



# 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 signing a lease we recommend that you make sure your business location is in the proper zoning district for your type of business. Please email your business address and a description of the primary business activity to the Zoning Department for confirmation at [m\\_burnham@cityoflovejoy.com](mailto:m_burnham@cityoflovejoy.com) or [k\\_rhone@cityoflovejoy.com](mailto:k_rhone@cityoflovejoy.com). 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 an Open Records Request and may be viewed by the public.

### **Required for all applicants:**

- **New Occupational Tax Certificate Application**
  - Must be completed in full and signed. Incomplete applications will not be accepted.
- **SAVE Affidavit Form with appropriate identification**
  - # 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
  - Must be completed, signed and notarized
- **E-Verify Affidavit**
  - Must be completed, signed and notarized
- **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
- **Payment for the correct fee amount**
  - Cash, Check, Money Order, Or Credit Card
  - 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**
  - New, commercial locations only
- **Copy of the first page of the Certificate of Incorporation**
  - Only needed if business is a 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](http://www.sos.ga.gov).



<b>C. Property Owner Information</b>	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: <b>\$50</b> (not refundable or transferable)		
Additional Fees (commercial businesses only):		
Certificate of Occupancy:		\$
<b>Total Amount Due:</b>		<input type="checkbox"/> Professional Option <b>\$400</b> (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 31<sup>st</sup> 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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

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

**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

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**I hereby declare under penalty of perjury that the foregoing is true and correct.**  
**Executed on \_\_\_\_\_, \_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
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.

**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 # \_\_\_\_\_