General Requirements – Transferring 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.

Transferring an Existing Business to a New Location

The following steps outline the process to complete the transfer for your Occupational Tax Certificate from a current location to a new location. This applies for existing businesses in unincorporated Douglas County only.

- 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 a utility bill matching the name and address on the application		✓
Provide a Signed Lease or Proof of Purchase	✓	

** 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, or in person at:

  Douglas County Courthouse/ Occupational Tax Department
  4655 Timber Ridge Drive
  Douglasville GA 30135

Occupational Tax Payment

- If you have already paid your occupational tax, there will only be a $45 administrative fee for updating your license with your new location.
- 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.
  - Checks or money order must be made out to **Douglas County**.
  - The last payment is received at 3:45 p.m. Monday-Friday.

General Requirements – Transferring an Occupational Tax Certificate

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 for relocations is required from Planning and Zoning; Environmental Health; and the Fire Department prior to issuance of an occupational tax certificate.
- 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.

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	☐	Non-Residential Building – Single Use	☐
Existing Business/ New Location	☐	Non-Residential Building – Planned Center	☐
Existing Business/ New Owner	☐	Residential Building (Home Office)	☐
Out of State License	☐	Residential Building (Home Business)	☐
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:			

PLEASE REVIEW AND RESPOND ACCORDINGLY		
Approximate square feet of occupied space:	Check if other businesses are located on the property: ☐	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.	☐
There will be an exchange of merchandise between buyer and seller on the property.	☐
There will be goods or products received on the property intended for resale or delivery to customers.	☐
There will be personal service activities conducting on the property (i.e. hair dressing, nail salon, etc).	☐
There will be manufacturing, assembly or fabrication of products on the premises.	☐
There will be alcohol served as a part of your business.	☐
Your business will require physical changes to the building or site where it is located.	☐
There will be business vehicles/ fleet vehicles parked on the property.	☐

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:		

GROSS RECEIPTS	
Estimated Gross Receipts:	
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 31st.)	

OFFICERS AND OWNERS			
Name	Address	Title	EIN#
Name	Address	Title	EIN#
Name	Address	Title	EIN#
Name	Address	Title	EIN#

ACKNOWLEGEMENT 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:

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

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 occupation 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 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees[1].

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

(B) _____ On January 1st 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: _____

[1] 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.