

# City of Brookhaven New Business Occupational Tax Certificate Application



Toll Free Phone: (800) 556-7274  
Toll Free Fax: (844) 528-6529

Email: [businesslicensesupport@avenuinsights.com](mailto:businesslicensesupport@avenuinsights.com)  
Website: [www.avenuinsights.com](http://www.avenuinsights.com)

**Business License Renewal**  
PO Box 830900  
Birmingham, AL 35283-0900

PLEASE COMPLETE THE APPLICATION IN FULL.

- Zoning regulations do apply.
- Proper Identification is required.
- Forms must be notarized.

**NOTE:** Georgia Open Records Act prohibits public viewing of gross receipts.  
The public may view other information on this form.

Avenu Account No.: \_\_\_\_\_

Year: \_\_\_\_\_ NAICS ([www.naics.com](http://www.naics.com)): \_\_\_\_\_

## GENERAL BUSINESS INFORMATION

Ownership Type (check one):  GA Corporation  Foreign Corporation  Sole Owner  
 Partnership  LLC  Other-If Other, describe: \_\_\_\_\_

Out of Town Contractor: Yes  No   
(Please use physical job site address for business address.)

Date business commenced in the City of Brookhaven: \_\_\_\_\_ Sales Tax ID: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address/Location: \_\_\_\_\_  
(Physical address, Suite/Apt #, City, State, Zip – NO PO BOX)

Business Mailing Address: \_\_\_\_\_  
(Address, Suite, City, State, Zip)

Dominant Business Activity: \_\_\_\_\_

## OWNER AND PRIMARY CONTACT INFORMATION

Owner's Name: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
(Address, Suite, City, State, Zip)

Applicants Name: \_\_\_\_\_ Applicant's Phone #: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
(Address, Suite, City, State, Zip)

Primary Contact Person: \_\_\_\_\_ Contact's Phone #: \_\_\_\_\_ Contact's Email: \_\_\_\_\_

## ADDITIONAL INFORMATION - REQUIRED

1. Are you the Property Owner?  Yes  No
2. Will this business be based out of your home?  Yes  No
3. Are you a NON-PROFIT Organization?  Yes  No (If yes, please provide proof of 501(C)(3) status.)
4. Have you obtained your certificate of occupancy?  Yes  No (Required for new and renovated construction)
5. Have you obtained a certificate of tenancy?  Yes  No (Required for new/change of ownership w/ no new or renovated construction)
6. Will this business serve or sell Alcohol?  Yes  No (If yes, please list hours of operation)
7. Will your business be an adult entertainment establishment (sexually oriented business) as defined by the Brookhaven City Code, or (will) it offer any form of adult entertainment?  Yes  No
8. 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?  Yes  No (If yes, attach written explanation.)

|                         |                                   |                                 |                  |                           |                             |                 |              |             |
|-------------------------|-----------------------------------|---------------------------------|------------------|---------------------------|-----------------------------|-----------------|--------------|-------------|
| <b>Office Use Only:</b> | Class _____                       | Type _____                      | H.O.P. _____     | District _____            | Lot _____                   | Block _____     | Parcel _____ |             |
| <b>Zoning Approval:</b> | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <b>By:</b> _____ | <b>Date:</b> _____        | <b>Denial Reason:</b> _____ |                 |              |             |
| <b>Pending Items:</b>   | C.O. _____                        | Fire _____                      | Health _____     | Sanitation Services _____ | State License _____         | Insurance _____ | Police _____ | Other _____ |

# NEW BUSINESS WORKSHEET

**Gross receipts:** The term “gross receipts means total revenue of the business or practitioner for the period, See the City of Brookhaven Fee Schedule for a full definition.

**Gross Receipt Rates are determined by a business’s NAICS Code. NAICS Code** \_\_\_\_\_  
[www.naics.com](http://www.naics.com)

Issuance of a business occupational tax certificate is not to be considered as an approval of said business use and in no way confirms that said business meets the requirements of the City of Brookhaven Zoning Resolution of the conditions of zoning approval.

Any incidence of “nonconformity” relating to the above zoning requirements may cause a revocation of the certificate.

## TAX CALCULATION FOR CURRENT YEAR

Are you a professional practitioner electing to pay a flat fee of \$400 per practitioner? Only Professional practitioners described in O.C.G.A. § 48-13-9(c)(1-18) can opt to pay the \$400 flat fee. Complete lines 7 through 12 only.

|  |              |
|--|--------------|
| 1. Estimated Brookhaven and Georgia Gross Receipts for current year<br><b>(If Gross Receipts are less than \$20,000, please put \$20,000)</b>  | \$           |
| a. Sales, Use or Excise Taxes  | \$           |
| b. Sales returns, Allowances and Discounts   | \$           |
| c. Payments made to a Subcontractors or Independent Agent  | \$           |
| d. Individuals or Companies who contribute to the gross receipts of the business. Examples: Salon/Barber Business, Construction Business, etc. <b>Provide name, address, phone and dollar amount on a separate sheet of paper.</b> | \$           |
| e. Inter-organizational Sales (See Chapter 15, Article II, Sec. 15-28 of City Ordinances for definitions)  | \$           |
| f. Governmental and Foundation Grants (See Chapter 15, Article II, Sec. 15-28 of City Ordinances for definitions)  | \$           |
| g. Total Deductions (add a through f)  | \$           |
| 2. Subtract Deductions, line f from Estimated Gross Receipts, line (1)<br><b>(If deductions are \$20,000 or less, please put \$20,000)</b>   | \$           |
| 3. Standard Deduction  | \$ 20,000.00 |
| 4. Subtract Line 3 from Line 2 <b>(If amount is negative, please put \$0.00)</b>   | \$           |
| 5. Multiply Line 4 by Rate: _____<br><b>(Use The City of Brookhaven Fee Schedule to determine rate.)</b>   | \$           |
| 6. No. of Employees _____ x employee rate: _____<br><b>(Use the City of Brookhaven Fee Schedule to determine rate.)</b>  | \$           |
| 7. Electing to pay a flat fee of \$400 per practitioner? # of Practitioners _____ x \$400  | \$           |
| 8. Administrative Fee \$125.00   | \$ 125.00    |
| 9. <b>GRAND TOTAL DUE</b> – (Add Lines 5, line 6 and line 8 or if paying practitioner fee, add line 7 and line 8)  | \$           |

Make payable to: Tax Trust Account. Remit to: Avenu BL Dept. PO Box 830900 Birmingham, Alabama 35283-0900

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 occupational 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 occupational 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 to issuance of a business occupation tax certificate. All tax certificates expire December 31<sup>st</sup> and must be renewed annually.

|               |       |               |
|---------------|-------|---------------|
| Printed Name  | Date  | Email Address |
| Signature     | Title |               |
| Business Name | FEIN  |               |

As an applicant for a home-based occupational tax certificate, I have received a copy of **Article 4. Sec. 27-1427** of the Zoning Home Supplemental Regulations of The City of Brookhaven entitled “Home Occupations and Private Educational Uses.” If not applicable, write NA below

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

Failure to return all documentation including board certification and the affidavits can result in a delay of the issuance of the license.

**\*\*REQUIRED\*\***

Business Name: \_\_\_\_\_ Avenu Account No: \_\_\_\_\_

Complete both Affidavits

**Affidavit Verifying Status of Benefit Applicant**

Pursuant to the Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1), effective July 1, 2007, every agency in **Brookhaven** providing public benefits through any local program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application for benefits from Brookhaven:

**Select one of the below.**

- \_\_\_\_\_ I am a United States citizen 18 years of age or older;
- \_\_\_\_\_ I am a legal permanent resident 18 years of age or older;
- \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency is \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she 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: \_\_\_\_\_  
*(Please enclose legible copy of document with Affidavit.)*

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.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state) on \_\_\_\_\_ (date)

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

Subscribed and sworn before me on this the \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

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

NOTARY PUBLIC

|              |
|--------------|
| Notary Stamp |
|--------------|

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

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, **stating affirmatively that the individual, firm or corporation 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 Identification Number Date of Authorization Name of Private Employer

**If your business employs less than ten (10) employees, please check this box  and sign below.**

*By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.*

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

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state) on \_\_\_\_\_ (date)

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

Subscribed and sworn before me on this the \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

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

NOTARY PUBLIC

|              |
|--------------|
| Notary Stamp |
|--------------|

**\*\*FORM REQUIRED\*\*** This form must be completed in full and returned with your Occupational Tax Renewal and payment. Failure to return the completed Affidavit Verifying Status of Benefit Applicant, Verifiable and Secure Document, and the Private Employer Affidavit with your renewal and payment will delay the issuance of your occupational certificate.