/ID # & State Issued: _____ Date of Birth: _____ Phone: _____ Email: _____

l. INDUSTRY DESCRIPTION – <i>brief description of primary business activity</i>		NAICS CODE	FEE CLASS	TAX RATE	GEORGIA SALES TAX ID NUMBER
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Calculation to Determine Estimated Taxable Gross Receipts	20__	Occupation Tax Calculation
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
A. Sales, use or excise taxes	\$	6. Estimated # of employees for calendar year (<i>minimum of 1</i>)
B. Sales returns and allowances	\$	7. Multiply line 6 by \$13 per employee
C. Inter-organizational sales	\$	8. Administrative fee
D. Payments to subcontractors or independent agents	\$	9. Subtotal occupation tax due – add lines 4, 5, 7 and 8
E. Governmental and foundation grants or charitable contributions	\$	10. Late filing – If return is filed after 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 through 2G	\$	11. Zoning Verification – add \$30.00 for commercial locations only
3. Estimated taxable gross receipts	\$	- home occupations must sign acknowledgement above
– line 1 minus line 2H (<i>enter 0 if amount is negative</i>)		12. TOTAL DUE & PAYABLE - add lines 9, 10a, 10b and 11
		\$

• Make Checks Payable to the City of Johns Creek

STAFF USE: REVENUE: Initials: _____ Amount Due: _____ Amount Paid: _____ Balance Due: _____ Receipt #: _____ R100 (1/27/16)



City of Johns Creek
Revenue
10700 Abbotts Bridge Road, Suite 190
Johns Creek, Georgia 30097
(678) 512-3200
www.johnscreekga.gov

PRIVATE EMPLOYER AFFIDAVIT

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

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

(Print Business Name) _____ (printed name of business/private 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)

Printed Name of and Title of Authorized Officer or Agent

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20____.

Notary Signature

NOTARY SEAL