



# CITY OF DALLAS

## OCCUPATIONAL TAX CERTIFICATE RENEWAL

### CHECKLIST & PROCEDURES

All forms must be filled out completely for application to be accepted. Before an Occupational Tax Certificate can be renewed, ALL real property taxes and personal property taxes must be paid. Taxes can be paid online at [dallasga.gov](http://dallasga.gov) or in the Tax department at 200 Main Street, Dallas, Georgia 30132.

If you would rather apply online, please visit [dallasga.gov/css](http://dallasga.gov/css).

**If renewals are not completed and submitted by April 1<sup>st</sup>, interest and penalties will be automatically incurred to all late business licenses.**

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#### The following are REQUIRED:

- ☐ Occupational Tax Renewal Application (online or printable form)
- ☐ City of Dallas Financial Affidavit with 2023 (yes, that is correct, 2023) gross receipts completed, signed and notarized.
- ☐ City of Dallas E-Verify Affidavit completed, signed, and notarized
- ☐ Copy of Applicant's Secure and Verifiable Document (driver's license)
- ☐ Your Businesses' NAICS Code (it is on your current business license)
- ☐ Copy of any State issued license affiliated to the occupation/business (salons, tattoo artists, contractors, daycares, doctors, etc.) if applicable

If you hold a grease trap, a FOG (fats, oils, and grease) Permit and inspection will be required before an Occupational Tax Certificate can be issued.

**For additional information concerning Occupational Taxes, please feel free to contact our Occupational Tax Clerk, Cheyenne Cook at [ccook@dallas-ga.gov](mailto:ccook@dallas-ga.gov) or 770-443-8108**

# Occupational Tax Renewal Application

City of Dallas, Business Development Dept.

200 Main Street

Dallas, Ga 30132

Please ensure all sections of the application are fully completed to avoid any delays or potential denial of your submission.

Business Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

License Number: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ (This contact will be shared with Dallas P.D. for in case of Emergency)

Other Contact: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I (print name) \_\_\_\_\_ being the (title) \_\_\_\_\_ of the business firm named, do hereby register and apply for an Occupational Tax Certificate, and furthermore, do hereby certify that the information provided is true, correct, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Financial Affidavit

THIS FORM MUST BE COMPLETED AND NOTARIZED

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS LOCATION:** \_\_\_\_\_

**NAICS CODE:** \_\_\_\_\_ (if not known, visit [www.census.gov/eos/www/naics](http://www.census.gov/eos/www/naics)) **Class 1 or 2**

## Complete if New Business:

**Estimated Gross Receipts \$** \_\_\_\_\_ **or # of Professionals \*\*\* (400 each)** \_\_\_\_\_

## Complete if Renewal:

**2023 Gross Receipts \$** \_\_\_\_\_ **or # of Professionals \*\*\* (400 each)** \_\_\_\_\_

\*If you were in business less than 12 months of 2023 total your gross receipts for the months you were in business in 2023, divide that amount by the number of months you were in business in 2023 and multiply that by 12.

\*\*\* If you have multiple locations, please see City of Dallas Code of Ordinances Section 10-37.

\*\*\* Professionals (O.C.G.A. 48-13-9(1)-(18)) have the option to pay \$400 per professional; no disclosure of gross receipts would be required, but a State Issued Professional License must be provided.

Pursuant to City of Dallas Code of Ordinances Section 10-40, the City has the right to inspect the books or records of any business providing gross receipt information.

Gross Receipts Include:	Gross Receipts Don't Include:
Total income, without deduction for the cost of goods sold or expenses incurred Gain from trading in stocks, bonds, capital assets, or instruments of indebtedness Proceeds from commissions on the sale of property, goods or services Proceeds from fees, charged for services rendered Proceeds from rent, interest, royalty or dividend income	Sales, use or excise taxes Sales returns, allowances and discounts Certain inter-organizational sales or transfers Payments made to a subcontractor or independent agent for services that contributed to the gross receipts (must provide copy of their occupation tax certificate and details or work performed on your behalf) Governmental and foundation grants, charitable contributions, or interest income derived from these funds, received by a nonprofit organization that employs salaried practitioners if the funds constitute 80 percent or more of the organization's receipts Proceeds from sales of goods or services that are delivered to or received by customers who are outside the state at the time of delivery

I, \_\_\_\_\_, do solemnly swear under oath and penalty of perjury, that the gross receipt information provided above is true and correct as stated on the applicable income tax return of the business, less allowed exemptions, or, if no tax return has been filed for the applicable year, the gross receipts are true and correct to the best of my knowledge, ability and training based on financial documents such as a CPA statement and/or the business's annual profit and loss statement.

**Signature** \_\_\_\_\_ **Position** \_\_\_\_\_ **Date** \_\_\_\_\_

## **NOTARY PUBLIC:**

**Sworn to and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

**Signature/Seal** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_ - \_\_\_\_ - 20\_\_\_\_

## **Private Employer / E-Verify Affidavit**

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):

Number of Employees: \_\_\_\_\_ (2part-time = 1full-time)

### **Section 1. Please check only one:**

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed **more than ten (10) employees.**

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the bellowed signed year, the individual, firm, or corporation employed **less than ten (10) employees.**

**\*\*If you select A, please complete Section 2 and the execute below. If you select 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.

\_\_\_\_\_  
E-Verify Number

\_\_\_\_\_  
Date of Authorization

(Federal Work Authorization User Identification Number)

**\*\*** \_\_\_\_\_ - Identification type and number if E-Verify is not applicable. **\*\***

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### **THIS FORM MUST BE NOTARIZED**

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

Executed on \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_  
Day Month Year City State

\_\_\_\_\_  
Name of employer

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed name and Title of Authorized Officer or Agent

**NOTARY PUBLIC:**

**SUBSCIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_**

**SIGNATURE/ SEAL \_\_\_\_\_**

**My commission Expires: \_\_\_\_ - \_\_\_\_ - 20 \_\_\_\_**