



Opening a New Business in the City of Doraville?

1. VERIFY YOUR BUSINESS COMPLIES with zoning regulations and minimum parking requirements before you sign a lease/buy property:
 - Locate your property on the [Official Zoning Map](#) to determine the designated zone
 - Look up and confirm permitted uses in the corresponding zoning district in the [Doraville City Code \(Chapter 23\)](#)
 - Look up and confirm required parking minimums in [Sec. 23-1203](#) of the Doraville City Code
 - Optional: Request a [Zoning Verification Letter \(ZVL\)](#) from the City to confirm zoning and permitted uses for \$50 fee.
 - [Contact Community Development](#) with any zoning or parking questions
2. APPLY FOR A BUSINESS LICENSE by submitting the following documentation (as applicable*):
 - Completed [Application Form](#)
 - [Lease/Proof of Ownership](#): Only include pages containing signatures, address, square footage, effective date, and parties involved.
 - [Floor plan](#): drawn to scale, with dimensions
 - [Site plan](#): highlight/circle location of suite within building (may use an aerial image to highlight suite if no site plan is available)
 - [Copy of Articles of Incorporation](#) (Corporations and Limited Liability Companies) OR submit a [copy of Social Security Card\(s\)](#) (Sole Proprietors and Partnerships)
 - [Photo IDs](#): Copy of State- or Federally-Issued Photo ID AND Alien Registration Card*
 - [DeKalb County Sanitation Division](#) account number and proof of sanitation service
 - [Certificate of Occupancy](#): for new construction, change of use, or commercial property renovation with new ownership or footprint
 - [Certificate of Completion](#): for renovations that maintain the same ownership and footprint, or square footage
 - Home Occupation (home based business)*: Signed [Affidavit of Requirements for Home Occupation](#)
 - Professional Licensure*: copies of licenses required by the State of Georgia for certain professions (e.g. health care professionals, psychologists; lawyers; teachers; engineers; social workers, occupational therapists, architects; tradesmen, beauticians and personal care service professionals, and certain service industry workers)
 - Restaurants and Other Food Service-Related Businesses*
 - Copy of [DeKalb County Board of Health Food Service Permit](#) (Routing Sheet Provided by Doraville)
 - Copy of [Georgia Department of Agriculture Food Sales Establishments License](#)
 - Copy of DeKalb County [Dept of Watershed Management](#) F.O.G. Certificate (Fats, Oils, and Greases Wastewater Discharge Permit)
 - Additional information deemed necessary may be requested by Staff to process the application
3. FEES (Checks made out to the City of Doraville or pay by credit card):
 - Application fee of \$50.00
 - \$35 per Employee
 - \$50 Inspection fee (home occupations, nonprofit religious organizations, new certificates of occupancy/completion are exempt)
 - Optional: Additional \$50.00 fee for Zoning Verification Letter. Submit separate request for a [Zoning Verification Letter \(ZVL\)](#).

Additional Licenses Required for the Following

Alcoholic Beverage License for Sales of Alcoholic Beverages

- [Alcoholic Beverage License Application](#)
- Original signed copy of "Requirements for Business Hours of Operation and Storefront Windows Affidavit"

Licenses for Regulated Businesses (required prior to issuance of OTC). Complete an additional application for:

- [Billiard](#), [Labor Pools](#), [Massage and/or Spa](#), [Pawn-Precious Metal](#), [Peddler](#), [Sexually-Oriented](#), and [Professional Bonding](#)

4. APPLY FOR BUILDING PERMITS for any physical alterations to your business location (after obtaining the OTC):
 - Obtain a [building permit](#) for exterior or interior construction or renovation
 - Obtain a trade permit for specific [electrical](#), [mechanical](#), or [plumbing](#) work
 - Obtain a [land disturbance/site development permit](#) for any new construction/site development/changes in square footage
 - Obtain a [sign permit](#) for signs on your property, including signs painted on a building and temporary signs
 - Obtain a [tree permit](#) for tree removal, replacement, and pruning

For more information, please contact:

Permits
(building, land disturbance, signs, & tree removal)
permits@doravillega.us

Building Services/Business Licenses
businessservices@doravillega.us

Call or Visit
3725 Park Avenue, Doraville, GA 30340
Hours: Mon. - Fri., 8:30 a.m. - 4:30 p.m.
(770) 451-8745

Applications are only accepted Monday - Friday between 8:30 a.m. and 4 p.m.

20 _____



Payment Type: _____
Payment Amount: _____
Date Submitted to Planning & Zoning: _____

ANNUAL APPLICATION for OCCUPATIONAL TAX CERTIFICATE

This application is for administrative use in determining occupational taxes only.
It does not grant any rights to operate a business contrary to any City ordinances, including zoning ordinances.
PLEASE TYPE OR PRINT CLEARLY – INCOMPLETE APPLCATIONS WILL NOT BE PROCESSED

APPLICATION TYPE (check one)

<input type="checkbox"/> New Business	No prior Occupational Tax Certificate at this address in Doraville.		
<input type="checkbox"/> Location Change	Previous Location:		
<input type="checkbox"/> New Owner	Date Purchased:		
<input type="checkbox"/> Name Change	Previous Name:		
TRADE NAME (DBA)			
LEGAL BUSINESS NAME			
LOCATION			
	STREET ADDRESS		SUITE / UNIT ZIP
TAX PARCEL ID NUMBER	_____ - _____ - _____	WEBSITE	

[Look up your Tax Parcel ID Number with Dekalb GIS](#)

APPLICANT NAME			
APPLICANT IS	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Manager/Employee	<input type="checkbox"/> Agent for Business Owner
APPLICANT EMAIL*		PHONE	

*By providing their information, you agree to be contacted by the City of Doraville regarding any updates.

I, _____, hereby certify that I have provided complete and accurate information in this application. I acknowledge that I am aware that failure to comply with commercial occupation requirements may result in revocation of my Occupational Tax Certificate and/or zoning enforcement action under the Zoning Ordinance. Furthermore, it is my responsibility to apply for and maintain all required Federal and State licenses and permits. Failure to be properly license may result in substantial penalties.

Applicant Signature: _____ Date: ____/____/____

CITY USE ONLY BELOW THIS LINE

PLANNING & ZONING			
Zoning:	Staff Reviewer:		
Proposed Business Use:			
Proposed Business SF:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	Signature:
Conditions/Comments:			
INSPECTOR	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Date: _____ Signature: _____

BUSINESS LOCATION

Property Owner: _____

Space Is: Owned Leased

Anticipated Date of Operation: ____/____/____

- Move In As Is** – no alterations except for paint, flooring, tile and/orfurniture.
- Move In with Alterations** – alterations may be *required* if there is a change in occupancy type from prior use of space. Certificate of Occupancy is required prior to issuance of Occupational Tax Certificate if there is new construction, alterations, or a change in occupancy type. **A BUILDING PERMIT MAY BE REQUIRED IN ORDER TO OBTAIN A CERTIFICANT OF OCCUPANCY**

NOTE: Sign permits are required for **all** exterior business signage and any changes to signs. All businesses must have identifier sign with business name and address/suite number in letters/numbers at least 8” in height.

BUSINESS / OWNER INFORMATION

All correspondence from the City of Doraville will be sent to the Mailing Address below.

Business Owner: _____
FIRST LAST

EMAIL PHONE NUMBER

Mailing Address: _____
ADDRESS SUITE/UNIT

CITY STATE ZIP

If you would prefer correspondence go to someone other than the owner, fill out the information below:

Contact name: _____
FIRST LAST PHONE NUMBER

Mailing Address: _____
ADDRESS SUITE/UNIT

CITY STATE ZIP

TYPE OF OWNERSHIP: Sole Owner Partnership LLC Corporation Non-profit

Date of Incorporation (if incorporated): ____/____/____ State: _____

EIN/SSN: _____ Sales & Use #: _____ - _____

NAICS Code: _____ **Look up the six (6) digit NAICS code for your business [here](#).**

<p>Tax Class 1 – Tax Rate (Gross Receipts) .0003</p> <p>Wholesale Trade (42)</p> <p>Retail Trade (44-45)</p> <p>Health Care & Social Assistance (62)</p> <p>Admin & Support, Waste Mgt. & Remediation Services (56)</p> <p>Construction (23)</p>	<p>Tax Class 2 – Tax Rate (Gross Receipts) .0004</p> <p>Other Services (81)</p> <p>Utilities (22)</p> <p>Transportation & Warehousing (48-49)</p> <p>Accommodation & Food Service (72)</p> <p>Professional, Scientific & Technical Service (54)</p>	<p>Tax Class 3 – Tax Rate (Gross Receipts) .0005</p> <p>Finance & Insurance (52)</p> <p>Agriculture, Forestry, Fishing & Hunting (11)</p> <p>Manufacturing (31-33)</p> <p>Arts, Entertainment & Recreation (71)</p> <p>Educational Services (61)</p>	<p>Tax Class 4 – Tax Rate (Gross Receipts) .0006</p> <p>Mining (21)</p> <p>Real Estate, Rental & Leasing (53)</p> <p>Management of Company & Enterprise (55)</p> <p>Information (51)</p>
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**See first two digits of NAICS to determine your tax class.*

CHARACTER OF BUSINESS

Describe the nature of your proposed business. Be very specific about the activities that will be conducted on the premises. Insufficient or inaccurate information may hinder the approval of your application.

**PLEASE VERIFY THAT YOUR BUSINESS IS PERMISSIBLE AT THIS LOCATION.
CHECK THE [ZONING MAP](#) AND [CITY CODE](#) BEFORE SIGNING A LEASE OR PURCHASING PROPERTY**

Number of Employees (including owner): _____

Total Tenant Space Square Footage: _____

Total Parking On Property*: _____

Estimated Gross Receipts: _____

Gross Receipts:** Businesses may verify gross receipts and number of employees for the prior year by filing a Gross Receipts Return **by March 31**. You are not required to fill this out; however, if you do not, you could be subject to an audit.

* Staff will verify parking minimums are met per Sec. 23-1203 of the Doraville Code of Ordinances.

**See Code Sec. 6-601 for definition of gross receipts.

HOME OCCUPATIONS

Is this business a Home Occupation (business operated out of a single-family dwelling in which the owner resides)?

Yes - Provide following information (enter N/A if not applicable):

Percentage of dwelling (principal structure) occupied by the business: _____%

Number of employees who are also residents of the dwelling: _____

No - Business located in commercially-zoned space.

PRACTITIONERS OF PROFESSIONS

Certain Practitioners of Professions may elect to pay \$400 per practitioner in lieu of paying a tax on gross receipts. If you are eligible, and if you and all members of your firm elect to pay the flat fee per practitioner this year, check below.

I elect to pay a flat fee in lieu of reporting gross receipts and paying a tax based on gross receipts.

Please indicate the number of practitioners next to the appropriate type of profession:

___ Architect

___ Land Surveyor

___ Podiatrist

___ Chiropractor

___ Landscape Architect

___ Practitioner of Physiotherapy

___ Dentist

___ Lawyer

___ Psychologist

___ Embalmer

___ Optometrist

___ Public Accountant

___ Engineers: Civil, Mech. Etc.

___ Osteopath

___ Therapists/Counselors/Social Workers

___ Funeral Director

___ Physician

___ Veterinarian

___ Other certified profession (please describe): _____

AFFIDAVIT CERTIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this Affidavit under oath, as an applicant for an Occupational Tax Certificate or other public benefit from the City of Doraville, Georgia, as referenced in O.C.G.A. Section 50-36-1, I state that that I, _____ [name of natural person applying on behalf of individual, business, corporation, partnership or other private entity],

I am a United States citizen.

OR

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 United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Applicant Signature: _____ Date: ____/____/____

**Must be signed in the presence of a Notary*

SUSCRIBED AND SWORN BEFOR EME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARYPUBLIC

My commission expires: ____/____/____

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 who do not have an alien registration number may supply another identifying number below.

Alien Registration Number for Non-Citizens: _____

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 **employs more than ten employees** and 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. § 13-10-90. 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 NAME OF PRIVATE EMPLOYER DATE OF AUTHORIZATION

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

Executed on this the ____ day of _____, 20 ____ in _____, ____.
CITY STATE

SIGNATURE OF AUTHORIZED OFFICER OR AGENT **Must be signed in the presence of a Notary*

PRINTED NAME AND TITLE OF AUTHORIZED OFFICER OR AGENT

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____/____/____