

**OFFICE USE ONLY:**

Occupation Tax ID#

**SAVE REQUIRED**      **Y**      **N**

# Cobb County Business License Division

**Mailing Address: P.O. Box 649**

**Marietta, GA 30061-0649**

**Office Location:** 1150 Powder Springs Street, Suite 400

**Marietta, Georgia 30064**

**Phone (770) 528-8410**

**Web site Address - [www.cobbcounty.org](http://www.cobbcounty.org)**

**Email Address:** [businesslicense@cobbcounty.org](mailto:businesslicense@cobbcounty.org)

# Application For Corporation or Limited Liability Company LLC Occupation Tax Certificate

- **A Certificate of Registration from the Secretary of State or Articles of Organization must accompany this application. To obtain information on becoming incorporated or an LLC please call (404) 656-2817 or visit [SOS.GA.GOV](https://sos.ga.gov).**
- One W2 employee or officer should sign the application and affidavits, and submit a copy of their secure and verifiable document (driver's license, passport, etc.). Please print with ink or type. If you are not a US citizen, please include a front and back copy of your immigration card/document(s).
- You may email a completed copy of your application to [businesslicense@cobbcounty.org](mailto:businesslicense@cobbcounty.org) to obtain the tax due for your business.
- This application *will not* be processed if it is mailed or submitted in person without the appropriate tax or fee. **You will not be billed.**
- If you are using a residential address as your location, it must be the address at which you reside. Po Box and UPS store addresses **can not** be listed as the business address.

I am filing a :    ☐ New Application  
                          ☐ Certificate Reprint Request **(Only complete sections with \* for this request.)**  
                          Occupation Tax Certificate # \_\_\_\_\_

Is this business located:      ☐ Outside Cobb      ☐ In Unincorporated Cobb      ☐ Inside a City

\*1. Name Doing Business As (DBA)\_\_\_\_\_

\*2. Name of Corporation/ LLC\_\_\_\_\_

3. Business Address \_\_\_\_\_ Suite or Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Mailing Address \_\_\_\_\_ Suite or Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. **Email Address**\_\_\_\_\_ Can we email your renewal and other notices?    Y    N  
(circle one)

6. Is property zoned? ( ) Residential ( ) Commercial ( ) Industrial Business Phone ( ) \_\_\_\_\_

7. Full Detailed Description of the Business Activity *(Please list examples of items you are selling or services you are offering, some items and services are regulated.)*

8. *Estimated* Gross Receipts in GA from this location for the *entire* current calendar year\$ \_\_\_\_\_  
 Gross Receipts in GA from this location for the calendar year *prior* to this application \$ \_\_\_\_\_  
 Gross Receipts in GA from this location for the year *two calendar years prior* to this application\$ \_\_\_\_\_

9. Date Business began in Unincorporated Cobb County or Estimated Start Date\_\_\_\_\_

10. # of employees in Cobb \_\_\_\_\_ E-Verify # **(Required if 11 or more employees)** \_\_\_\_\_

11. State Sales Tax ID # \_\_\_\_\_ Federal ID # \_\_\_\_\_

\*12. President/Managing Member \_\_\_\_\_ DOB \_\_\_\_\_  
 Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

13. Vice President/ Member \_\_\_\_\_  
 Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

14. Person signing the application \_\_\_\_\_  
Business Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

15. Name of manager(s) of this location \_\_\_\_\_

16. Are you, the applicant, the corporation, LLC or any shareholder currently delinquent in payment of any taxes or fees to any state or local government? \_\_\_\_\_ If yes, Please indicate the type of tax or fee, and the amount due with the reason the tax is delinquent. \_\_\_\_\_

**For residential locations:**

**If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.**

**I will comply with the Zoning Restrictions stated above:**

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

**For commercial locations:**

**I swear or affirm that I have obtained or will obtain within thirty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.**

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

I, \_\_\_\_\_, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement 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 permitted by the Cobb County Community Development Agency. I further understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce such laws, ordinances & regulations. I understand that all decisions of the Business License Division may be appealed to the Cobb County License Review Board. This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**\*Signature of applicant** \_\_\_\_\_ **\*Legibly Print name** \_\_\_\_\_  
( ) Owner ( ) Manager ( ) Other specify \_\_\_\_\_

**\*\*\*THE PERSON SIGNING THE APPLICATION MUST COMPLETE THE AFFIDAVITS AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT\*\*\***

**THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE FIRE PREVENTION BUREAU AND/ OR THE DEVELOPMENT AND INSPECTIONS DIVISION.**

**OFFICE USE ONLY:**

**Occ. Tax Cert. #** \_\_\_\_\_

**SIC Description** \_\_\_\_\_ **Fee Schedule** \_\_\_\_\_ **Processed By** \_\_\_\_\_

**Current yr tax** \_\_\_\_\_ **Penalty** \_\_\_\_\_ **Interest** \_\_\_\_\_ **Total Due\$** \_\_\_\_\_

**Previous yr tax** \_\_\_\_\_ **Penalty** \_\_\_\_\_ **Interest** \_\_\_\_\_ **Total Due\$** \_\_\_\_\_

**2 yrs prior to current yr tax** \_\_\_\_\_ **Penalty** \_\_\_\_\_ **Interest** \_\_\_\_\_ **Total Due\$** \_\_\_\_\_

**Total Amount Due\$** \_\_\_\_\_

**Zoning Division** \_\_\_\_\_ **Approved/Denied** \_\_\_\_\_ **Property Zoned** \_\_\_\_\_  
(circle one )

**If Zoning is denied, please list a reason for denial** \_\_\_\_\_

**ATTENTION OWNERS OF RENTAL OR LEASED REAL PROPERTY:**

If you own real property in unincorporated Cobb County that is rented or leased to another person or entity, you are not required to pay occupation taxes or business license fees to Cobb County in connection with that property if you can provide to the Cobb County Business License Division evidence (e.g., supporting documentation or affidavits(s)) that:

- (2.) Your only activities at that property involve showing the property to prospective tenants or lessees and/or performing maintenance or repairs to such property; and  
You maintain an office or location (which is a structure or vehicle where a business, profession, or occupation is conducted and is not a temporary or construction work site which serves a single customer) outside unincorporated Cobb County but within the State of Georgia **OR** you provide to the Business License Division proof of payment of a local business or occupation tax in another State which purports to tax your sales or services in the State of Georgia.

If you provide evidence that you meet the above criteria, you are not required to pay Cobb County occupation taxes or business license fees in connection with your rental property. However, you may be required to register your rental property location with the Business License Division and obtain a business registration certificate at no charge.

**RIGHT OF APPEAL:**

All administrative decisions made by the Business License Division regarding applications for licenses, transfers, renewals, changes in ownership, or other matters affecting such licenses or occupation tax certificates, including attempts by the Cobb County Business License Division to impose or collect occupation taxes or business license fees, may be appealed to the Cobb County License Review Board. To be considered, all appeals must be submitted on appeal forms provided by the Business License Division. For more information on your right to appeal, please contact the Business License Division at (770) 528-8410 and/or consult Section 6-90 *et seq.* of the Official Code of Cobb County.

**THIS AFFIDAVIT MUST BE COMPLETED**

**Private Employer Affidavit**

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

**Occupation Tax #:** \_\_\_\_\_

**NUMBER OF EMPLOYEES (COMPANY-WIDE):** \_\_\_\_\_ **(Required)**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other

Section 1. Please check only one:

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

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

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

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

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

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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

To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

**THIS AFFIDAVIT MUST BE COMPLETED**

\_\_\_\_\_  
**Business Name**

\_\_\_\_\_  
**Business License #/Occupation Tax #**

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

By executing this affidavit under oath, as an applicant for a **Business License / Occupational Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from **Cobb County** the undersigned applicant verifies one of the following with respect to my application for public benefit:

***Do not check more than one option.***

\_\_\_\_\_ 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: (i.e. driver's license, I-551, I-766, Passport, etc.)

\_\_\_\_\_  
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

\_\_\_\_\_  
Applicant Phone Number

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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