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COMMISSIONER

**Community Development Department**  
121 South McDonough Street, Jonesboro, Georgia 30236  
Office: (770) 477-3569 Fax: (770) 473-5467  
[www.claytoncountyga.gov/departments/community-development](http://www.claytoncountyga.gov/departments/community-development)



PATRICK EJIKE  
DIRECTOR

## Business License Application

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### Application Submittal/Supporting Documents

See Document Requirements Matrix (attached)

### Permit Required

Certificate of Occupancy (CO) **Only** permit

### Reviews:

Zoning Approval  
Fire Marshal Approval  
Tax Commissioner Approval  
Occupational Tax Office Review

### Inspections

Building Inspections called-in for CO only permits  
Fire Marshal Inspections (see attached checklist)  
Certificate of Occupancy; issued when all inspections are approved.

### License Issuance

Business Opens

### Additional Information:

- Apply for your business license five days prior to opening your business
- New Businesses shall not conduct business until all department approvals are accepted, certificate of occupancy is received and business license is issued.
- Businesses operating as a corporation or any legal **entity** filed with the Secretary of State office; please provide a copy of the state sealed document, including owners/member.
- Business operating as partnership – all parties **MUST** sign the business **application** and provide a valid ID.
- All businesses parties requiring a police background check – **MUST** complete form, signed and provide picture ID. Parties requiring a background check are: polygraph examiner, private detective, private detective agencies, security guards, security guard agencies, security system installers, locksmith, ice cream vendor, wrecker/towing service and passenger transportation.
- Business license fees are based on estimated taxable gross receipts, number of employees, \$50 flat rate fee (\$0 - \$10,000) and a non-refundable administration fee of \$75.00
- Businesses operating without proper business license will be charged an additional 10% penalty for each year and 1/5% interest for each month the business operated without a license.

# Occupational Tax Certificate Application Submittal Requirements

 <b>OCCUPATIONAL TAX CERTIFICATE TYPES</b> (AKA Business License)	Required Documents																														
	Application	Conditional Use Application (Commissioners Approval)	Part II Application	Identification	S.A.V.E Affidavit	Private Employer Affidavit	State License	Flat Fee Election Form	Consent Form	Environmental Health	Dept. of Agriculture	Amusement Machine Inventory Form	Employee List	Surety Bond	Vehicle Inspection Report	Vehicle Registration	Insurance Policy/Binder	Ordinance Acknowledge Affidavit	Vehicle Compliance Affidavit	Fire Marshall Inspector Report, Permit or Waiver	Scaled Floor Plan (including Seating layout for Alcohol)	Current Health Certificate	Massage Therapist Affidavit	Certificate of Residency	Lease/Warranty Deed	Site Survey	DHR Certificate	Certificate of Occupancy (if applicable)	Amber Light Permit		
General Business	X			X	X	X														X								X			
Alarm-Security	X			X	X	X	X		X												X								X		
Alcohol	X			X	X	X	X		X			X					X			X	X			X	X	X		X			
Barber-Beauty-Nail Shop	X			X	X	X	X														X								X		
Cottage Foods	X	X		X	X	X					X																				
Door to Door Solicitor	X		X	X	X	X			X												X										
Firearms Dealer	X			X	X	X			X												X								X		
Flea Market	X		X	X	X	X			X												X								X		
Food Services	X			X	X	X				X											X								X		
Fortune-Telling	X			X	X	X			X				X					X			X								X		
Grocery-Convenience Store	X			X	X	X					X	X									X									X	
Hotel/Motel	X			X	X	X				X											X									X	
Ice Cream Truck	X			X	X	X			X			X																			
Locksmith	X			X	X	X			X												X									X	
Message Parlors/Spas	X		X	X	X	X	X		X				X					X			X	X	X	X						X	
Message Therapist	X		X	X	X	X	X		X									X			X	X	X	X						X	
Pawn Shop	X		X	X	X	X			X					X							X									X	
Personal/Group Home/Daycare	X			X	X	X	X														X							X	X		
Pest Control	X			X	X	X	X			X											X									X	
Precious Metals	X		X	X	X	X			X						X						X									X	
Professionals	X			X	X	X	X	X													X									X	
Taxi Cab	X			X	X	X			X						X	X	X	X	X	X	X									X	
Taxi Cab Driver	X			X	X	X			X						X	X	X	X	X	X											
Wrecker	X			X	X	X			X												X									X	X

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DIRECTOR

## Occupational Tax Certificate Application

### Business Information [Shaded areas for office use only]

<b>BisLic #:</b>		<b>Zoning:</b>	<b>Parcel #:</b>	<b>Date Processed:</b>		
<b>Business Name:</b>				<b>Verified by:</b>		
<b>Business Location:</b>			<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Unit/Suite#</b> <b>Apt No.</b>
<b>Business Mailing Address:</b>			<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Unit/Suite#</b> <b>Apt No.</b>
<b>New Business</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Changes to Existing Business</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Home Occupation Business</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Business Details</b>		Estimated Gross Receipts		\$		<b>Tax Commissioner Verification</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____
		Total Number of Employees				
		Date Open for Business				<b>SIC Code</b>
<b>Business Ownership Type</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other, explain			<b>Describe in detail the business you propose to operate, or describe the changes to the existing business:</b>			

### Owner/Applicant Information

<b>Owner/Applicant Name</b>			<b>Corporation Name</b>		
<b>Address</b>			<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Tel#</b>	<b>Mobile #</b>		<b>Tel#</b>	<b>Mobile #</b>	
<b>Fax #</b>	<b>Email</b>		<b>Fax #</b>	<b>Email</b>	

### Related Parties (All owners or corporate officers of the proposed business)

<b>Name</b>			<b>Name</b>			<b>Name</b>		
<b>Address</b>			<b>Address</b>			<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Driver's License #</b>	<b>SS#</b>		<b>Driver's License #</b>	<b>SS#</b>		<b>Driver's License #</b>	<b>SS#</b>	
<b>Tel#</b>	<b>Mobile #</b>		<b>Tel#</b>	<b>Mobile #</b>		<b>Tel#</b>	<b>Mobile #</b>	
<b>Email</b>	<b>DOB</b>		<b>Email</b>	<b>DOB</b>		<b>Email</b>	<b>DOB</b>	

### Exemption

**Check any of the categories that apply:**  Non Profit 501 © 3  Veteran  Common Motor Carrier (Attach a copy of your IRS 501 © 3 Determination Letter, Veterans Exempt Certificate or Department of Transportation Common Motor Carrier Authority)

**Federal/State/County License, Certification, Permit or Bond Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
(If applicable, attach the original surety bond)

I \_\_\_\_\_ do solemnly swear that I am the person duly authorized by the business therein named to file this application. I hereby certify that the information in this application is true and no false or fraudulent information is made herein to procure the granting of this Occupational Tax Certificate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

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**Certificate of Occupancy Only Application**  
**for Business License**



PATRICK EJIKE  
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**Business information**

[Shaded areas for office use only]

<b>Permit #:</b>		<b>Parcel #:</b>			<b>Date Processed:</b>	
<b>Business Name:</b>					<b>Zoning:</b>	
<b>Address:</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Building No.</b>	<b>Unit/Suite#</b>
<b>Business Description:</b>						

**Zoning Condition:**

--

**Property Owner**

**Business Owner**

<b>Name:</b>			<b>Name:</b>		
Address			Address		
City	State	Zip	City	State	Zip
Tel#	Mobile #		Tel#	Mobile #	
Fax #	Email		Fax #	Email	

<b>Permit Fee: \$35.00</b>	<b>Certificate of Occupancy Fee: \$50.00</b>	<b>Total Fees: \$85.00</b>
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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any State or Local law regulating construction or the performance of construction.

**Applicant Printed Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

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

By executing this affidavit under oath, as an applicant for a(n) Business License [*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from Clayton County, Ga. [*name of county or municipal corporation*], the undersigned applicant representing the private employer known as \_\_\_\_\_ [*printed name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

**1. Fill out this section if the current date is after July 1, 2013.**

- (a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected 1(a) please fill out Section 3 below.*

**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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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 allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 201\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_.

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

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O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit

By executing this affidavit under oath, as an applicant for a(n) Business License [*type of public benefit*], as referenced in O.C.G.A. § 50 -36-1, from Clayton County, Ga. [*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(e)(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:

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Occupational Tax Certificate Restrictions for Store Owners

## STREET VENDORS

Clayton County does NOT allow street vendors, except twice a year on race weekends. Therefore, you should NOT give permission to anyone allowing them to set up a temporary station to sell anything on the outside of your store on any other days. If you or any employee of your business gives permission for outside sales of any products you will be cited and fined.

## SMOKING

Pursuant to the Georgia Smokefree Air Act, **O.C.G.A. 31-12A-4. Smoking prohibited in enclosed public places:** "Except as otherwise specifically authorized in Code Section 31-12A-6, smoking shall be prohibited in all enclosed public places in this state."

## COIN OPERATED AMUSEMENT MACHINE OPERATIONS

Pursuant to Clayton County Code Chapter 10, Article II: "*Class B coin operated amusement machine*" means a bona fide coin operated amusement machine that rewards a successful player with any combination of the following items: (1) Merchandise limited to noncash merchandise, prizes, toys, gift certificates, or novelties, each of which has a wholesale value of not more than \$5.00 received for a single play of the game or device. (2) Points, tokens, vouchers, tickets, or other evidence of winnings which may be exchanged for free replays or rewards set forth in subsection (i) of this definition.

- No more than nine Class B coin operated amusement machines
- No establishment shall derive more than 50% of such establishment's monthly gross retail receipts for the establishment from Class B coin operated amusement machines
- Class B bona fide coin operated amusement machines shall meet the following criteria:
  - The machine rewards the player or players with tickets, tokens, or other non-cash representations of value redeemable for merchandise prizes;
  - The outcome of the game involves some skill in its operation;
  - The award of tickets, tokens or other non-cash representations of value is based solely on the players achieving the object of the game or player's score;
  - Only merchandise prizes are awarded;
  - The average wholesale value of the prizes awarded in lieu of tickets or tokens for a single play of the machine does not exceed \$5.00;
  - The redemption value of each ticket, token or other non-cash representation of value that may be accumulated by a player or players to redeem prizes of greater value does not exceed the cost of a single play of the machine; and
  - Any distributor or proprietor of Class B bona fide coin operated amusement machines shall comply with all the guidelines and criteria in this article that relate to amusement machines.

- (1) The county's sheriff, police or any other duly constituted law enforcement officer or administrative enforcement official shall be authorized to inspect the licensee's premises during normal business hours for the purpose of determining whether the provisions of this article are being obeyed.

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Occupational Tax Certificate Restrictions for Store Owners

- 
- (2) All applications, original, amended or renewal, for a license under this article shall be filed in writing with the department of Community Development on a form provided by the department, which shall specify the following:
- Applicant's name and address, and if a firm, corporation, partnership or association, the principal owners, officers or partners thereof and their addresses.
  - The street address of the premises where the amusement machines are to be operated and a description of the general character of all business activities carried on within such premises.
  - The number and description of amusement machines to be operated upon the business premises.
  - The name and address of the owner of each amusement machine, if other than the distributor or proprietor of the business applying for the license.