



Updated February 2025

CITY OF ALPHARETTA

BUSINESS LICENSE APPLICATION

FOR NON-HOMEBASED BUSINESSES

CHECKLIST FOR COMPLETING APPLICATION PACKET

This checklist is provided for your information and convenience.

We recommend that, once you have completed your application packet, you review your answers and materials; comparing that information with the checklist below.

Only when you are able to checkoff every item in the list below will your application packet be complete and ready to be submitted. Please submit the original inked application and affidavits to our office. We cannot accept email or scanned copies.

Application:

- All forms must be completed in full, signed, and notarized.

Entity Documents:

- Articles of Incorporation and/or Organization detailing the company organizational structure, Georgia Secretary of State Registration
- D/B/A "Doing Business As" registration - stamped and notarized from the Fulton County Superior Court (*if applicable*)

Copy Of Legal Photo ID:

- Drivers License, Passport, etc. of applicant swearing and attesting to application and signing affidavits.

Affidavit - Private Employer:

- Signed and notarized.

Affidavit - Immigration Status:

- Signed and notarized.
(*If applicable, include copies of verifiable immigration documentation*)

Affidavit - Certificate of Occupancy:

- Signed by applicant/owner.
- If you performed any work in your space that required building permits, provide copy of your recently issued Certificate of Occupancy from the Alpharetta Building Department.

Application Fee:

- Payment of Occupational Taxes may be made to the City of Alpharetta in the form of cash, check, or credit card (American Express, Master Card, or Visa only). Checks must be made payable to "City of Alpharetta."
A link for online payment can be provided upon request.

Required Supporting Documentation: (*if applicable*)

- A copy of any applicable professional licenses.
- State/Board/Medical certifications and/or licenses.
- Food Service permit from Fulton County Health Department.
- Co-Working/Shared Space Membership Agreement



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BUSINESS LICENSE APPLICATION FOR NON-HOMEBASED BUSINESSES

All businesses operating within the City of Alpharetta must possess a current Occupational Tax Certificate upon the first day of business. Businesses found to be operating within the corporate limits of the City of Alpharetta without a current City Occupational Tax Certificate shall be subject to fines and penalties as allowed by law.

Completion of this form does not guarantee or grant issuance of an Occupational Tax Certificate. The City of Alpharetta reserves the right to not issue or renew a certificate in cases in which there are documented violations of City Codes and/or Ordinances, other taxes or fees are owed to the City by the business or its owners, or in which the business or location fail to meet requirements set forth by the City of Alpharetta or applicable state and federal laws.

Failure to complete this form in its entirety or provide all required information will result in rejection of the application.

Section 1: General Business Information *(Required for All Applicants)*

Business Name: _____

D/B/A (if applicable): _____

If registering as a D/B/A, the applicant must provide a notarized copy of the Registration of a Business to be Conducted Under a Trade Name as issued by the Clerk of Fulton County Superior Court. <https://www.fultonclerk.org/237/Trade-NamesDBA-Doing-Business-As>

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Ownership Structure: _____ Federal ID (FEIN): _____
Sole Proprietor, Corporation, LLC, etc. For information, please visit www.irs.gov/businesses/small

GA Sales and Use Tax # _____ (If your business is required by law to have one.)
(This information will be provided to the GA Department of Revenue) <http://gtc.dor.ga.gov> Go to GTC, then register your new GA Business.

Section 2: Local Physical Location Information *(Required for All Applicants)*

Street Number: _____ Street Name: _____ Suite: _____

City: _____ State: _____ Zip: _____ - _____

Business Telephone Number: _____ Email: _____

Is this a shared co-working space: No: Yes: Name of co-working space provider: _____

(If yes, you will be required to provide a copy of your membership agreement. No licenses will be issued to mailbox accounts or P.O. Boxes)

Section 5: Local Business Contact Information *(Required for all Applicants)*

All applicants must provide the following information for an authorized representative who will be physically located at the address reflected in Section 2 of this form.

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ Email: _____

Section 6: Calculation of Annual Occupation Tax *(Required for All Applicants)*

Your City of Alpharetta Occupational Tax is calculated based upon the number of full-time equivalent employees (FTEs) at this location. For the purposes of this form, two part-time employees shall constitute one full-time employee. A full-time employee shall be defined as anyone working a minimum of 30 hours per week.

Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2, but not a form I.R.S. 1099. The term employee also includes owners, partners, officers, or managers who work for a business, whether or not such person is salaried.

Application Date	Month: _____	Day: _____	20 _____	Total FTEs	Tax Due
FTEs at Location:	_____	Minimum of 1		1 to 4	\$ 100
Tax Due:	\$ _____	From Table to Right		5 to 10	\$ 175
Prorate*	_____ %	If Applicable, See Table to Right (Applied to Tax Fee Only. Admin/Fire fee are not prorated)		11 to 25	\$ 300
Administrative Fee:	\$ 50	Mandatory for All Applicants		26 to 49	\$ 450
Total Due* :	\$ _____	Please Pay This Amount		50 and Above *	\$ 150 + \$ 7 per FTE

The maximum tax amount is \$10,000

*** Tax Proration Schedule:**

(Prorated Tax fee is reduced to a % of regular tax fee)

Jan 1st - June 30th: 0% No Proration

July 1st - Sept 30th: 50% of Tax Fee (+ admin fee)

Oct 1st - Dec 31st: 25% of Tax fee (+ admin fee)

* The total amount due will be determined by adding the appropriate "Tax Due" based upon your FTEs at this location as noted in the column at the far right above, and the \$50 Administrative Fee. The resulting sum should be noted in "Total Due" above.

Section 7: Licensed Professionals

Practitioners of certain professions are subject to licensure by the Professional Licensure Division of the Office of the Georgia Secretary of State. To determine if your business is subject to such licensure, please visit the Secretary of State's website at www.sos.state.ga.us or contact the Professional Licensure Division at 478-207-2440.

If the business for which this application is being submitted is subject to licensure by the State of Georgia, a copy of the current state license for the business must be provided and attached to your application at the time of submittal in order for your application to be processed.

Section 8: Sanitation and Recycling (Required for All Applicants)

The City of Alpharetta requires that all businesses recycle a minimum of 25% of the solid waste that they produce. This includes paper, glass, aluminum, cardboard, and metal. The City enforces this ordinance by random on-site auditing of businesses.

Company Providing Sanitation and Recycling Service: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Section 9: Swear and Attest (Required for All Applicants)

By completing and submitting this Application for Occupational Tax Certificate I, as a duly authorized agent of the applicant, do hereby swear and attest that all information provided herein is complete and accurate to the best of my knowledge. I and the applicant business agree to abide by all ordinances, rules, and regulations of the City of Alpharetta and acknowledge that City of Alpharetta personnel may enter my commercial property for purposes of inspection and to verify compliance with all applicable ordinances, rules, and regulations. I understand that any false statements on this application shall void the Occupational Tax Certificate.

Authorized Agent Name (Please Print): _____

Signature: _____ Date: _____

The City is required by Georgia law to obtain a copy of Verifiable Identification (e.g. driver's license) with this application.

Payment And Submittal Instructions

- Payment of Occupational Taxes may be made to the City of Alpharetta in the form of cash, check, or credit card (American Express, Master Card, or Visa only). Checks must be made payable to "City of Alpharetta." A link to pay online can be provided upon request.
- Certificate of Occupancy (C/O): New construction or newly built-out locations must attach a copy of the new CO to this application.
- If the business involves food service, a copy of your Fulton County Food Service Permit must be attached to your application.
- Attach all required additional documentation to your completed application. Incomplete applications and/or those missing any required documentation will be rejected and/or denied.
- Complete application packages, including payment, may be mailed or delivered in person to the address below between the hours of 7:30 AM and 4:00 PM Monday through Thursday, 7:30 AM through 3:30 PM Friday. Closed Saturday-Sunday.
*****Please Note: We require the original "wet" inked application and affidavits to be submitted to our office, we cannot accept email or scanned copies of the application or affidavits.**

**City of Alpharetta
Business Licenses & Code Enforcement
2 Park Plaza
Alpharetta, Ga 30009**

For additional information, please call 678-297-6086.
Or email NewBusinessLicense@Alpharetta.Ga.Us

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)

THIS AFFIDAVIT MUST BE NOTARIZED

By executing this affidavit under oath, as an applicant for an Business Occupation License as referenced in O.C.G.A. § 36-60-6 (d), from the City of Alpharetta Georgia, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application for the above mentioned document.

Printed Name Of Private Employer: _____

Section 1: Please select ONE of the following.

Employs more than ten (10) employees (total employees for Individual, Firm or Corporation). *Please complete section 2 below and sign/notarize at the bottom.*

Employs ten (10) or fewer employees (Individual, Firm, or Corporation). *Do not complete Section 2. Please sign/notarize at the bottom.*

Section 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
(Please note, this number is not your FEIN)

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.

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 of Authorized Officer or Agent

Printed Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20__

NOTARY PUBLIC

My Commission Expires

AFFIDAVIT VERIFYING LEGAL IMMIGRATION STATUS

THIS AFFIDAVIT MUST BE NOTARIZED

O.C.G.A. § 50-36-1 states that an agency or political subdivision providing or administering a public benefit shall require every applicant for such benefit to execute a signed and sworn affidavit verifying the applicant's lawful presence in the United States.

By executing this affidavit under oath, as an applicant for a City of Alpharetta public benefit, I hereby state the following with respect to my application for (please check one):

Occupational Tax Certificate (Business License)

(insert business name)

Alcoholic Beverage License

(insert business name)

OR I am a United States citizen. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a United States citizen 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,* as defined by O.C.G.A. § 50-36-2 with this affidavit.

OR I am a legal permanent resident. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a legal permanent resident 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,** as defined by O.C.G.A. § 50-36-2 with this affidavit.

I am a qualified alien or non-immigrant. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a qualified alien or non-immigrant under the federal Immigration and Nationality Act, Title 8 U.S.C. with an alien number issued by the Department of Homeland Security or other federal immigration agency, and is 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,** as defined by O.C.G.A. § 50-36-2 with this affidavit.

Applicant's alien number issued by the Department of Homeland Security Or other federal immigration agency

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

Executed on _____, _____, 20__ 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

*Documents include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

**Documents include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website:

<http://law.ga.gov/immigration-reports>.

CERTIFICATE OF OCCUPANCY AFFIDAVIT

I, _____, being the owner/qualified officer of the described business below and the applicant for a business license for the following property described below, attest the information provided on this form is true and accurate regarding the issuance or non-issuance of a Certificate of Occupancy "C/O" from the City of Alpharetta's Community Development Building Department in pursuit of an Occupational Tax Certificate "Business License".

Entity Name:

Business DBA (Doing Business As) Trade Name:

Local Alpharetta Business Address:

Street: _____ Suite: _____, Alpharetta, GA. ZIP: _____

Was there any work performed in your controlled space?:

(must select one option below)

YES – I affirm that work has been performed within my controlled space that required the issuance of building permits, including but not limited to structural, electrical, plumbing, demolition, or new construction changes or alterations. I further affirm that all proper building permits were fully issued for said work and that a copy of the Certificate of Occupancy will be provided along with this application.

NO – I affirm that no work has been performed within my controlled space that required the issuance of building permits, including but not limited to structural, electrical, plumbing, demolition, or new construction changes or alterations.

By signing this affidavit, I understand that any false or misleading statements made in this affidavit may result in penalties, including but not limited to, revocation of my business license, fines, and legal action as prescribed by law.

Applicant/Owner Signature

**Applicant/Owner Name
(Printed)**

Date

If applicable, you will be required to submit a copy of your Certificate of Occupancy along with this application.