



4040 S. Berkeley Lake Rd.
Berkeley Lake, Georgia 30096
(770) 368 9484

Occupation Tax Certificate - Nonresidential Application Checklist

- Verify that your business location is in the City of Berkeley Lake city limits. If your business is no longer operating in Berkeley Lake, please indicate this on the application and return it to the above address.

Complete pages one and two of the application form and sign.

- On page 1 under the 'Owner Information' section, information for an individual who owns or represents the company must be provided.
- On page 2 under the 'Occupation Tax Calculation' section: if 'Option A' is selected fill in columns A-G; if 'Option B' is selected fill in columns A-E and provide a state license number that can be verified with the Georgia Secretary of State.
- On page 2 under the 'Certification' section, this section must be completed and the signer must provide valid photographic identification. The signature on the ID must match the signature in the Certification section.
- Provide a 4-6 digit E-Verify number or write 'EXEMPT' if you qualify for exemption. An E-Verify Affidavit signed by the applicant with that E-Verify number or exemption must be provided with the application.
- Submit completed application form to City Hall along with the following, if applicable:
For new construction and changes in occupancy, provide a copy of the certificate of occupancy from the Gwinnett County Fire Marshal and a copy of the certificate of occupancy from the City Building Inspector.
For a restaurant, provide a copy of the inspection report and approval from Gwinnett County Health Department.
If required by the state to hold a professional license, attach a copy of the current state license to your application.
- Submit a completed SAVE Affidavit along with a copy of a secure and verifiable identification document accepted by the Attorney General of Georgia. The city is required by state law to verify the lawful presence of all applicants. If you are not a US citizen, submit a front and back copy of one of the required documents (Legal Permanent Resident Card, Employment Authorization Card, or other document authorizing lawful presence, to be verified by Homeland Security). A completed affidavit signed by the applicant is required to be on file with the City. The signature in the CERTIFICATION portion of the affidavit must be notarized at the time of signing.
- Submit a completed Private Employer Affidavit pursuant to O.C.G.A. §36-60-6(d) demonstrating compliance with the Federal Work Authorization Program (E-Verify). A completed affidavit is required. The signature in the CERTIFICATION portion of the affidavit must be notarized at the time of signing. A new affidavit must be submitted each year to certify current status.
- Pay the \$42* administrative fee.
- Pay the occupation tax* owed as calculated using the formula [(# of previous year full-time equivalent employees minus 2 (if this number is negative use zero) multiplied by \$25]. For example, a taxable business with 5 full-time equivalent employees in 2014 would owe an occupation tax of \$75.00 for 2015. The tax for businesses moving into the city after January 1 will be prorated based on the months remaining in the year.

Once the city receives a complete application, all required supplemental information as outlined above, and the required administrative fee and the occupation tax owed are paid, an occupational tax certificate will be issued if the business use is permitted in the zoning district where located. It will be mailed to the business address provided on the application. Occupational Tax Certificates Expire on 12/31 of the year they are issued. The Occupation Tax is due and payable on January 1 and delinquent after March 31 of each year

If recently located in Berkeley Lake, a copy of your Gwinnett Fire Marshall Certificate of Occupancy must be provided. Go online to <http://www.gwinnettcounty.com/portal/gwinnett/Departments/FireandEmergencyServices/FireMarshal/Permits> or call 678-518-6000 for more information on obtaining a certificate of occupancy.

*All payments to the City of Berkeley Lake shall be in cash or by check, payable to the City of Berkeley Lake.



Business Registration and Occupational Tax Certificate Application

City of Berkeley Lake
 4040 S Berkeley Lake Rd.
 Berkeley Lake, GA 30096
 (770) 368-9484

BUSINESS INFORMATION

Legal Business Name: _____ d/b/a (if applicable): _____

Business Address: _____

Mailing Address (if different): _____

Business Phone #: _____ Web Site Address: _____

Business Contact Name: _____ Contact Email Address: _____

Tax Parcel #: _____ Federal Employee ID #: _____ Ga. State Sales Tax # (if applicable): _____

Business Ownership Type: Sole Owner Partnership LLC Corporation Non-profit corporation

Are you the first business in this location? Yes No If no, who was the last tenant? _____

NAICS Code: _____ E-Verify # (4-6 Digits): _____ Begin Date in Berkeley Lake: ____/____/____

Description of Business Activity (be specific): _____

OWNER/AGENT APPLICANT INFORMATION

Name of Business Owner/Agent: _____
(Must be the name of an individual)

Owner/Agent Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Driver's License No.: _____ Driver's License State: _____ Driver's License Expiration Date: ____/____/____

Note: Corporations and partnerships must provide the names of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.

Applicant must supply valid photographic identification with application.

Form continues on next page.

CITY USE ONLY

Rec'd:	NAICS Code:	Account		Amount
Amt. Paid:	Zoning District:	Admin Fee	100.32.1200	\$ 42.00
Approved:	# of FTE's:	Occupation Tax	100.31.6100	_____
License No:	Certificate of Occupancy:	Penalty	100.31.9000	_____
Notes:	Fire Marshal C/O:	Interest	100.31.9000	_____
	Health Inspection Report:	Total		\$ _____
	State License:			
	Copy of Photo ID:			
	SAVE Affidavit:			
	E-Verify Affidavit:			

OCCUPATION TAX CALCULATION

Per O.C.G.A § 48-13-10 (g), occupations and professions that require state licensure or registration shall elect to pay either the amount resulting from the formula under Option A below or a flat fee of \$400 per practitioner. If you are eligible, and if you and all members of your firm elect to pay the flat, per practitioner tax this year, check and complete Option B, and you will be charged accordingly. Any eligible business that chooses Option B must also pay the \$42 administrative fee.

Option A: Full-Time Equivalent Employees*

(A) # of Full-Time Employees (employees working at least 40 hours weekly last year)	(B) Average weekly hours of all employees working less than 40 hours per week last year divided by 40	(C) # Full-Time Equivalents (FTE's) (A) + (B)	(D) # of FTE's for the purposes of occupation tax calculation (If negative, put zero) (C) - 2	(E) Occupation Tax Due (D) X \$25	(F) Partial Year Proration (only if moving into city after Jan.1) (E) X (months remaining ÷ 12)	(G) Administrative Fee \$42	(H) Total Amount Due (E) + (G) or (F) + (G)
				\$	\$		\$

* Per O.C.G.A § 48-13-5 (1.1)(A), "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.

Option B: Practitioners of State-licensed Occupations and Professions (Tax under this option is not to be prorated.)

State License Number: _____

_____ I elect to pay a flat tax per practitioner in lieu of a tax based on the number of full-time employee equivalents.

Examples of occupations and professions that are eligible to pay a flat tax in lieu of paying a tax on full-time equivalents, per O.C.G.A 48-13-9, include, but are not limited to: Architect, Chiropractor, Dealer in precious metals, Dentist, Embalmer, Engineer, Funeral Director, Land Surveyor, Landscape Architect, Lawyer, Locksmith, Optometrist, Osteopath, Physician, Physiotherapist, Podiatrist, Psychologist, Public Accountant, Social Worker, Therapist, Veterinarian.

(A) Profession	(B) Number of Practitioners	(C) Flat Tax	(D) Administrative Fee	(E) Total Amount Due [(B) X (C)] + (D)
		\$400	\$42	\$

CERTIFICATION

I hereby certify that I have provided complete and accurate information above and understand that the information provided herein will be shared with the Georgia Department of Revenue. I acknowledge that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and / or zoning enforcement action under the City of Berkeley Lake Zoning Ordinance. Furthermore, I understand it is my responsibility to apply for and maintain all required Federal and State licenses. I understand that any false information provided herein may void this application or become cause for revocation of my occupation tax certificate.

Applicant Signature: _____ Date: ____/____/____

Print Name: _____ Business Title: _____



(SAVE) Affidavit Verifying Status for Public Benefit Applicants

Name of business: _____

Public benefit applied for: (check one)

Contract Alcohol License Business License/Occupation Tax Certificate other public benefit per O.C.G.A. Sec 36-60-6(d)

As required by Georgia Security and Immigration Compliance Act of 2006 (Senate Bill 529 – GSICA), every agency administering or providing Public Benefits is responsible for determining U.S. citizenship or lawful alien status of applicants for said benefits. (Ga. Code 50-36-1), any natural person who applies for a state or local public benefit must execute an affidavit under oath before a notary public concerning the applicant’s legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a qualified alien or nonimmigrant lawfully present in the United States is required to execute this Affidavit under oath before a notary public.

By executing this affidavit under oath pursuant to O.C.G.A. § 50-36-1, as the duly authorized representative of the above-named business for the public benefit indicated above from the City of Berkeley Lake, Georgia, the undersigned applicant verifies one of the following:

I am a United States Citizen

I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the U.S.

*Alien Registration number for non-citizens: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of “alien”, legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number: _____

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

Valid, unexpired Foreign Passport with I-94

Temporary Resident Alien Card (I-688)

Employment Authorization Card (I-76 or I-688A)

Employment Authorization Document (I-688B)

Refugee Travel Document (I-571)

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 Official Code of Georgia §16-10-20.

Signature of Applicant: _____

Date: _____

Printed Name: _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20 _____

Signature of Notary Public: _____

(SEAL)

My Commission Expires: _____



(E-Verify) Private Employer Affidavit for Public Benefit Applicants

Name of business: _____

Public benefit applied for: (check one)

Contract Alcohol License Business License/Occupation Tax Certificate Other public benefit per O.C.G.A. Sec. 36-60-6(d)

The undersigned applicant as the duly authorized representative of the above named private employer verifies one of the following with respect to my application for the public benefit indicated above mentioned:

1.

(a) On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If 1(a) is selected), please fill out Section 2 below.*

(b) On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

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 #

_____ 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 Official Code of Georgia §16-10-20.

Executed on the _____ date of _____, 20____ in _____ (city), _____ (state)

Signature of Applicant: _____

Date: _____

Printed Name: _____

Title: _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20 _____

Signature of Notary Public: _____

(SEAL)

My Commission Expires: _____