

**FOR OFFICE USE ONLY**

ACCOUNT # \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_  
AMOUNT PAID: \$ \_\_\_\_\_  CASH  CHECK \_\_\_\_\_  CARD \_\_\_\_\_

**gwinnettcounty**  
**Department of Planning and Development**  
**Initial Business / Occupation Tax Application**



**Gwinnett County Licensing and Revenue**  
446 West Crogan Street, Suite 130  
Lawrenceville, GA 30046  
(678) 377-4100

**This application and all required affidavits/forms must be submitted to the Licensing & Revenue Office in person.**

**1. TYPE OF OWNERSHIP:** *(Check One)*

Sole Proprietorship     Partnership     Corporation     Limited Liability Company (LLC)

**2. BUSINESS:** *(Check One)*     HOME BASED     COMMERCIAL BASED

(a) Tradename/DBA Name: \_\_\_\_\_

(b) Business Location: \_\_\_\_\_  
*Address (including Suite/Unit #) (No P.O. Box or Virtual Office)*

\_\_\_\_\_ *City*                      *State*                      *Zip Code*                      *Business Phone*

(c) Mailing Name: \_\_\_\_\_

(d) Mailing Address: \_\_\_\_\_  
*Address (including Suite/Unit #) or P.O. Box*

\_\_\_\_\_ *City*                      *State*                      *Zip Code*

**3. APPLICANT (NAME OF SOLE OWNER / PARTNER / OFFICER OF CORP / MEMBER OF LLC):**

(a) Full Name: \_\_\_\_\_

(b) Mailing Address: \_\_\_\_\_  
*Address or P.O. Box*

\_\_\_\_\_ *City*                      *State*                      *Zip Code*                      *Phone*

**4. LOCAL BUSINESS CONTACT PERSON: (for commercial located businesses only)**

(a) Full Name: \_\_\_\_\_  
**MUST BE A GWINNETT COUNTY RESIDENT**

(b) Home Address: \_\_\_\_\_  
*Address (No P.O. Box or Commercial Address)*

\_\_\_\_\_  
*City State Zip Code Phone*

**5. LEGAL ENTITY (CORPORATION / LIMITED LIABILITY COMPANY / LIMITED PARTNERSHIP):**

(a) Complete Legal Entity Name: \_\_\_\_\_

(b) Date of Formation with the Georgia Secretary of State (MM-DD-YYYY): \_\_\_\_\_

(c) List All Officers / Members / Partners by Name **and** Position:

	<b>Complete Name</b>	<b>Position</b>
1:	_____	_____
2:	_____	_____
3:	_____	_____

*Attach sheet if additional space is required*

**6. PARTNERSHIPS NOT FILED WITH THE SECRETARY OF STATE: Date Formed: \_\_\_\_\_**  
**MM-DD-YYYY**

(a) **List Partners:**

1. \_\_\_\_\_  
*Full Name % of Ownership*

Home Address: \_\_\_\_\_  
*Address (No P.O. Box or Virtual Office)*

\_\_\_\_\_  
*City State Zip Code Phone*

2. \_\_\_\_\_  
*Full Name % of Ownership*

Home Address: \_\_\_\_\_  
*Address (No P.O. Box or Virtual Office)*

\_\_\_\_\_  
*City State Zip Code Phone*

- 7. FEDERAL TAX ID # \_\_\_\_\_ OR LAST FOUR DIGITS OF THE SS# \_\_\_\_\_  
FOR THE SOLE OWNER / OFFICER / PARTNER / SOLE MEMBER \_\_\_\_\_
- 8. DATE BUSINESS WILL OPEN/OPENED AT THIS LOCATION (MM-DD-YYYY): \_\_\_\_\_
- 9. DESCRIBE LINE OF WORK: \_\_\_\_\_
- 10. NAICS CODE (6 DIGITS): \_\_\_\_\_ Visit <https://www.naics.com/search> to identify code
- 11. PROJECTED GROSS REVENUE FROM CUSTOMERS IN GEORGIA: \$ \_\_\_\_\_
- 12. NUMBER OF EMPLOYEES AT THIS LOCATION (INCLUDE OWNER AS ONE): \_\_\_\_\_
- 13. \* GEORGIA SALES AND USE TAX ACCOUNT NUMBER (9 DIGITS): \_\_\_\_\_
- 14. EMAIL ADDRESS (REQUIRED-ANNUAL RENEWALS ARE ONLINE ONLY):  
\_\_\_\_\_@\_\_\_\_\_.com

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT AND CONTAINS NO FALSE OR FRAUDULENT INFORMATION. IN ADDITION, I UNDERSTAND MY BUSINESS LOCATION MUST CONFORM TO ALL GWINNETT COUNTY ORDINANCES, RULES AND REGULATIONS. FURTHERMORE, I UNDERSTAND NON-COMPLIANCE WITH ANY GWINNETT COUNTY ORDINANCE, RULE OR REGULATION WILL RESULT IN NON-RENEWAL OF THE BUSINESS / OCCUPATION CERTIFICATE FOR THIS BUSINESS.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*Sole Owner/President/CEO/Managing Member/Majority Partner*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Sole Owner/President/CEO/Managing Member/Majority Partner (Original Signature)*

**Check List for Attachments (Provide Copies)**

- (All businesses)* If this business is a LLC, Corporation or Limited Partnership, provide a copy of the GA Secretary of State Certificate of Organization / Incorporation and Articles listing all officers and agents
- (All businesses)* If your profession / occupation is required to obtain a state license, health permit, or any other regulatory approval from any state, federal or professional licensing board, provide a copy of the current license / certification
- (All businesses)* Original notarized E-Verify Private Employer of Compliance Affidavit
- (All businesses)* Original notarized U.S. Citizen / Qualified Alien Affidavit along with a front and back copy of your secure and verifiable identification document
- (Commercial based businesses)* Certificate of Occupancy reflecting your DBA/Tradenname
- (Home based businesses)* State of GA issued Driver's License/Photo ID showing current home address, which must match location address on Page 1

\* Contact the Georgia Department of Revenue (Georgia Tax Center) to determine if required for this business type

# O.C.G.A § 50-36-1(e)(2) Affidavit



**Gwinnett**  
Planning &  
Development

By executing this affidavit under oath pursuant to O.C.G.A. § 50-36-1, as an applicant for a Gwinnett County Business/Occupation Tax Certificate, I swear or affirm under oath the following with respect to my application for a Gwinnett County Occupation Tax Certificate for: \_\_\_\_\_

**Select one of the following:**

- I am a United States citizen 18 years of age or older. Attach a front and back copy of your drivers license or United State Passport or other secure and verifiable document approved by the Georgia Attorney General's Office. You can find a list of approved documents at [www.law.ga.gov](http://www.law.ga.gov) under the *Key Issues* tab.
- I am a legal permanent resident 18 years of age or older. Attach a front and back copy of your Permanent Resident Card.
- I am a qualified alien or non-immigrant under the *Federal Immigration and Nationality Act* and 18 years of age or older and lawfully present in the United States.

Alien Registration number for non-citizens: \_\_\_\_\_ (Required)

A front and back copy of one of the following documents must be attached:

- a. Valid Foreign Passport with I-94
- b. Temporary Resident Alien Card (I-688)
- c. Employment Authorization Card (I-766 or I-688B)
- d. Employment Authorization Document (I-688B)
- e. Refugee Travel Document (I-571)

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 Official Code or Georgia O.C.G.A. § 16-10-20.

Sworn to and subscribed

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Printed name of applicant*

**For notary use only**

**SEAL**

Subscribed and sworn before me on

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*Date my commission expires*

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

Form A: More than 10 employees



**Gwinnett**  
Planning &  
Development

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 employs more than 10 employees and 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

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

### For notary use only

Subscribed and sworn before me on

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

\_\_\_\_\_  
Date my commission expires

**SEAL**

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

Form B: Less than 10 employees



**Gwinnett**  
Planning &  
Development

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs 10 or fewer employees and is not required to register with and/or utilize 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.

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city) \_\_\_\_\_ (state)

\_\_\_\_\_  
Printed Name of Exempt Private Employer

\_\_\_\_\_  
Signature of Exempt Private Employer or Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Person Executing Affidavit

### For notary use only

Subscribed and sworn before me on

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

\_\_\_\_\_  
Date my commission expires

**SEAL**