



City of Roswell Commercial Business Application

Please fill out the business registration application and attach copies of all required documents. Originals must be presented at the time the application is filed and will be returned to you. **Any missing, incomplete or false information, or failure to present original documentation will result in denial of the application.**

Payment must be submitted with the application. Occupation taxes are renewable each calendar year. Businesses that show proof of non-profit status are exempt from the fee requirements but must submit a renewal form each year for reporting purposes. Please review the City of Roswell's Code of Ordinances Chapter 10.3 before applying.

Required Documents:

- Completed application – all pages, all affidavits must be notarized (we provide this service free of charge)
- Proof of Roswell occupancy
 - Commercial Business: Copy of lease or deed for commercial property
 - Home Business: Copy of lease, deed, utility bill, or driver's license with current Roswell address
- Color photocopy of unexpired U.S. issued photo ID (O.C.G.A. § 50-36-2)
- Permanent Resident Card or Employment Authorization Document (Non U.S. citizens only)
- Proof of current Corporate Registration from Georgia Secretary of State, sos.ga.gov (if applicable)
- If using a DBA, proof of registration with Fulton County Clerk of Superior Court, www.fultonclerk.org
- Copy of Georgia Professional State License(s) (if applicable)
- NAICS code must be 6 digits, to find your code www.census.gov/naics

Helpful Resources:

- **Alcohol License** – required to sell and/or serve alcohol. **Legal Dept: 770-594-6185**
- **Auto Broker / Dealer** – zoning confirmation letter. **Planning & Zoning: 770-817-6720**
- **Building Permit** – most projects will require a permit. **Community Development: 770-641-3780**
- **Cosmetologists and Barbers** – sos.ga.gov/georgia-state-board-cosmetology-and-barbers
- **Cottage Food Licensing** – home-based food sales, contact the GA Dept of Agriculture at www.agr.georgia.gov
- **Fingerprint/Background Checks** – required for some business applicants. **Roswell Police Dept: 770-640-4100**
- **Food Service Permit / Health Inspection** – Fulton County Health Dept, www.fultoncountyga.gov
- **GA Tax ID Number** – contact GA Department of Revenue at dor.ga.gov
- **Garbage Service** – establish or change service. **Financial Services: 770-641-3759**
- **Georgia Medical Composite Board** – medicalboard.georgia.gov
- **Internal Revenue Service** – www.irs.gov
- **Massage and Spa Businesses** – apply first for permits and licenses from **Roswell Police Dept: 770-640-4100**
- **Professional License Information** – contact the GA Secretary of State at sos.ga.gov
- **Sign Permits** – all exterior signs (temporary & permanent) require a permit. **Planning & Zoning: 770-817-6720**
- **Zoning Questions** – verify your business type can operate in a zoning district. **Planning & Zoning: 770-817-6720**



Commercial Business Application

Business Account ID # _____
(Assigned by our office)

Please complete the application in detail. Any missing, incomplete or false information or failure to present original documentation will result in denial of application.

Business Information

Business Location

City

State

Zip

Type of Business: ☐ LLC ☐ Domestic Corporation ☐ Partnership ☐ Non-Profit ☐ Sole Proprietorship

*Corporation, LLC and partnerships must list the name of all officers or partners, their titles, resident addresses and phone numbers as a separate attachment.

Square Footage of Business _____

Number of Employees _____

Business Name

FEIN# (Or Social Security Number)

DBA

Business Start Date (In City of Roswell)

Web Address

6 Digit NAICS Code www.census.gov/naics

Give a detailed description of your business activity: _____

Number of parking spaces provided: _____

Business Owner's Information

Name of Owner (Company or Individual – Please Print)

Date of Birth

Residence Address

City

State

Zip

Phone #

Email Address

Business Mailing Address

Business Mailing Address

City

State

Zip

Business Phone #

Email Address

Circle Yes or No to answer the questions below:

- | | |
|---|--------|
| 1) Does the State of Georgia regulate your business?
If yes, please attach a copy of your state professional license(s) or proof of non-profit status. | Yes/No |
| 2) Is your business an adult entertainment establishment or will it offer any form of adult entertainment? | Yes/No |
| 3) Has the business ever been denied from operating or had rights to operate revoked or suspended in any state? | Yes/No |
| 4) Have you or your partner, stockholder or local manager (if a corporation) ever been convicted of a felony? | Yes/No |
| 5) Are hazardous or flammable materials stored on site?
If yes, list here: _____ | Yes/No |

Commercial Business Contacts

If the business is a sole proprietorship or a partnership, provide the name, home address, date of birth and driver's license information for each individual owner. If the business is a corporation, a limited liability corporation or a limited liability partnership, then list the name and business address of the registered agent for the business entity and the name and title of the president, CEO, or managing partner.

Name	Title	Date of Birth	
Home Address	City	State	Zip
Home Phone Number	Driver's License # / State		
Primary Phone #	Secondary Phone #	E-Mail	

Name	Title	Date of Birth	
Home Address	City	State	Zip
Home Phone Number	Driver's License # / State		
Primary Phone #	Secondary Phone #	E-Mail	

Commercial Business Emergency Contacts

Local Contact: (Please Check One)

☐ Emergency Contact ☐ Owner ☐ Partner ☐ Property Owner ☐ Other _____

Name	Title or Association		
Home Address	City	State	Zip
Primary Phone #	Secondary Phone #	E-Mail	

Second Contact: (Please Check One)

☐ Emergency Contact ☐ Owner ☐ Partner ☐ Property Owner ☐ Other _____

Name	Title or Association		
Home Address	City	State	Zip
Primary Phone #	Secondary Phone #	E-Mail	



2025 Occupation Tax

The business occupation tax is based on the total gross receipts of the business in combination with the most current profitability ratios determined by NAICS (North American Industry Classification System) codes, administrative and regulatory fees.

- A **\$100,000 exemption** applies only to businesses reporting **\$100,000 or less** in gross receipts.
- A \$100 administrative fee will apply to all businesses. A \$50 **non-refundable** regulatory fee will apply to commercial businesses only. In addition, a fee of \$12 per employee will be assessed on all businesses with 100 or more full-time employees.
- Professional Practitioners may elect to pay a flat fee of \$400 per practitioner or elect to pay based on gross receipts. **If Practitioners choose to pay based on gross receipts, a \$100 administrative fee will be required.**
- **Occupation Tax is capped at \$85,000**

Schedule of Rates*

You will find your Tax Class and Tax Rate by locating the first two digits of your NAICS code.

NAICS starts with	BUSINESS TYPE	TAX CLASS	TAX RATE
11	AGRICULTURE, FORESTRY, HUNTING, AND FISHING	E	0.0016
21	MINING	E	0.0016
22	UTILITIES	A	0.0007
23	CONSTRUCTION	C	0.0011
31,32,33	MANUFACTURING	C	0.0011
42,44,45	WHOLESALE AND RETAIL TRADE	B	0.0009
48,49	TRANSPORTATION AND WAREHOUSING	C	0.0011
51	INFORMATION	E	0.0016
52	FINANCE AND INSURANCE	F	0.0018
53	REAL ESTATE AND RENTAL AND LEASING	G	0.0022
54	PROFESSIONAL, SCIENTIFIC, and TECHNICAL SERVICES	F	0.0018
55	MANAGEMENT OF COMPANIES (HOLDING COMPANIES)	G	0.0022
56	ADMINISTRATIVE AND SUPPORT AND WASTE MANAGEMENT AND REMEDIATION SERVICES	C	0.0011
61	EDUCATIONAL SERVICES	E	0.0016
62	HEALTH CARE AND SOCIAL ASSISTANCE	E	0.0016
71	ARTS, ENTERTAINMENT, AND RECREATION	F	0.0018
72	ACCOMMODATION, FOOD SERVICES, AND DRINKING PLACES	C	0.0011
81	OTHER SERVICES	E	0.0016

* Rates effective January 1, 2023



2025 Calculation Worksheet for Business Occupation Tax Certificate Business

Name: _____

Account No: _____ NAICS Code: _____ Tax Class: _____ Tax Rate: _____
(Assigned by our office)

Professional Practitioners do not need to complete the calculation worksheet. Enter total (\$400 per practitioner) on Line 9 and include a copy of the State Professional License for each practitioner.

2025 Estimated Gross Receipts From Business Start Date to 12/31 of Current Year		
1	Estimated Gross Receipts for Current Year	
	a. Sales, Use or Excise Taxes	
	b. Inter-Organizational Sales	
	c. Payments to Sub Contractors	
	d. Out of State Sales	
	e. Sales Returns and Allowances	
	f. Total Deductions (add a through e)	
2	If Line 1 is \$100,000 or less, enter \$100,000 If Line 1 is greater than \$100,000 enter 0	
3	Subtract Deductions from Gross Receipts (Line 1- (f) - Line 2) (enter 0 only if amount is negative)	
4	Multiply line 3 by Rate	
5	Number of Employees _____ If more than 99 employees, add \$12.00 per employee (include all employees)	
6	Regulatory Fee Add \$50.00 (if applicable)	
7	Administrative Fee Add \$100.00	
8	Total Due - (Add Lines 4 through 7)	

I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.

Print Name & Title of Individual Authorized to complete the return.

Phone Number Email

Signature Date

9. Total	
Grand Total Due:	

PENDING ITEMS Office Use Only



**O.C.G.A. § 50-36-1(e) (2) Affidavit
For City of Roswell Public Benefit Application**

THIS FORM MUST BE FILLED OUT COMPLETELY AND NOTARIZED.

By executing this affidavit under oath, as an applicant for an **Occupation Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from the City of Roswell, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

I, _____ on behalf of
NAME OF INDIVIDUAL TITLE
_____ state that:
BUSINESS NAME ACCOUNT NUMBER (Assigned by our office)

1) _____ I am a United States citizen.

OR

2) _____ I am a Legal permanent resident of the United States.

OR

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:

Please attach a copy of the verifiable document to this Affidavit.

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: Date

Printed Name of Applicant:

Subscribed and sworn before me this

_____ Day of _____, 20 _____

Notary Public

My Commission Expires: _____



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

THIS FORM MUST BE FILLED OUT AND NOTARIZED.

Business Name _____

Account No: _____

(Assigned by our office)

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(d), stating affirmatively that _____ (name of the individual, firm or corporation) employs as follows:

1. Please select either (A) or (B) below:

- A. ____ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10) employees**.
- B. ____ On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or less employees**.

If employer selected 1(A) please fill out Section 2 below.

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:

E-verify number (Federal Work Authorization User Identification Number (6 to 5 Digits)

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 as allowed by such statute.

Executed on the ____ date of _____, 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
_____ Day of _____ 20____

Notary Public

My Commission Expires: _____

Secure and Verifiable Documents under O.C.G.A. § 50-36-2

- A United States passport or passport card [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at www.bia.gov/service/tribal-leaders-directory. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A passport issued by a foreign government. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card. [O.C.G.A. § 50-36-2(b) (3); 22 CFR § 41.2]
- A NEXUS card. [O.C.G.A. § 50-36-2(b) (3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card. [O.C.G.A. § 50-36-2(b) (3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services. (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b) (3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services. (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document for proof of or documentation of identity, that document will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.