



City of Lovejoy | Occupational Tax Certificate Application

Occupational Tax Certificate Checklist

Please read thoroughly to ensure you have all required documents

If you own a business in the City of Lovejoy, you are required to have a current occupational tax certificate in order to conduct business within city limits. Below are some items we recommend each business should look into to ensure your business is in compliance with City Ordinances.

1. Before applying for a business license, all businesses are required to confirm that your business location is in the proper zoning district for your type of business. Please complete a Zoning Verification Application prior to the submission of the Occupational Tax Certificate. This will help reduce applications denied due to improper zoning.
2. Complete and submit all required forms and documentation to Lovejoy City Hall to obtain your Occupational Tax Certificate. To acquire an occupational tax certificate please follow the instructions below. See below for a list of items needed to complete an occupational tax certificate application.
3. All businesses are subject to a Personal Property Tax, assessed by Clayton County. Personal Property Taxes are billed by the County and the City annually.
4. All information provided in this application (with the exception of Gross Receipts) is subject to Open Records Request and may be viewed by the public.

Required for all applicants:

- **Zoning Verification Letter**
 - Provided after your zoning verification request is processed. See pg. 2 for application
- **New Occupational Tax Certificate Application**
 - Must be completed in full and signed. Pgs 3-4. **Incomplete applications will not be accepted.**
- **SAVE Affidavit Form with appropriate identification**
 - Must be completed, signed and notarized (Pg 5)
 - # 1 U.S. Citizens: Passport, Georgia Driver's License, or Military ID
 - # 2 Legal Permanent Residents: Georgia Driver's License and either Permanent Resident Card or Employment Authorization Card
- **Private Employer Affidavit**
 - Must be completed, signed and notarized (Pg 6)
- **Copy of applicant's identification**
 - Valid Driver's License OR
 - A Combination of: Passport or Military ID; accompanied by a current utility bill, lease, or mortgage statement
- **Verification of property taxes**
 - Business owners and all property owners.
 - If you are unsure about any outstanding taxes, you may submit a request at www.cityoflovejoy.com > Government > City Clerk > Property Tax Request Form
- **Payment for the correct fee amount**
 - Cash, Check, Money Order, Or Credit Card; ***An invoice will be provided after your application is submitted and processed.***
 - Checks or money orders should be made payable to City of Lovejoy

The following may be required depending on business type:

- **Certificate of Occupancy- Building Permit Application & Corresponding Inspections**
 - New, commercial locations
- **Fire Inspection**
 - New, commercial locations
- **Copy of the first page of the Certificate of Incorporation**
 - Corporation or LLC (Includes non-profits)
- **Copy of Professional State License**
 - Only if applicable: Attorneys, Physicians, CPA's, Engineering, Architects, Surveyors, Cosmetology, etc.
- **Copy of health inspection report with the grade and/ or fire inspection report**
 - Restaurants Only
- **Copy of FOG (Fats, Oils, Greases) Compliance Inspection from Clayton County Water Authority**
 - Restaurants Only
- **Authorization for Background Investigation**
 - Establishments serving alcohol, pawn shops
- **Alcohol Beverage License Application**
- **Additional Permits:** _____

For information on state licenses and requirements, please visit www.sos.ga.gov.

Completed applications may be mailed to Attn: Business License Dept., City of Lovejoy, PO Box 220, Lovejoy, GA 30250 or emailed to cityhall@cityoflovejoy.com



Lovejoy

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REQUEST FOR LETTER OF ZONING VERIFICATION

A zoning verification letter is to verify the current zoning of a property. Zoning verification letters, upon request, may include documentation regarding the regulations of the zoning of the property in question. Zoning verification letters do not verify the status of the buildings or uses on the property- they do not certify the conformance or non-conformance of existing structures or uses- they do not verify compliance with parking regulations.

To obtain a zoning verification letter please complete the form. If the area of the request cannot be clearly defined, the applicant must furnish a plat with the request or parcel map with site delineated. A minimum processing time of 3 days is required. Any changes to the letter will constitute a new request. *The fee to process this request is \$40.00 and due upon submission.*

Applicants Name: _____

Phone Number: _____

Fax Number: _____

Address of subject property: _____

Parcel Identification Number: _____

Intended use (and/or current use) of property being requested:

Name and address of person to whom the letter is to be addressed:

Name and Address of person to whom the letter is to be sent:

Signature of Applicant: _____

Date: _____

Submit Completed Form To:

2296 Talmadge Road

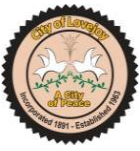
P.O. Box 220

Lovejoy, Georgia 30250

Via email: ljcity@cityoflovejoy.com / Via Fax: (770) 471-6499

Rec'd date: _____ By: _____

Paid: _____



City of Lovejoy

Occupational Tax Certificate Application

A. BUSINESS INFORMATION	Business Name:			DBA Name:		
	Primary Business Activity:			Telephone Number:		
	Address/Location of Business <i>*must use physical job site address</i>		Street Name & Number:			
	Suite/Apt No	City	State	Zip		
	Mailing/Billing Address		Street Name & Number:			
	Suite/Apt No	City	State	Zip		
	Are any other businesses currently operating at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Ownership Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Owner <input type="checkbox"/> LLC					
	Applying For: <input type="checkbox"/> Business License <input type="checkbox"/> Alcohol License o New Business o Beer & Wine Package Sales \$550 o Changes to an existing business o Beer, Wine, & Distilled Liquor Package Sales \$5,000 o Pouring License- Beer Only \$1,250 o Pouring License- Beer & Wine Only \$2,000 o Pouring License- Beer, Wine, & Liquor \$5,000					
	Gross Receipts \$ _____ (Estimated/Actual for preceding tax year) Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.					
EIN #:	State ID:		State License# and Expiration Date:			

B. OWNER/AGENT INFORMATION	Applicants name:			Owner/Agent's Name:		
	Owner/Agent's Address: (Street name and number, City, State, & Zip)					
	Email:			Phone:		
	Will this be based out of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No *Must be able to provide proof that you are a Lovejoy resident					
	Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, attach written explanation.					
	List all Co-owners Names, Address, and Phone Number:					

C. Property Owner Information	Property Owner Name:	Company Name (If Applicable):
	Owner's Mailing Address: (Street name and number, Suite, City, State, & Zip)	
	Email:	Phone:
	If applicant is not the property owner, do you have written consent to open and operate a business at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No ; If yes, attach affidavit signed by owner or copy of lease	

Administrative Fee: \$50 (not refundable or transferable)			
Additional Fees (commercial businesses only):			
Certificate of Occupancy:		\$	
Total Amount Due:		OR	<input type="checkbox"/> Professional Option \$400 (per practitioner only if allowed by O.C.G.A.)

**Make check/money order payable to the City of Lovejoy, PO Box 220, Lovejoy GA 30250*

I, _____ do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. I acknowledge that I am responsible for all applicable taxes accrued at this location. Should this business close, I am responsible for submitting proper documentation to the appropriate offices in the City of Lovejoy and Clayton County. All tax certificates expire December 31st and must be renewed annually.

Signature: _____ Title: _____ Date: _____

*****FOR OFFICE USE ONLY*****			
TAX CLASS: _____	RATE: _____	ADMIN. FEE: \$ _____	LATE FEE: _____
LICENSE FEE: \$ _____			
PREPARED BY: _____	DATE: _____		
BUSINESS TYPE: _____			
RESTRICTIONS: _____			

O.C.G.A. § 50-36-1 (e)(2) Affidavit Verifying Status for City Public Benefit

By executing this affidavit under oath, as an applicant for an occupational tax certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Lovejoy, Georgia, the undersigned applicant verifies one of the following with respect to the application for a public benefit:

- 1) _____ I am a United States citizen
(Must include copy of either current State Driver's License, Passport, or Military ID)
- 2) _____ I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver's License)
- 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. **
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**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: _____

This section must be signed before a notary public.

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 ON THIS THE _____ DAY OF _____, 20_____

My Commission Expires: _____

NOTARY PUBLIC/SEAL

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) employees¹.

*** 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: _____

¹To 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.

**City of Lovejoy
Police Department**

2296 Talmadge Road, Lovejoy Georgia 30250
Phone: (678) 610-9748 Fax: (678) 610-9757

EMERGENCY BUSINESS CONTACT FORM

Occasionally it may be necessary for our Police Department to contact a responsible person from your business or agency outside of regular business hours. In order to save time and to insure that only qualified persons are called by our personnel, we request that you fill out this form and return it along with your completed Occupational License Application.

Business/Agency Name: _____

Address _____

Business Phone Number _____ - _____

Owners Name _____

Phone Number _____ - _____

Person to call in emergency:

1. Name _____

Address _____

Phone Number _____

2. Name _____

Address _____

Phone Number _____

3. Name _____

Address _____

Phone Number _____

Business Hours:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Is this a home based business? Yes No

Do you have a Fire Alarm: Yes No

Hold-up Alarm Yes No

Company _____ Contact _____ Phone # _____

Property Owner (If different than Business/Agency Owner): _____

Address _____

Phone Number _____ - _____

Insurance Carrier:

Company _____ Contact _____ Phone # _____

The purpose of the Fats, Oils & Grease (FOG) Program is to minimize the introduction of fats, oils, and greases into the CCWA Sanitary Sewer. The main components of the program are proper sizing and installation, and maintenance of grease interceptors. Grease interceptors prevent grease from entering and causing blockages in the sewer pipes. Clogged sewer pipes cause sanitary sewer overflows that can release raw sewage directly into the environment adversely affecting lakes, rivers, and streams.

Who will this program affect?

The CCWA FOG Program applies to all non-domestic users of the CCWA sanitary sewer defined as a Food Service Facility (FSF). The CCWA Sewer Use Ordinance defines a FSF as any facility which cuts, cooks, bakes, prepares, or serves food, dairy products, or disposes of food related wastes.

Grease Interceptor Requirements

All proposed or newly remodeled food service facilities inside the CCWA Wastewater Service Area are required to install an approved grease interceptor that is properly operated and maintained.

Before signing a lease for an existing FSF, please contact CCWA Environmental Compliance to determine if the current grease interceptor is properly sized, in good working condition and meets all CCWA requirements.

Maintenance of Grease Interceptor

A FSF must perform a complete pump out of a grease interceptor. The grease interceptor pump frequency is determined by CCWA. A certified FOG hauler must be used for pumping and disposal of grease interceptor waste. A FOG manifest shall be kept on file at the FSF for a minimum of 3 years.

Contact us:

Environmental Compliance
688 Flint River Rd.
Jonesboro, GA 30238
770-478-7496
www.ccwa.us

Best Management Practiced (BMPs)

Tips on how to reduce impacts to the sanitary sewer and improve the performance of your grease interceptor.

- Educate and train kitchen staff on BMPs to ensure they are implemented properly.
- Do not pour grease, oils, oily sauces or dressing down the drain, floor drains, or storm drains.
- Post "No Grease" signs above sinks.
- "Dry wipe" pots, pans, and dishware prior to dishwashing.
- Dispose of food waste by recycling and/or solid waste removal.
- Recycle waste cooking oil.
- Avoid or limit garbage disposals.
- Use strainers in sinks to catch food scraps and other solids.
- Clean grease interceptor according to the required cleaning frequency determined by CCWA.

