



## General Requirements – Applying for an Occupational Tax Certificate

An Occupational Tax Certificate (also known as a **Business License**) confirms that you have established a business in unincorporated Douglas County. If the business location is in the city of Douglasville, Austell, or Villa Rica, you will need to obtain your license from that jurisdiction.

### Registering a Business

The following steps outline the process to complete the application process for your Occupational Tax Certificate.

- Complete all forms included in this application packet.
- Submit the required supporting documentation based on a commercial or residential location.

Documents Required	Commercial	In Home
Complete Business Location Packet*	✓	✓
Provide a copy of your driver's license**	✓	✓
If resident alien, include a valid legible copy of resident card	✓	✓
Provide Certificate & Articles of Organization of the business name registered with the Georgia Secretary of State ***  <b>OR</b>  Provide Trade Name/ DBA or fictitious name documents registered with the Douglas County Clerk of Superior Court***	✓	✓
Provide Professional License (if applicable)	✓	✓
Provide a utility bill matching the name and address on the application		✓
Provide a Signed Lease or Proof of Purchase	✓	

*\*Some forms require notarized signature. Notaries are available in the office for your convenience. Submitting forms without notarized signature may delay review.*

*\*\*For residential occupations, the driver's license address must match the business address.*

*\*\* If you do not have documentation of your registration with the Georgia Secretary of State or of a trade name registered with the Douglas County Clerk of Superior Court, your business name will be your first and last name.*

- You can submit your completed application via email at [businesslicense@douglascountyga.gov](mailto:businesslicense@douglascountyga.gov), or in person at:  
Douglas County Courthouse/ Occupational Tax Department  
4655 Timber Ridge Drive  
Douglasville GA 30135

All materials are available at  
<https://www.douglascountyga.gov/250/Business-License-Occupational-Tax>



## General Requirements – Applying for an Occupational Tax Certificate

### Occupational Tax Payment

- Payment via cash, check (no counter or starter checks accepted), money order or Mastercard/ Visa is required prior to issuance of your business license. The fee for your license will be based on your gross receipts. The fee structure is outlined below.
  - Checks or money order must be made out to **Douglas County**.
  - The last payment is received at 3:45 p.m. Monday-Friday.

Bracket	Gross Receipts			Tax Class 1	Tax Class 2	Tax Class 3
1	-	-	50,000	95.00	95.00	95.00
2	50,001	-	99,999	101.00	103.00	105.00
3	100,000	-	249,999	128.00	140.00	153.00
4	250,000	-	499,999	180.00	212.00	245.00
5	500,000	-	749,999	232.00	284.00	337.00
6	750,000	-	999,999	310.00	392.00	475.00
7	1,000,000	-	1,499,999	359.00	479.00	599.00
8	1,500,000	-	1,999,999	469.00	639.00	809.00
9	2,000,000	-	2,499,999	579.00	799.00	1,019.00
10	2,500,000	-	2,999,999	635.00	905.00	1,175.00
11	3,000,000	-	4,999,999	806.00	1,201.00	1,596.00
12	5,000,000	-	6,999,999	1,166.00	1,761.00	2,356.00
13	7,000,000	-	9,999,999	1,706.00	2,601.00	3,496.00
14	10,000,000	-	12,999,999	2,007.00	3,202.00	4,397.00
15	13,000,000	-	15,999,999	2,188.00	3,683.00	5,178.00
16	16,000,000	-	18,999,999	2,249.00	4,044.00	5,839.00
17	19,000,000	-	& up	2,490.00	4,885.00	7,280.00

### Frequently Asked Questions

- Approval takes 7 to 14 business days. Once approved, you will be notified by phone or email from the Occupational Tax Department.
- Approval is required from Planning and Zoning; Environmental Health; and the Fire Department prior to issuance of an occupational tax certificate.
- Articles of Incorporation papers for a Corporation or LLC can be obtained from the GA Secretary of State <http://sos.ga.gov/index.php/corporations>
- Registering a Trade Name/Fictitious Name/DBA is done with the County Clerk of Superior Court on the 2nd Floor in the Courthouse at 8700 Hospital Drive, Douglasville GA 30134. Please go to the website for the "Clerk of Superior Courts" to read about the application process. Contact number: 770.920.7252. The cost is \$162.00.
- Fees are based on gross receipts of the business. The minimum fee for a business license is \$95.00. See the fee scheduled above for a complete breakdown of fees. A \$45.00 administrative fee may be charged for revisions or modifications.
- Every occupational tax certificate expires on December 31 every calendar year. Renewal notices are mailed in October. Penalties for failure to renew are assessed after March 31 of the following year.

All materials are available at

<https://www.douglascountyga.gov/250/Business-License-Occupational-Tax>

DOUGLAS COUNTY, GA  
OCCUPATIONAL TAX BUSINESS LOCATION PROFILE FORM  
*ALL INFORMATION MUST BE FILLED OUT COMPLETELY*  
***INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED***

GENERAL INFORMATION			
Type of Business		Location of Business	
New Business	<input type="checkbox"/>	Non-Residential Building – Single Use	<input type="checkbox"/>
Existing Business/ New Location	<input type="checkbox"/>	Non-Residential Building – Planned Center	<input type="checkbox"/>
Existing Business/ New Owner	<input type="checkbox"/>	Residential Building (Home Office)	<input type="checkbox"/>
Out of State License	<input type="checkbox"/>	Residential Building (Home Business)	<input type="checkbox"/>
Date:		Applicant Name:	
Name of Business:			
D.B.A. (If using another name other than a Corporation, LLC or first & last legal name:			
PHYSICAL Address:			
City:	State:	Zip Code:	
MAILING ADDRESS (if different from physical address:			
City:	State:	Zip Code:	
Phone Number:		Number of Employees:	
Website:			
Email Address:			

Name of Business: \_\_\_\_\_

PLEASE REVIEW AND RESPOND ACCORDINGLY		
Approximate square feet of occupied space:	Check if other businesses are located on the property: <input type="checkbox"/>	NAICS Industry Code (if known):
Type/ Description of Business:		
PLEASE CHECK ALL THAT WILL APPLY TO OUR BUSINESS IN THIS LOCATION:		
This will be an office only with no customers coming to the property.		<input type="checkbox"/>
There will be an exchange of merchandise between buyer and seller on the property.		<input type="checkbox"/>
There will be goods or products received on the property intended for resale or delivery to customers.		<input type="checkbox"/>
There will be personal service activities conducting on the property (i.e. hair dressing, nail salon, etc).		<input type="checkbox"/>
There will be manufacturing, assembly or fabrication of products on the premises.		<input type="checkbox"/>
There will be alcohol served as a part of your business.		<input type="checkbox"/>
Your business will require physical changes to the building or site where it is located.		<input type="checkbox"/>
There will be business vehicles/ fleet vehicles parked on the property.		<input type="checkbox"/>
Vehicle Make/ Model:	Number of Vehicles:	Location of Parking:
Describe the method to conduct your business operation (ex: by appointment, internet, email, walk-ins):		
Use this space add or clarify any of the information provided above:		

Name of Business: \_\_\_\_\_

GROSS RECEIPTS			
Estimated Gross Receipts:			
<i>Estimated gross receipts are used to determine your occupational tax. Estimated gross sales are calculated from the day you opened to the end of the current year (December 31<sup>st</sup>.)</i>			
OFFICERS AND OWNERS			
Name	Address	Title	EIN#
Name	Address	Title	EIN#
Name	Address	Title	EIN#
Name	Address	Title	EIN#
ACKNOWLEDGEMENT AND SIGNATURE			
I understand that receipt of payment for occupational taxes by the county does not constitute an endorsement on behalf of the county that such business location is in conformity with Douglas County Ordinances and that it is my/ our responsibility to conform with such ordinances in full. Douglas County expressly reserves the right to enforce any and all ordinances regardless of payment of Occupational Tax. I understand that a non-refundable fee will be charged for the processing of this application.			
I understand that all signs associated with this business must be permitted separately and must conform to the requirements of Douglas County Ordinances.			
Applicant's signature:		Print Name:	
Title:		Date:	

Name of Business: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY					
Land Lot:	District:	Section:	Parcel:	Comm. District:	Tax Class:
Planning and Zoning			Conformity: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Reviewed By:			Date:		
Current Zoning District:			NAICS:		
Additional Information:					
Fire Marshal			Conformity: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Reviewed By:			Date:		
Occupancy Classification Assigned:			Fire Marshal Jurisdiction: Local		
Additional Information:					
Environmental Health Department			Conformity: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Reviewed By:			Date:		
Food Service & Pool Permit Only:			Department of Agriculture Permit:		
Additional Information:					
Occupational Tax Notes:					

Name of Business: \_\_\_\_\_

# Affidavit Verifying Status for Douglas County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Douglas, County Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Douglas County **Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit** (circle one) for \_\_\_\_\_.  
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) \_\_\_\_\_ I am a United States citizen

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

\_\_\_\_\_  
Printed Name:

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
\*

Alien Registration number for non-citizens

Notary Public

\_\_\_\_\_  
My Commission Expires:

**\*Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of “alien”, legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_



State of Georgia  
**Department of Revenue**  
1800 Century Boulevard  
Atlanta, Georgia 30345

**Official Addendum to Business Occupancy License Application**

**Required Fields**

**Name of Business (Legal Name or Trade Name):**

**Mailing Address if Different From the Physical Address:**

**Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:**

**Sales Tax ID #, if Your Business is Required to Have One by Law:**

**Applicable North American Industry Classification System Code Number (Please list all NAICS):**

**NOTICE:**

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupancy tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1.      Please check only one:**

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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

**Executed on \_\_\_\_\_, \_\_\_\_, 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: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.