

Powder Springs Occupational Tax Dept.
PO Box 830900
Birmingham, AL 35283-0900



Toll Free Phone: (800) 556-7274
Toll Free Fax: (844) 528-6529
Email: businesslicensesupport@avenuinsights.com
Website: www.avenuinsights.com

Powder Springs, GA NEW Occupational Tax Application
Coming Soon Online Filing at <https://rds.bizlicenseonline.com>

Name of Business _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address (No PO Box) _____ City _____ State _____ Zip _____

Business Email _____ Telephone _____ Social Security No./FEIN _____

Business Description: Retail Wholesale Service Manufacturing Construction Other Home-Based
Please describe in detail the type and primary function of the business, products and services you provide:

Business Start Date: _____ NAICS _____
www.naics.com

Owner Information: Corporation LLC Partnership Joint Venture Sole Proprietor Non-profit corporation
Note: Contact the Secretary of State for addition filing requirements.

Number of Employees: _____ Part-Time _____ Full-Time _____ City Residents _____ Number of Vehicles On Site _____

Owner's Name: _____
(please print) First Name _____ Middle Initial _____ Last Name _____

Physical Address (No PO Box) _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____

CALCULATION OF LICENSE

- | | | |
|---|-------|-------|
| 1. Administrative Fee: | 1. \$ | 18.00 |
| 2. License Fee (see fee schedule at www.avenuinsights.com): | 2. \$ | _____ |
| 3. Total Amount Due: | 3. \$ | _____ |

Make Check Payable to "Tax Trust Account"

C

I certify that the facts by me are true and correct. I understand any misrepresentation or fraudulent information is grounds for automatic dismissal of this application and/or revocation of the license. I understand that all signs displayed on my premise must be approved and permitted by the City of Powder Springs, Community Development Department. I also understand that my business must be operated in compliance with all applicable state, federal and local law, ordinances, and regulations; and that the granting of this license or payment of this occupational tax does not waive any rights of any federal, or local entity to regulate, and enforce such laws, ordinances, and regulations. In addition, I understand my business location must conform to all zoning rules and regulations including Article 4-170 of the Unified Development Code if my business is a home-based business.

I declare that I am the owner, I legally represent the owner of real property, do hereby consent to the filing of this application.

Print Name _____ Signed _____ Date _____

STATE OF GEORGIA, COUNTY OF COBB

I, an officer authorized to take acknowledgments, according to the law and duly qualified and so acting, do hereby certify that on this date appeared before me _____, to me known to be the person described in and who executed the foregoing instrument and he/she acknowledged to me the execution thereof to be his/her free act and deed for the uses and purposes therein mentioned; Witness my signature and official seal this _____ day of _____, 20____, in the County and State aforesaid, the date and year last aforesaid.

Notary Public _____ Print Name _____ My Commission Expires On _____

DO NOT WRITE BELOW THIS LINE. CITY OF POWDER SPRINGS' USE ONLY

Current zoning _____ Use permitted: Yes ___ No ___ LL _____
Verified by _____ Date _____ Finance Approval _____ Date _____

ANY FALSE INFORMATION ON THIS APPLICATION AND/OR NON-COMPLIANCE WITH THE CODE REQUIREMENTS COULD LEAD TO REVOCATION OF LICENSE AND FINES.

Yes	No	Question
		Does the State of Georgia regulate your business? If yes, please attach a photocopy of your state card or proof of non-profit status.
		Has this business ever been denied from operating, or had its rights to operate revoked or suspended in any state? If yes, explain in detail.
		Have you or any partner, stockholder or local manager (if a corporation) ever been convicted of a felony? If yes, explain in detail including dates, locations and offenses.
		Will your business include any type of adult entertainment? If yes, give details.
		Will the business include any work, use or storage conducted outside of an enclosed building? If yes, describe:
		Will the business discharge waste other than domestic waste to the sewer system? If yes, describe:
		Will the business include the repair of vehicles beyond the exchange of parts? If yes, describe:
		Will the business include the selling or serving of alcoholic beverages? If yes, describe:
		Will the operation include the preparation of food or beverages? If yes, describe:
		Will the operation include entertainment including dancing, live performances or other? If yes, describe:
		Will the business include amusement devices? (for example: pool tables, computer games) If yes, describe:
		Will you share space with another business? If yes, describe:
		Have you done or will you do any building construction or alteration? If yes, describe:
		Will the business use outdoor containers or temporary buildings? If yes, describe:
		Will it include spray paint, powder coating, sanding, shaping or cutting of wood, metal or stone? If yes, describe:
		Will the operation generate any hazardous waste? If yes, describe:
		Will the operation include storage of more than five gallons of flammable liquid of any kind? If yes, describe:

Returned Check Disclaimer:

Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com

****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.