



APPLICATION FOR REGISTERING A COMMERCIAL BUSINESS

Please fill out the attached Commercial Business Registration Application and attach copies of all required documents including a lease agreement or deed. Originals must be presented at the time the application is filed, and will be returned to you. Any missing, incomplete or false information or failure to present original documentation will cause the refusal of the application.

Payment must be submitted with the application. Occupation taxes are renewable December 31. **Businesses that show proof of non-profit status are exempt from the fee requirements.**

Upon an application being submitted, required inspections must be completed and approved, and a Certificate of Occupancy issued. **All signs, whether pole signs, wall signs, banners or special advertising devices, must first be permitted and approved through the Planning and Zoning Division of the Community Development Department. If exterior changes are anticipated such as painting, landscaping or additions, you may be required to submit an application for the Design Review Board or the Historic Preservation Commission.** Contact a planner at 770-641-3774 for assistance.

Applicants opening a new business in the City of Roswell must contact the Georgia Department of Revenue offices at 1-877-423-6711 for instructions on how to obtain a State of Georgia TAX ID number. Information and online application forms are available at www.etax.dor.ga.gov.

If, as a business, you issue an individual a 1099 form, that contract employee may be subject to a separate City of Roswell Occupation Tax. Please contact the Business Registration office at 770-594-6235 for verification.

The Internal Revenue Service web site is located at www.irs.gov.

For Professional Licensing Information Contact the Georgia Secretary of State at 478-207-2440. Professional License forms are available at www.sos.georgia.gov.

Any business engaged in the catering or the preparation of food must be approved by the Fulton County Health Department. Contact the Fulton County Health Department Food Service Offices at 404-332-1801.

For grease trap approval, contact the Fulton County Public Works Department Pretreatment Division at 404-612-9425. For Bakery requirements, please contact 404-656-3627

For Cottage Food regulations visit <http://agr.georgia.gov/cottage-foods.aspx>,

Contact the Roswell Legal Department at 770-594-6185 for obtaining a City of Roswell Alcohol beverage license.

To establish or change garbage collection services, contact the Roswell Sanitation Division at 770-641-3807.



Were you assisted by Roswell Inc. regarding this business, including but not limited to site selection, how to start a business, networking, incentives, marketing, etc.? **Y / N**

APPLICATION FOR REGISTERING A COMMERCIAL BUSINESS

BUSINESS ACCOUNT RECORD # _____

BUSINESS LOCATION CITY STATE ZIP

PROPERTY OWNER ADDRESS CITY STATE ZIP

TYPE OF BUSINESS: LLC DOMESTIC CORPORATION PARTNERSHIP NON-PROFIT PROPRIETORSHIP

SQUARE FOOTAGE OF BUSINESS _____ NUMBER OF EMPLOYEES _____

BUSINESS NAME FEIN # (OR SOCIAL SECURITY NUMBER)

DBA BUSINESS START DATE (IN CITY OF ROSWELL)

BUSINESS MAILING ADDRESS (IF OTHER THAN LOCATION) CITY STATE ZIP

BUSINESS BILLING ADDRESS (IF OTHER THAN LOCATION / MAILING) CITY STATE ZIP

BUSINESS PHONE # E-MAIL ADDRESS

WEB ADDRESS 6 DIGIT NAICS CODE (<http://www.census.gov/eos/www/naics/>)

BUSINESS OWNER'S INFORMATION:

NAME OF OWNER (COMPANY OR INDIVIDUAL – PLEASE PRINT) DATE OF BIRTH

ADDRESS CITY STATE ZIP

PHONE # E-MAIL ADDRESS

GIVE A DETAILED DESCRIPTION OF YOUR BUSINESS ACTIVITY:

STATEMENT OF CONFIDENTIALITY: Information provided by a business or practitioner to the City of Roswell for the purpose of determining applicability and amount of the Occupation Tax or levying or collecting the Occupation Tax is confidential to the extent it qualifies for exemption from disclosure under Article 4, Chapter 18, Title 50 of the *Official code of Georgia*. Such information may be provided to the governing authority of another local government for Occupation Tax purposes or pursuant to court order or for the purpose of collecting Occupation Tax or prosecution for failure or refusal to pay Occupation Tax.

APPLICANT AFFIDAVIT: I hereby certify that all information provided herein is complete. I have answered all questions completely and truthfully to the best of my knowledge. I hereby acknowledge that I have read and understand the rules and regulations for the registration of a Business in the City of Roswell. Any false statement on this application automatically voids this registration

FOR OFFICE USE ONLY:
NAICS CODE: _____ FEE CLASS: _____ RATE: _____
PENDING ITEMS: _____

COMMERCIAL BUSINESS QUESTIONNAIRE

1. IF THE BUSINESS IS A SOLE PROPRIETORSHIP OR A PARTNERSHIP, PROVIDE THE NAME, HOME ADDRESS, DATE OF BIRTH AND DRIVER'S LICENSE INFORMATION FOR EACH INDIVIDUAL OWNER. IF THE BUSINESS IS A CORPORATION, A LIMITED LIABILITY CORPORATION OR A LIMITED LIABILITY PARTNERSHIP, THEN LIST THE NAME AND BUSINESS ADDRESS OF THE REGISTERED AGENT FOR THE BUSINESS ENTITY AND THE NAME AND TITLE OF THE PRESIDENT, CEO, OR MANAGING PARTNER.

NAME	TITLE	DATE OF BIRTH	
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE NUMBER	DRIVER'S LICENSE # / STATE		

NAME	TITLE	DATE OF BIRTH	
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE NUMBER	DRIVER'S LICENSE # / STATE		

NAME	TITLE	DATE OF BIRTH	
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE NUMBER	DRIVER'S LICENSE # / STATE		

2. DOES THE STATE OF GEORGIA REGULATE YOUR BUSINESS? IF YES PLEASE ATTACH A PHOTOCOPY OF YOUR STATE CARD OR PROOF OF NON – PROFIT STATUS. YES NO

3. HAS THE BUSINESS EVER BEEN DENIED FROM OPERATING, OR HAD RIGHTS TO OPERATE REVOKED OR SUSPENDED IN ANY STATE? IF YES, EXPLAIN IN DETAIL INCLUDE DATES, LOCATIONS AND OFFENSES. YES NO

4. HAVE YOU OR YOUR PARTNER, STOCKHOLDER OR LOCAL MANAGER (IF A CORPORATION) EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN IN DETAIL INCLUDE DATES, LOCATIONS AND OFFENSES. YES NO

5. WILL YOUR BUSINESS BE AN ADULT ENTERTAINMENT ESTABLISHMENT (SEXUALLY ORIENTED BUSINESS) AS DEFINED BY ROSWELL CODE OF ORDINANCES, CHAPTER 4, OR WILL IT OFFER ANY FORM OF ADULT ENTERTAINMENT? IF YES, EXPLAIN IN DETAIL. YES NO

COMMERCIAL BUSINESS EMERGENCY CONTACTS

THIS FORM MUST BE FILLED OUT COMPLETELY

FIRST CONTACT: (PLEASE CHECK ONE)

EMERGENCY CONTACT OWNER PARTNER PROPERTY OWNER OTHER _____

NAME _____ TITLE OR ASSOCIATION _____

HOME ADDRESS _____ CITY _____ STATE _____ Zip _____

PRIMARY PHONE # _____ SECONDARY PHONE# _____ E-MAIL _____

SECOND CONTACT: (PLEASE CHECK ONE)

EMERGENCY CONTACT OWNER PARTNER PROPERTY OWNER OTHER _____

NAME _____ TITLE OR ASSOCIATION _____

HOME ADDRESS _____ CITY _____ STATE _____ Zip _____

PRIMARY PHONE # _____ SECONDARY PHONE# _____ E-MAIL _____

THIRD CONTACT: (PLEASE CHECK ONE)

EMERGENCY CONTACT OWNER PARTNER PROPERTY OWNER OTHER _____

NAME _____ TITLE OR ASSOCIATION _____

HOME ADDRESS _____ CITY _____ STATE _____ Zip _____

PRIMARY PHONE # _____ SECONDARY PHONE# _____ E-MAIL _____

IS THERE HAZARDOUS OR FLAMMABLE MATERIALS STORED ON SITE? Yes No If yes, list below:

Schedule of Rates

The business occupation tax is based on the total gross receipts of the business in combination with the most current profitability ratios determined by NAICS (North American Industry Classification System) codes, administrative and regulatory fees.

-A **\$50,000 exemption** will apply to reported gross receipts.

- **Non-refundable fee** of **\$50 regulatory** and **\$100 application fee** will apply

- Businesses classified as **home occupations** will be capped at \$100 or less for total tax due.

***regulatory and application fees are exempt for home occupations ***

-Professional Practitioners may elect to pay a flat fee of \$400 per practitioner or elect to pay based on gross receipt. **If Practitioners choose to pay based on gross receipt \$100 application fee will be required.**

Schedule of Rates

You will find your Tax Class and Tax Rate by locating your NAICS Class below.

NAICS Class	NAICS Classification Name	Tax Class	Tax Rate
42	WHOLESALE AND RETAIL TRADE	A	0.01%
44	WHOLESALE AND RETAIL TRADE	A	0.01%
45	WHOLESALE AND RETAIL TRADE	A	0.01%
22	UTILITIES	A	0.01%
48	TRANSPORTATION AND WAREHOUSING	B	0.02%
49	TRANSPORTATION AND WAREHOUSING	B	0.02%
72	ACCOMODATION, FOOD SERVICES, AND DRINKING PLACES	B	0.02%
23	CONSTRUCTION	B	0.02%
31	MANUFACTURING	C	0.03%
32	MANUFACTURING	C	0.03%
33	MANUFACTURING	C	0.03%
56	ADMINISTRATIVE AND SUPPORT AND WASTE MANAGEMENT AND REMEDIATION SERVICES	C	0.03%
51	INFORMATION	D	0.04%
11	AGRICULTURE, FORESTRY, FISHING, AND HUNTING	D	0.04%
81	OTHER SERVICES	D	0.04%
62	HEALTH CARE AND SOCIAL ASSISTANCE	E	0.05%
71	ARTS, ENTERTAINMENT, AND RECREATION	E	0.05%
54	PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES	F	0.06%
61	EDUCATIONAL SERVICES	F	0.06%
21	MINING	F	0.06%
52	FINANCE AND INSURANCE	F	0.06%
92	UNCLASSIFIED INDUSTRIES	G	0.12%
53	REAL ESTATE AND RENTAL AND LEASING	G	0.12%
55	MANAGEMENT OF COMPANIES (HOLDING COMPANIES)	G	0.12%



**O.C.G.A. § 50-36-1(e) (2) Affidavit
For City of Roswell Public Benefit Application**

THIS FORM MUST BE FILLED OUT COMPLETELY AND NOTARIZED.

By executing this affidavit under oath, as an applicant for an **Occupation Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from the City of Roswell, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

I, _____ on behalf of _____
NAME OF INDIVIDUAL TITLE
_____ state that:
BUSINESS NAME ACCOUNT NUMBER

1) ___ I am a United States citizen.

OR

2) ___ I am a Legal permanent resident of the United States.

OR

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 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 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 attach a copy of the verifiable document to this 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, and face criminal penalties as allowed by such criminal statute.

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

Signature of Applicant: Date

Printed Name of Applicant:

Subscribed and sworn before me this
___ DAY OF _____, 20___

Notary Public My Commission Expires: _____

Secure and Verifiable Documents under O.C.G.A. § 50-36-2

- A United States passport or passport card [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer. [O.C.G.A. § 50-36-2(b) (3); 8CFR § 274a.2]
- A passport issued by a foreign government. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card. [O.C.G.A. § 50-36-2(b) (3); 22 CFR § 41.2]
- A NEXUS card. [O.C.G.A. § 50-36-2(b) (3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card. [O.C.G.A. § 50-36-2(b) (3); 22CFR § 41.2]
- A driver's license issued by a Canadian government authority. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services. (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b) (3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services. (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document for proof of or documentation of identity, that document will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



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

Business Name _____ **Account No:** _____

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6(d), stating affirmatively that _____ (name of the individual, firm or corporation) employs as follows:

1. Please select either (A) or (B) below:

- A. ___** On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10) employees.**
- B. ___** On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or less employees.**

If employer selected 1(A) please fill out Section 2 below.

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. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

E-verify number (Federal Work Authorization User Identification Number (6 to 5 Digits))

Date of Authorization

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 ____ date of _____, 20__ 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 _____ 20__

Notary Public My Commission Expires: _____