



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.gov

Email Address: businesslicense@cobbcounty.gov

Application For Partnership / Limited Liability Partnership Occupation Tax Certificate

The application must be filled out **completely** to obtain a Cobb County Occupation Tax Certificate. Payment must be filed with the application to obtain a Cobb County Occupation Tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax or fee. **You will not be billed.** Please print with ink or type. For the appropriate tax or fee to be determined the application accompanied by all appropriate documents must be submitted in person.

Pursuant to the Georgia Immigration Reform Act all persons applying for a Cobb County Occupation Tax Certificate or Cobb County Business License must provide in person or electronically to the Cobb County Business License Division a secure and verifiable document as required by O.C.G.A. 50-36-1(e)(1) and sign the affidavits required by O.C.G.A. 50-36-1(e)(2) and O.C.G.A. 36-60-6(d).

This business is: ☐ New Application
☐ Ownership Change / Date ownership changed & Certificate# _____
☐ I am filing a name /or address change for Certificate# _____
☐ Reprint

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

1. Name Doing Business As _____ Business Phone () _____

2. Name of Partnership/ LLP* _____

***LLP must provide a LLP Registration from Cobb Superior Court. LP and LLLP are required to provide Secretary of State Registration**

3. Business Address _____ Suite# _____ City _____ State _____ Zip _____

4. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

5. Email Address _____

6. Is property zoned? ☐ Residential ☐ Commercial ☐ Industrial Fax # _____

7. Full Detailed Description of Business _____

8. Estimated Gross Receipts in GA from this location for the 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 Cobb County _____

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

11. State Sales Tax ID # _____ Federal ID # _____

12. Name of Partner _____ SS# _____ DOB _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ Alternate Phone () _____

13. Name of Partner _____ SS# _____ DOB _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ Alternate Phone () _____

If there are more partners, please file an additional application.

14. Person completing application _____
Business Address _____ Apt# _____ City _____ State _____ Zip _____
Business Phone () _____ Email Address _____

15. Name of manager(s) of this location _____

16. Are you, the partnership, or any individual in the partnership 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, the amount due, and the reason the balance is delinquent. _____

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, 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 swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb or 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.

I will comply with the Zoning Restrictions stated above: _____
_____ (initials)

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 _____

*****APPLICANT 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 _____ Category _____ BL STAFF _____ Due current
yr. _____ Due previous yr. _____ Due for 2 yrs. prior to current yr. _____

Penalty _____ **Interest** _____ **Total Due\$** _____ **Receipt #** _____

Method of payment: CASH / CHECK # _____ Zoning Division _____ Approved/Denied
(circle one) (circle one)

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:

- (1.) 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
- (2.) 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.

REVISED 9/29/16

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 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

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

(B) _____ On January 1st 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: _____