



# Paulding County Occupational Tax Certificate

240 Constitution Blvd · 2nd Floor · Dallas, GA 30132

Office: 770-443-7596 Fax: 678-224-4514

## Commercial Non-Residential Business

New applications must be filled in completion and submitted to the Paulding County Business License Office along with applicable tax payment. **Written notification is required to close business.**

- New Business in Paulding County
- Address Change Business ID # \_\_\_\_\_
- Name Change Business ID # \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
Corp ( ) LLC ( ) Sole Proprietor ( ) Partnership ( )

\*Must Provide Tradename and/or Articles

BUSINESS PHONE \_\_\_\_\_ BUSINESS EMAIL \_\_\_\_\_

*Pursuant to O.C.G.A 10-1-490 any business operating under a name other than the corporation name, limited partnership name, or limited liability company name shall be required to register its trade name with the Clerk of Courts.*

PHYSICAL LOCATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS TYPE/FULL DESCRIPTION \_\_\_\_\_  
*Additional Documents May Be Required*

NAICS CODE (www.census.gov/eos/www/naics) \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

### BUSINESS OWNER'S INFORMATION

OWNER NAME \_\_\_\_\_ HOME/CORP PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_ DL # \_\_\_\_\_ \*Copy is Required\*

PARTNER NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_ DL # \_\_\_\_\_ \*Copy is Required\*

NAME OF PERSON COMPLETING APPLICATION \_\_\_\_\_

Owner  Agent/Other Explain & Sign Below: \_\_\_\_\_

*If someone other than the owner is completing the application you must provide a notarized letter from the owner, along with a copy of their picture ID and must read and sign the following:*

**I, \_\_\_\_\_, fully agree that I have permission to obtain a business license on the above listed corporation/company's behalf. I also agree that the above stated answers are true and no false or fraudulent statement is made herein.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARTNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### Office Use Only

Zoning Approval \_\_\_\_\_ Parcel # \_\_\_\_\_ Zone \_\_\_\_\_

Planning & Zoning Comments \_\_\_\_\_

Taxes Verified \_\_\_\_\_ Date \_\_\_\_\_

BL Clerk \_\_\_\_\_ Business ID# \_\_\_\_\_ Date \_\_\_\_\_ Pmt Type \_\_\_\_\_ Pmt Amt \_\_\_\_\_



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## Occupation Tax Fee Schedule

<u>Number of Employees</u>	<u>Tax Liability<sup>1</sup></u>	<u>Administrative Fee</u>	<u>Total Fee</u>
0-5	\$75.00	\$25.00	\$100.00
6-15	\$150.00	\$25.00	\$175.00
16-25	\$300.00	\$25.00	\$325.00
26-50	\$500.00	\$25.00	\$525.00
51 +	\$750.00	\$25.00	\$775.00

<sup>1</sup>Tax liability reduced by 50% for new licenses issued after June 30<sup>th</sup>

**THE \$25.00 ADMINISTRATIVE FEE IS NONREFUNDABLE**

### Penalty and Interest

Delinquent occupation taxes shall accrue interest at a rate of 1.5 percent per month starting Jan 1<sup>st</sup> and incur a 10 percent penalty after 90 days of the expiration date.

### Replacement Fee

There is a \$5 fee charged (per copy) to replace a license. This fee will apply to any license that has to be reprinted. All payments must be made in person or sent to:

Paulding County Business License  
240 Constitution Blvd.  
Dallas, GA 30132

### Forms of Payment Accepted

Cash, Money Order, Check (No Starter Checks)  
Credit/Debit cards (Visa, MasterCard and Discover)  
Make checks payable to: **Paulding County Business License**

**\*\*THERE WILL BE NO REFUNDS ISSUED\*\***



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### Commercial Non-Residential Business

### Non-Residential Business Requirements

Please read the following requirements for a Commercial (Non-Residential) Business. Be sure to read all the information thoroughly.

1. All Non-Residential businesses must provide a Certificate of Occupancy before a business license can be obtained.
2. State Licenses, County, Permits, or any other federal, state, or county requirements are mandatory prior to obtaining a Paulding County Business License.
3. Business Licenses do NOT transfer with new ownership. The office must be contacted by both the old owner who is selling the business and the new owner to apply as their own business.

By signing below you agree to comply with all Paulding County ordinances. You also agree you fully understand the restrictions and will abide by them.

I, \_\_\_\_\_, do hereby certify that the facts stated by me in the above and foregoing answers to questions are true and no false or fraudulent statement is made herein. I understand that any falsification of any part of this application could cause denial or revocation of the license.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*PLEASE ALLOW UP TO SEVEN BUSINESS DAYS FOR PROCESSING\***



Paulding County Board of Commissioners  
**Community Development Department – Planning & Zoning Division**  
Watson Government Complex, Administration Building 2<sup>nd</sup> Floor  
240 Constitution Boulevard  
Dallas, GA 30132  
Phone: 770-443-7601 Fax: 678-224-4510 [www.paulding.gov](http://www.paulding.gov)

### AFFIDAVIT – SIGNS

The undersigned hereby read, understands and agrees with the Paulding County Zoning Ordinance specifically Article XII SIGNS in regards to the placement and permitting of signs as noted below. The undersigned also certifies the following true:

Business Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sign Ordinance regulations regarding placement of signs in unincorporated Paulding County.

1. Signs are prohibited from being placed in public right-of-way.
2. Signs must be properly permitted and located on the business property.
3. No off-premise signs are allowed. (Excluding Paulding County Kiosk Signs and approved billboards)
4. Temporary signs (banners, human directional signs, etc.) must be properly approved and permitted by the Paulding County Planning & Zoning Division prior to installation.
5. One, on-premise standard information sign is allowed without permit approval. The standard information sign can be up to four square feet in size and a maximum of three feet in height. Off-premise standard information signs are prohibited.
6. Signs shall not contain symbols, language or imitate an official traffic sign.
7. A home based business is allowed one sign. The sign can be up to four square feet in size and located at the home based business location. The home based business sign must be ten feet from property lines and right-of-way.
8. Contact the Planning & Zoning Division for additional information regarding commercial signs. (770-443-7601 or [www.paulding.gov](http://www.paulding.gov))

**Business owner (or official representative) further deposes that he/she is aware unauthorized placement of commercial signs could result in land use citation being issued by the Paulding County Marshal Bureau with a minimum fine of \$300 and a maximum fine of up to \$1,000 per sign per day.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

## Verification of Lawful Presence with the United States



By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[type of public benefit], as reference in O.C.G.A §50-36-1, from \_\_\_\_\_  
[name of government entity], the undersigned applicant verifies one of the following with respect to my  
application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States
- 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.

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 (f) (1), with this affidavit.

The secure and verifiable document 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

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

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

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

\_\_\_\_\_  
NOTARY PUBLIC

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

-----  
**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.