



Paulding County Occupational Tax Certificate

240 Constitution Blvd · 2nd Floor · Dallas, GA 30132

Office: 770-443-7596 Fax: 678-224-4514

Email: occtax@paulding.gov

Commercial Non-Residential Business

New applications must be filled in completion and submitted to the Paulding County Business License Office along with applicable tax payment. **Written notification is required to close business.**

- New Business in Paulding County
- Address Change Business ID # _____
- Name Change Business ID # _____

BUSINESS NAME _____

Corp () LLC () Sole Proprietor () Partnership ()
*Must Provide Tradename and/or Articles

BUSINESS PHONE _____ BUSINESS EMAIL _____

Pursuant to O.C.G.A 10-1-490 any business operating under a name other than the corporation name, limited partnership name, or limited liability company name shall be required to register its trade name with the Clerk of Courts.

PHYSICAL LOCATION _____

MAILING ADDRESS _____

BUSINESS TYPE/FULL DESCRIPTION _____
Additional Documents May Be Required

NAICS CODE (www.census.gov/eos/www/naics) _____

NUMBER OF W2 EMPLOYEES: FULL TIME _____ PART TIME _____

BUSINESS OWNER'S INFORMATION

OWNER NAME _____ HOME/CORP PHONE # _____

ADDRESS _____

PARTNER NAME _____ PHONE # _____

ADDRESS _____

NAME OF PERSON COMPLETING APPLICATION _____

Owner Agent/Other Explain & Sign Below: _____

If someone other than the owner is completing the application you must provide a notarized letter from the owner and must read and sign the following:

I, _____, fully agree that I have permission to obtain a business license on the above listed corporation/company's behalf. I also agree that the above stated answers are true and no false or fraudulent statement is made herein.

APPLICANT SIGNATURE _____ DATE _____

PARTNER SIGNATURE _____ DATE _____

PLEASE ALLOW UP TO SEVEN BUSINESS DAYS FOR PROCESSING

Office Use Only				
Zoning Approval _____	Parcel # _____	Zone _____		
Planning & Zoning Comments _____				
Taxes Verified _____	Date Paid _____			
BL Clerk _____	Business ID# _____	Date _____	Pmt Type _____	Pmt Amt _____



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Occupation Tax Fee Schedule

<u>Number of W-2 Employees</u>	<u>Tax Liability¹</u>		<u>Administrative Fee²</u>		<u>Total Fee</u>
0-5	\$75.00	+	\$25.00	=	\$100.00
6-15	\$150.00	+	\$25.00	=	\$175.00
16-25	\$300.00	+	\$25.00	=	\$325.00
26-50	\$500.00	+	\$25.00	=	\$525.00
51+	\$750.00	+	\$25.00	=	\$775.00

¹Tax liability reduced by 50% for new licenses issued starting July 1st

²Administrative Fee is non-refundable

Penalty and Interest

Delinquent occupation taxes shall accrue interest at a rate of 1.5 percent per month starting January 1st and incur a 10 percent penalty after 90 days of the expiration date.

Forms of Payment Accepted

Cash, Money Order, Check (No Starter Checks)

Credit/Debit cards (Visa or Mastercard)

*There will be a Service Fee of 3.5% with a minimum of \$2 added to ALL Credit Card Transactions.

Make checks payable to: Paulding County Business License

MAILING ADDRESS:

Paulding County Business License

240 Constitution Blvd. 2nd Floor

Dallas, GA 30132

***PAULDING COUNTY BUSINESS LICENSES ARE NOT
TRANSFERABLE & NO REFUNDS ISSUED WILL BE ISSUED***

PLEASE ALLOW UP TO SEVEN BUSINESS DAYS FOR PROCESSING



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Non-Residential Business Requirements

Please read the following requirements for a Commercial (Non-Residential) Business. Be sure to read all the information thoroughly.

1. All Non-Residential businesses must provide a Certificate of Occupancy before a business license can be obtained.
2. State Licenses, County, Permits, or any other federal, state, or county requirements are mandatory prior to obtaining a Paulding County Business License.
3. Business Licenses do NOT transfer with new ownership. The office must be contacted by both the old owner who is selling the business and the new owner to apply as their own business.

By signing below you agree to comply with all Paulding County ordinances. You also agree you fully understand the restrictions and will abide by them.

I, _____, do hereby certify that the facts stated by me in the above and foregoing answers to questions are true and no false or fraudulent statement is made herein. I understand that any falsification of any part of this application could cause denial or revocation of the license.

Applicant Signature _____ Date _____

Partner Signature _____ Date _____

PLEASE ALLOW UP TO SEVEN BUSINESS DAYS FOR PROCESSING



Paulding County Board of Commissioners
Community Development Department – Planning & Zoning Division
Watson Government Complex, Administration Building 2nd Floor
240 Constitution Boulevard
Dallas, GA 30132
Phone: 770-443-7601 Fax: 678-224-4510 www.paulding.gov

AFFIDAVIT – SIGNS

The undersigned hereby read, understands and agrees with the Paulding County Zoning Ordinance specifically Article XII SIGNS in regards to the placement and permitting of signs as noted below. The undersigned also certifies the following true:

Business Name: _____ Owner Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Sign Ordinance regulations regarding placement of signs in unincorporated Paulding County.

1. Signs are prohibited from being placed in public right-of-way.
2. Signs must be properly permitted and located on the business property.
3. No off-premise signs are allowed. (Excluding Paulding County Kiosk Signs and approved billboards)
4. Temporary signs (banners, human directional signs, etc.) must be properly approved and permitted by the Paulding County Planning & Zoning Division prior to installation.
5. One, on-premise standard information sign is allowed without permit approval. The standard information sign can be up to four square feet in size and a maximum of three feet in height. Off-premise standard information signs are prohibited.
6. Signs shall not contain symbols, language or imitate an official traffic sign.
7. A home based business is allowed one sign. The sign can be up to four square feet in size and located at the home based business location. The home based business sign must be ten feet from property lines and right-of-way.
8. Contact the Planning & Zoning Division for additional information regarding commercial signs. (770-443-7601 or www.paulding.gov)

Business owner (or official representative) further deposes that he/she is aware unauthorized placement of commercial signs could result in land use citation being issued by the Paulding County Marshal Bureau with a minimum fine of \$300 and a maximum fine of up to \$1,000 per sign per day.

Signature

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

NOTARY PUBLIC
My Commission Expires: _____

Verification of Lawful Presence with the United States



By executing this affidavit under oath, as an applicant for a(n) _____
[type of public benefit], as reference in O.C.G.A §50-36-1, from _____
[name of government entity], the undersigned applicant verifies one of the following with respect to my
application for a public benefit:

- 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 (f) (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 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

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

_____ DAY OF _____, 20 ____

NOTARY PUBLIC

My Commission Expires: _____

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

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

*** If you select Section 1(B), please skip Section 2 and execute below.

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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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 and Title of Authorized Officer or Agent

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

NOTARY PUBLIC
My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.