

RDS

revenue discovery systems
 Revenue Discovery Systems
 Post Office Box 830471
 Birmingham, AL 35283
 Toll Free Phone: 1-855-219-4336
 Fax: 1-855-219-4338

Out of Town Contractor: Yes No License#: _____
 (please use physical job site address for address location)

****The issuance of an occupation tax certificate does not exempt you from complying with all zoning, building, and development code regulations of the City of Dunwoody.****

Business Information	Business Name:		DBA Name:		
	Dominant Business Activity:			NAICS Code:	
	Address/Location:			Telephone Number:	
	Bill To/Mailing Address:				
Contact Information	City:		State:		Zip:
	Ownership Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Owner <input type="checkbox"/> LLC				
	Applicant's Name:			Owner/Agent's Name:	
	Owner/Agent's Address:				
	City:		State/Zip:		Email:
	***Applicant must provide copy of valid Georgia driver's license or other governmental issued photographic identification with application (Passport, Military ID, or Georgia driver's license).				
	Will this be based out of your home? (yes/no) ***If "yes" you must attach a "Home Based Supplemental Form" to this application.				
	Will your business be an adult entertainment establishment (sexually oriented business) as defined by the Dunwoody City Code or does (will) it offer any form of adult entertainment? (yes/no)				
	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.				
	Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.				
Start date of business _____					
2016 Projected Actual Dunwoody and Georgia Gross Receipts \$ _____		-\$20,000 X _____		\$ _____	
Employee Fee (at least one, includes owner/operator) # _____		X _____		\$ _____	
Base Fee of \$125.00. (except for professionals paying optional \$400)				\$125.00	
Penalty - 10% of the amount owed for each calendar year or portion thereof				\$ _____	
Interest - 1% per month				\$ _____	
Total Amount Due or Professional Option. (\$400 per practitioner only if allowed by O.C.G.A.)				\$ _____	

This application must be executed under oath and notarized. 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. All tax certificates expire December 31st and must be renewed annually.

Signature _____ Position _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public Signature/Seal _____

OFFICE USE ONLY:		Class _____	Type _____	H.O.P. _____	District _____	Lot _____	Block _____	Parcel _____	Zoning: _____
Approved by _____		Denied by _____		Date _____		Denial Reason _____		Building: Approved by _____	
_____		Denied by _____		Date _____		Denial Reason _____		Pending Items: C.O. _____ Fire _____	
Health _____		Sanitation Service _____		State License _____		Insurance _____		Police _____	
Other _____		Business License Items: Primary ID# _____		Owner's ID# _____		Bill to ID# _____			