



## 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](http://www.cobbcounty.gov)**

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

### Professional Occupation Tax Form

**Payment must be filed with this form to pay Occupation Tax. You will not be billed.**

In order 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 **Effective January 1, 2012** all persons applying for a Cobb County Occupation Tax Certificate or Cobb County Business License must provide 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. 50-361(e)(2) and O.C.G.A. 36-60-6(d). A list of secure and verifiable documents can be found at:

[http://www.georgia.gov/vgn/images/portal/cit\\_1210/63/43/173963603Secure\\_and\\_verifiable\\_document\\_list%208.5.11.pdf](http://www.georgia.gov/vgn/images/portal/cit_1210/63/43/173963603Secure_and_verifiable_document_list%208.5.11.pdf)

( ) New Application

# \_\_\_\_\_

This Business is:

( ) 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 \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

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

**\* Must provide a Certificate of Registration from the Secretary of State**

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

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

5. Email Address \_\_\_\_\_

6. Is property zoned? ( ) Residential ( ) Commercial ( ) Industrial

7. Full Detailed Description of Business \_\_\_\_\_

8. Are you an individual professional operating in a larger practice? ( ) Yes ( ) No

If paying per professional fee, list the number of professionals \_\_\_\_\_

# of employees \_\_\_\_\_ E-Verify # (Required if 11 or more employees) \_\_\_\_\_

9. 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\$\_\_\_\_\_

10. Date Business began in Cobb County\_\_\_\_\_

11. Number of Employees\_\_\_\_\_

If a firm, answer questions 12-15. If an individual professional, please skip to question #16.

12. President/ Managing Member\_\_\_\_\_DOB\_\_\_\_\_  
Home Address\_\_\_\_\_Apt#\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_  
Home Phone ( )\_\_\_\_\_Alternate Phone ( )\_\_\_\_\_

13. Vice President/ Member\_\_\_\_\_Apt#\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_  
Home Address\_\_\_\_\_Apt#\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_  
Home Phone ( )\_\_\_\_\_Alternate Phone ( )\_\_\_\_\_

14. Secretary/ Member\_\_\_\_\_Apt#\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_  
Home Address\_\_\_\_\_Apt#\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_  
Home Phone ( )\_\_\_\_\_Alternate Phone ( )\_\_\_\_\_

15. Treasurer/ Member\_\_\_\_\_Apt#\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_  
Home Address\_\_\_\_\_Apt#\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_  
Home Phone( )\_\_\_\_\_Alternate Phone ( )\_\_\_\_\_

16. Individual professional\_\_\_\_\_Apt#\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_  
Home Address\_\_\_\_\_Apt#\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_  
Home Phone( )\_\_\_\_\_Alternate Phone ( )\_\_\_\_\_

17. Person completing application \_\_\_\_\_Apt#\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_  
Business Address\_\_\_\_\_Apt#\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_  
Business Phone ( )\_\_\_\_\_Email Address\_\_\_\_\_

**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:** \_\_\_\_\_  
(initials)

**I swear or affirm that I have obtained or will obtain within sixty 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.

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\*\*\*

**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)

REVISED 7/2015

**THIS AFFIDAVIT MUST BE COMPLETED**

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

**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

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

\_\_\_\_\_  
Applicant

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

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

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

**COMPLETE THIS FORM IF YOU HAVE 10 OR LESS EMPLOYEES**

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

**NUMBER OF EMPLOYEES:** \_\_\_\_\_ (Required; **MUST BE 10 OR LESS** or complete other side)

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize 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. § 36-60-6.

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

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_, in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_

Printed Name of Exempt Private Employer

\_\_\_\_\_  
Signature of Exempt Private Employer or  
Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Person Executing Affidavit

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

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

\* This affidavit is for submissions made on or after to July 1, 2013.

**COMPLETE THIS FORM IF YOU HAVE 11 OR MORE EMPLOYEES**

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

NUMBER OF EMPLOYEES: \_\_\_\_\_ (Required; MUST BE 11 OR OVER or complete other side)

**Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies its 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. § 36-60-6. 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

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

Executed on \_\_\_\_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.

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

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

### **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.