

DAWSON COUNTY PLANNING AND DEVELOPMENT BUSINESS LICENSE APPLICATION



To start a business in Dawson County, you must obtain an Occupational Tax certificate (business license). Additional permits or licenses may be required, depending on the type of business you plan to operate and the business location. Please submit completed applications to our office.

Attach and provide copies of all applicable documents according to your business type:

Incomplete applications will be returned.

- State License (contractors, plumbers, electricians, cosmetologists, etc.)
- Federal Identification Number - SS4 Form only ([irs.gov](https://www.irs.gov)) 800-829-4933
- E-Verify Confirmation Document (e-verify.gov)
- Georgia Sales Tax Number (dor.ga.gov)
- Food Service Permit (Dawson County Health Department)
- Department of Agriculture Certificate
- Registered Trade Name/DBA – Dawson Clerk of Court
- Corporation or LLC Papers with a copy of annual registration (sos.ga.gov)
- Certificate of Occupancy (new builds & tenant finishes)
- Copy of verifiable documents: provide a copy

The state-required affidavits must be completed and notarized. Affidavits verifying residency status as referenced in O.C.G.A. § 50-36-1(e)(2) and § 36-60-6(d) require a secure and verifiable document such as a driver's license, passport, permanent resident card, etc.

Payments by check are made payable to Dawson County in the amount due at the time of submittal. Please note there is a \$25.00 returned check fee if the payment cannot be processed. We also accept cash, money orders, or Visa & MasterCard.

New Applications may be mailed to our office, submitted in person, or emailed to planbusiness@dawsoncountyga.gov

Should applicants have any questions or need assistance, please contact our office from 8:00 am to 5:00 pm, Monday through Friday, or visit our website at www.dawsoncountyga.gov.

Please note that the address used for your business cannot be a P.O. Box or UPS Store/Mailbox location. The address used should be the physical location of the company. You can add an additional mailing address later in the application process.

OCCUPATIONAL TAX APPLICATION

PLEASE FILL OUT COMPLETELY - LEAVE NO BLANKS

Phone: 706.344.3604 25 Justice Way - Suite 2322 - Dawsonville, GA 30534

Type of Business: (check one) Home Office: Home Occupation: Commercial:

Type of Ownership: (check one) Partnership: LLC: Corporation: Sole Proprietor:

Business Name: _____

Doing Business As (DBA): _____

Dawson 911 Address: _____

City/ State/Zip Code: _____

Dawson Business Phone: _____

Business Email Address: _____

Business Contact: _____

Mailing Address: _____

Descriptions of Type of Business and Service(s) Offered: _____

Please Complete and Provide Copies

Federal ID Number: _____ Georgia Sales Tax Number: _____

State License Number: _____ Number of Employees: _____

FOR OFFICE PERSONNEL USE ONLY:

License # _____ Date Established _____ NAICS Number _____

Home Office _____ Home Occupation _____ Commercial _____

TMP # _____ Zoned: _____ Zoning Verification: _____

BUSINESS LICENSE FEES:

Home Office: \$100.00

Home Occupations: \$100.00

Commercial: Based on Number of Employees

- 1 Employee is: \$125.00
- 2-9 Employees is: \$250.00
- Employees over 9 please see Business License Fees

Payment Information:

Checks (payable to Dawson County) or Email to request invoice for credit card payment. If any fees or occupation tax remain due and unpaid for 90 days from their due date, the person liable for the fees or tax shall be subject to and shall pay a penalty of ten (10) percent of the fees or tax due. Interest on delinquent fees and tax shall be assessed at 1.5 percent for each month or fraction there of delinquency. Consistent delinquencies can also result in an additional \$25.00 Administrative Fee.

Applicant Certification

I _____, _____, being the member of the business entity listed, declare that the information contained in this application is true and correct to the best of my knowledge. I understand that the business the responsibility of the business owner to maintain a current and active Business License and occupational tax certificate. License expires on the last day of the month it was opened, and should be renewed annually by the end of the grace period, being 90 days after expiration date.

Signature of Applicant: _____ Date: _____

Commercial Location Only:

Outdoor Storage or Outdoor Display: Yes__ No__ If yes, list products (excluding signs) to be stored or displayed _____

Is this a new construction: Yes__ No__ / sharing space with another business: Yes__ No__

If yes, list business name: _____

Existing Building: Yes__ No__ / Are you making cosmetic changes: Yes__ No__

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

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 **fewer than eleven employees** and therefore, 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. § 13-10-90.

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

Printed Name of Exempt Private Employer:

Signature of Authorized Officer or Agent:

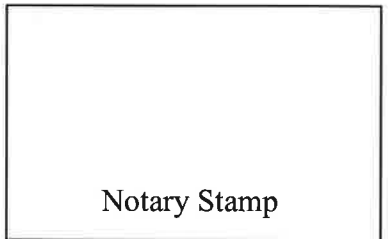
Printed Name and Title of Authorized Officer or Agent:

Subscribed and sworn to me in the city of _____ (City), _____ (State)

Executed on this _____ day of _____, 20____

Signature of Notary:

My Commission Expires:



See reverse side Private Employer Affidavit of Compliance



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, stating affirmatively that the individual, firm or corporation employs **more than ten 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 ID Number:

Authorization Date:

Printed Name of Private Employer:

Signature of Authorized Officer or Agent:

Printed Name and Title of Authorized Officer or Agent:

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

Subscribed and sworn to me in the city of _____ (City), _____ (State)

Executed on this _____ day of _____, 20____

Signature of Notary:

My Commission Expires:

Notary Stamp

Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration Compliance Act Pursuant to O.C.G.A. § 50-36-1 (f)(1)

By executing this affidavit under oath, as an applicant for a Dawson County, Georgia Occupational Tax Certificate or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for a public benefit (check box below):

Occupational Tax Certificate (Business License)

Please check one:

I am a United States Citizen

I am a legal, permanent resident of the United States

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 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 such as a copy of a photo identification, driver's license, passport, permanent resident card, etc., provided with this affidavit can best be classified as: _____

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)

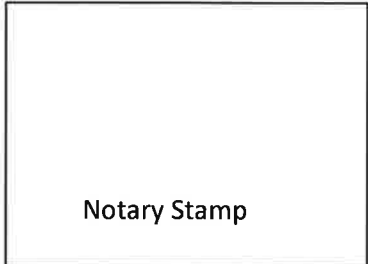
Signature of Applicant: _____ Name of Business: _____

Printed Name of Applicant: _____ Date: _____

Executed on this _____ day of _____, 20_____

Signature of Notary:

My Commission Expires



HOME OFFICE AFFIDAVIT

HOME OFFICE DEFINED: means any residence which a person may use as a base of operation to include making appointments, receiving phone calls, mail, or engaging in management activity related to a business. This however, would not permit the practice of massage or bodywork therapy or reflexology at the home office, any signs, or any visible evidence from the exterior that any type business activity is being conducted at the location.

The approval for a Home Office shall not "run with the land" and shall terminate with a change in location or ownership of the Home Office or ownership of the premises.

Permitted Home Offices:

Offices of professionals including, but not limited to, architects, brokers, counselors, clergy, draftspersons and cartographers, engineers, insurance agents, lawyers, real estate agents, accountants, editors, publishers, journalists, psychologists, contract management, graphic design, construction contractors, landscape design, surveyors, cleaning services, salespersons and manufacturer's representatives, and travel agents conventional office uses carried on by the occupant that is incidental and secondary to the use of the structure as a dwelling unit.

I _____ (print name) do hereby swear and affirm that I have read and understand the restrictions placed on having a Home Office; that I will ensure compliance with all regulations governing such business; and that I am the Homeowner/Renter and Owner/Representative of the business approved for operation at the following location:

911 Address: _____

Business Name: _____

Business Type: _____

Business Phone: _____

Business Email: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature of Business Owner

Date

Notary

My Commission Expires