Community Development Department
121 South McDonough Street, Jonesboro, GA 30236
Office: (770) 477-3569
https://www.claytoncountyga.gov/government/community-development

Business License Application

To apply for a commercial business license, an approved business use verification and fire marshal inspection report are required.

Application Submittal/Supporting Documents

See Document Requirements Matrix (attached)

Permit Required

Certificate of Occupancy (CO) permit application for business license (see attached)**

Reviews:

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

Inspections

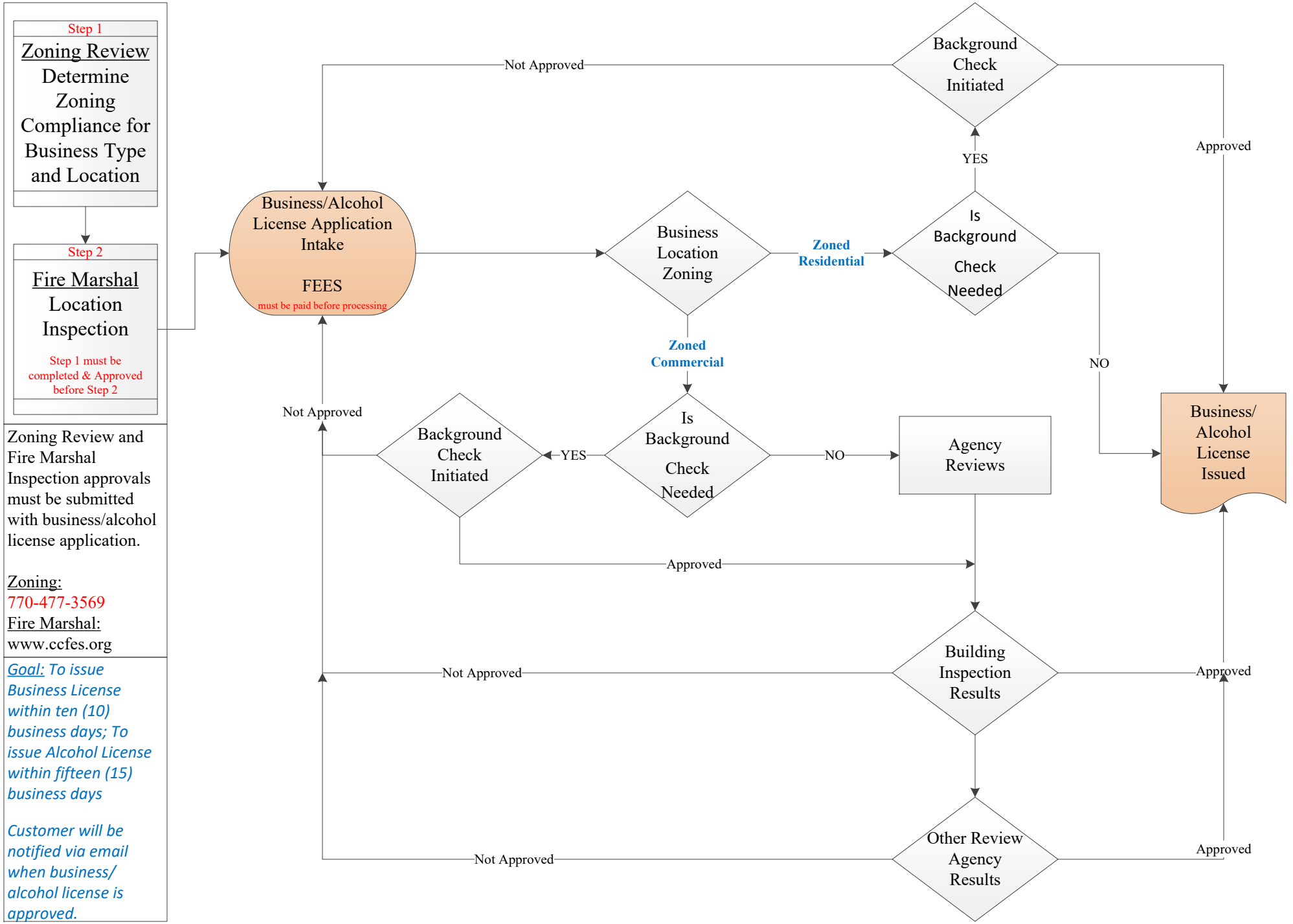
Building Inspections for Certificate of Occupancy**
Fire Marshal Inspection **(required before submitting application)****
Certificate of Occupancy; issued when all inspections are approved**

**Commercial Business Use Requirements Only

Additional Information:

- For home occupations: business location must match address located on a government issued ID.
- New Businesses shall not operate until a certificate of occupancy** and business license are issued.
- Businesses operating as a corporation or any legal entity filed with the Secretary of State office; must provide a copy of the state sealed certificate and articles of organization which includes all owners/member.
- Business operating as partnership – all parties MUST sign the business application and provide a valid government issued ID.
- All businesses parties requiring a police background check – MUST complete form, signed and provide government issued 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.

Business and Alcohol License Application Process



Revised 12-2019

Occupational Tax Certificate Application Submittal Requirements

OCCUPATIONAL TAX CERTIFICATE TYPES (AKA Business License)	Required Documents																													
	Application	Tax Commissioner's Property Tax Verification	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	Conditional Use Application (Commissioners Approval)
General Business	x	x		x	x	x														x								x		
Alarm-Security	x	x		x	x	x	x		x											x								x		
Alcohol	x	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								x		
Cottage Foods	x	x		x	x	x					x																			x
Door to Door Solicitor	x	x	x	x	x	x			x											x										
Firearms Dealer	x	x		x	x	x			x											x								x		
Flea Market	x	x	x	x	x	x			x											x								x		
Food Services	x	x		x	x	x				x										x								x		
Fortune-Telling	x	x	x	x	x	x			x				x					x		x								x		
Grocery-Convenience Store	x	x		x	x	x					x	x								x								x		
Hotel/Motel	x	x		x	x	x				x										x								x		
Ice Cream Truck	x	x		x	x	x			x		x																			
Locksmith	x	x		x	x	x			x											x								x		
Massage Parlors/Spas	x	x	x	x	x	x	x		x				x					x		x	x	x	x					x		
Massage Therapist	x	x	x	x	x	x	x		x									x		x	x	x	x					x		
Pawn Shop	x	x	x	x	x	x			x					x						x								x		
Personal/Group Home/Daycare	x	x		x	x	x	x													x							x	x		
Pest Control	x	x		x	x	x	x			x										x								x		
Precious Metals	x	x	x	x	x	x			x					x						x								x		
Certified Professionals	x	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/Towing	x	x		x	x	x			x											x								x	x	

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Occupational Tax Certificate Application

Business Information [Shaded areas for office use only]

BusLic-#:	**Zoning:**	**Parcel #:**		**Date Processed:**	
Business Name:				**Verified by:**	
Business Location:	**City**	**State**	**Zip**	**Unit/Suite#**	**Apt No.**
Business Mailing Address:	**City**	**State**	**Zip**	**Unit/Suite#**	**Apt No.**

New Business ◯ Yes ◯ No	**Changes to Existing Business** ◯ Yes ◯ No	**Home Occupation Business** ◯ Yes ◯ No

Business Details	Estimated Gross Receipts	$
	Estimated # of Employees	
	Date Open for Business	

Tax Commissioner Verification
◯ Approved ◯ Denied Date_____

NAIC Code

Business Ownership Type ◯ Sole Proprietorship ◯ Partnership ◯ Corporation ◯ Other, explain

Describe in detail the business you propose to operate, or describe the changes to the existing business:

Owner/Applicant Information

Owner/Applicant Name			**Corporation Name**		
Address			**Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**
Tel#	**Mobile #**		**Tel#**	**Mobile #**	
Email			**Email**		

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

Name			**Name**			**Name**		
Address			**Address**			**Address**		
City	State	Zip	City	State	Zip	City	State	Zip
Driver's License #	SS#		Driver's License #	SS#		Driver's License #	SS#	
Tel#	Mobile #		Tel#	Mobile #		Tel#	Mobile #	
Email	DOB		Email	DOB		Email	DOB	

Exemption

Check any of the categories that apply: ☐ Non Profit 501C3 ☐ Veteran ☐ Common Motor Carrier (Attach a copy of your IRS 501C3 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.

NOTICE: A zoning review, floor plan redline (if applicable), and business-space inspections are required before a new business license can be issued. Should you decide not to make required revisions to the application and/or supporting documents, you will forfeit the business license application fees. Type 1 home-based businesses are **only** excluded from floor plan redline and inspections.

I _____, acknowledge and understand the above notice. Should my application and supporting documents be disapproved and I do not make the required revisions, I will not be issued a refund of my business license application fees.

Signature: _____ Date:_____ Title:_____

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Commercial Location Business Use Verification

To apply for a commercial business license, an approved permitted use verification and fire marshal inspection report are required.

Please complete the required fields below to start the permitted use verification process:

Applicant Name:

First Name:	Last Name:

Proposed Business Name:

Proposed Business Address:

Street Address:			
City:	State:	Zip:	Unit/Suite:

Primary Contact Information:

Mobile Number:	Email:

Please provide a detailed description of your proposed business:

Zoning Comments:

◯ **Approved** ◯ **Denied**

Date:_____

If approved, you may begin the commercial business license process. Before applying, contact the fire marshal to schedule your life safety inspection. To schedule online go to: http://inspections.ccfes.org/

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Certificate of Occupancy Only Application for Business License

Business information **[Shaded areas for office use only]**

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

Zoning Condition:

Property Owner **Business Owner**

Name:			**Name:**		
Address			Address		
City	State	Zip	City	State	Zip
Tel#	Mobile #		Tel#	Mobile #	
Email			Email		

Permit Fee: $75.00	***Certificate of Occupancy Fee: $35.00***	***Total Fees: $110.00***

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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Grocery Store Business Licenses Requirements

Section 1.5- Defined Words:

Grocery, Full Service: a retailer licensed as a grocery store and dedicates at least five percent of the selling area to each of at least six of the following categories: (1) Fresh fruits and vegetables, (2) Fresh and uncooked meats, poultry and seafood, (3) Dairy products, (4) Canned foods, (5) Frozen foods, (6) Dry groceries and baked goods, and (7) Non-alcoholic beverages. In order for the square footage to be considered part of the selling area, it must be open to the public and may not include storage, preparation areas or rest rooms.

Opening Date: _____

Square footage of Business selling area _____

Category	Square Footage	Square Footage Percentage
Fresh Fruits & Vegetables		0.00%
Fresh Uncooked Meats, seafood, poultry		0.00%
Dairy Products		0.00%
Canned Foods		0.00%
Frozen Foods		0.00%
Dry groceries and baked goods		0.00%
Non-Alcoholic beverages		0.00%

Floor plans are required to be submitted with the business license application. All food categories areas must be shown on the floor plans.

An Inspection of the premises is required to verify that the business meets the above definition of a grocery store.

Per **Section 22-34** the business license will be suspended or revoked if it is determined the business fails to meet the grocery store criteria as outlined above.

_____
Name Printed

_____
Signature

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____DAY OF _____,20___

_____
NOTARY PUBLIC
My Commission Expires:

Community Development Department
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Property Owner(s) Authorization

I, _____swear and affirm that I am the owner of the property
(Property Owner's Name)

at _____, as shown on the County Tax Map and/
(Property address or parcel number)
or deed records of Clayton County, Georgia.

I hereby authorize _____to act as the applicant or agent in
(Applicant Name)
pursuit of an occupational tax certificate requested on this property.

The proposed use (type of business) by the applicant is _____

_____

_____
(Signature of Property Owner)

Personally appeared before me on this _____ day of _____, 20____.

My Commission expires on_____.

_____ _____
(Notary Signature/ Seal) (Date)

Required for residential properties with lessees or renters only

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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 _____, 20__ 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 _____, 20___.

_____
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:

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 fine 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.

(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.

CLAYTON COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

PLANNING AND ZONING DIVISION

HOME OCCUPATION AND CODE ACKNOWLEDGEMENT FORM

Sec. 6.10 - Home Occupation Standards (HO).

HO-01: This Home Occupation Standards section applies to all districts.

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS: _____

BUSINESS USE: ____***OFFICE ONLY***_____

Type I Home Occupations: Type I Home Occupations are those which meet the following standards; representing requirements which permit minimal business practices in certain residential zoning districts while maintaining residential character. Type I home occupations shall be permitted uses, consistent with the provisions of Article 3, Zoning District Intent, Uses & Standards, and Article 6.9, Accessory Uses & Structure Standards, of the Clayton County Zoning Ordinance.

PLEASE ACKNOWLEDGE EACH REQUIRMENT BY PROVIDING YOUR INITIALS BELOW.

1. The use of a dwelling unit for the home occupation shall be clearly incidental and subordinate to the residential use of the property.

2. The home occupation shall not involve the employment of any person other than those residing at the location of the home occupation.

3. At least one (1) person residing on the premises shall be the primary operator of the home occupation.

4. The home occupation shall not involve any exterior storage or display of products, equipment, or materials that can be visible from the street.

5. The home occupation shall not make any use of accessory structures, including detached garages and sheds.

6. The home occupation shall not utilize more than twenty-five (25) percent of the total floor area of the primary structure.

7. The home occupation shall not require any exterior, structural or aesthetic alterations to the dwelling unit that change the residential character of the dwelling unit.

8. The home occupation shall not require any additional entrances to the dwelling unit.

9. The home occupation may have a sign, attached to the primary structure, not exceeding 2 square feet, as authorized by Article 8, Sign Standards (SS). No off-site signs or signs in the yard of the property shall be permitted.

10. The home occupation shall not require increasing or enhancing the size, capacity, or flow of the water, gas, septic, sewer, or electrical system beyond that which is standard for a residence.

11. The home occupation shall not provide parking for customers or visits for business purposes that require the addition of any off street parking spaces.

12. The home occupation shall not require the use of commercial vehicles for pickup and deliveries other than from the U.S. Postal Service or other express couriers.

13. No more than one (1) vehicle shall be associated with the home occupation may be parked at the site. Such vehicle is limited to 1 1/2-ton carrying capacity and must be used exclusively by the resident.NO COMMERCIAL VEHICLE PARKING ALLOWED AT RESIDENCE.

I have read and understand the home occupation requirements and realize that my business license will be approved subject to my compliance to these requirements. Violation of these conditions will be considered a violation of the Clayton County Zoning Ordinance and Clayton County Occupational License Code.

SIGNATURE: _____ **DATE:** _____