


City of Lithonia Occupational Tax Certificate Checklist

If you are a business in the City of Lithonia, you are required to have a current occupational tax certificate in order to conduct business within city limits. Below are some items we recommend each business should look into to ensure your business is in compliance with City Ordinances.

Before signing a lease we recommend that you make sure your business location is in the proper zoning district for your type of business. Please  mail your business address and a description of the primary business activity to the Zoning Department for confirmation at cityclerk@lithoniacity.org. This will help reduce applications denied due to improper zoning.

For home-based businesses, there are certain zoning rules and regulations governing the business location. If you are not a home-based business, we recommend that you verify whether or not your business will need a Certificate of Occupancy from Lithonia at City Hall. Please call 770-482-8136, ext. 128.

Complete and submit all required forms/documentation and \$150 application fee to the Lithonia City Hall for review and approval (may take up to 15 business days) to obtain your Occupational Tax Certificate.

To obtain your Occupational Tax Certificate please follow the instructions below. The items listed below are needed to complete occupational tax certificate applications:

Required for all applicants:

- ✓ **New Occupational Tax Certificate Application**
 - Must be completed, signed and notarized (be sure to print clearly)
 - Lease Agreement or Purchase Agreement
- ✓ **SAVE Affidavit Form with appropriate identification**
 - #1 U.S. Citizens: Passport, Georgia Driver's License, or Military ID
 - #2 Legal Permanent Residents: Georgia Driver's License and either Permanent Resident Card or Employment Authorization Card
- ✓ **E-Verify Affidavit or Private Employer Exemption Affidavit Pursuant to O.C.G.A§ 36-60-6(d)**
- ✓ **Copy of Applicant's Identification**
 - Either Passport, Georgia Driver's License or Military ID
- ✓ **Payment for the correct fee amount**
 - On-Line, Cash, Checks or Money Orders are acceptable forms of payment

Optional depending on business type:

Home Occupational Supplemental Form

Only needed if business will be operated from home

- ✓ **Copy of the first page of the Certificate of Incorporation**
 - Only needed if business is a Corporation or LLC (Includes non-profits)
- ✓ **Copy of Professional State License**
 - Only if applicable: Attorneys, Physicians, CAP's, Engineering, Architects, Surveyors, Cosmetology, etc.
- ✓ **Copy of health inspection report with the grade and/or fire inspection report**
 - Restaurants only
- ✓ **Copy of FOG (Fats, Oils, Greases) Compliance Inspection from DeKalb County Department of Watershed Management**
 - Restaurants only



CHECKLIST FOR OCCUPATIONAL TAX CERTIFICATE APPLICATION

BUSINESS NAME _____ **BUSINESS TYPE** _____

- \$150 Administrative Fee**
- New Occupational Tax Certificate Application** Must be completed, signed and notarized
- Lease Agreement or Purchase Agreement
- SAVE Affidavit Form with appropriate identification**
 - #1 U.S. Citizens: Passport, Georgia Driver's License, or Military ID
 - #2 Legal Permanent Residents: Georgia Driver's License and either Permanent Resident Card or Employment Authorization Card
- E-Verify Affidavit or Private Employer Exemption Affidavit Pursuant to O.C.G.A§ 36-60-6(d)**
- Copy of Applicant's Identification** Passport, Georgia Driver's License or Military ID
- Home Occupational Supplemental Form** Only needed if business will be operated from home
- Copy of the first page of the Certificate of Incorporation**
Only needed if business is a Corporation or LLC (Includes non-profits)
- Copy of Professional State License**
Only if applicable: Attorneys, Physicians, CAP's, Engineering, Architects, Surveyors, Cosmetology, etc.
- Restaurants Only**
Copy of health inspection report with the grade and/or fire inspection report
Copy of FOG (Fats, Oils, Greases) Compliance Inspection from DeKalb County Department of Watershed Management
- Alcohol State License**
- Compliance Review – Code Enforcement**

TYPE	DATE	REASON	NEXT STEP
Non-Compliance			
Nuisance			
Pending Court Cases			

Zoning

DATE	APPROVED	DENIED	REASON	HISTORIC PRESERVATION

Pending Items

C.O.	FIRE	HEALTH	STATE LICENSE	INSURANCE	SIGNAGE	BUILDING PERMITS

FINAL ADMINISTRATIVE APPROVALS

City Clerk _____ DATE OF ISSUANCE _____

Chief of Police _____

Code Enforcement _____

Councilmember Darold Honore _____

Councilmember Diane Howard _____

Councilmember Amelia Inman _____

Councilmember Vanerriah Wynn _____

Councilmember Yolanda Sheppard _____



City of Lithonia

2025 Occupational Tax Certificate Application

Out of Town Contractor: Yes No

License #: _____

EIN#: _____

State ID#: _____

****Smoking is prohibited in all public places & places of employment within the city.**

Copies of the City's Ordinance are available**

Business Information	Business Name: _____		DBA Name: _____
	Primary Business Activity: _____		NAICS Code: _____
	Address/Location: <i>(List actual business site address)</i> _____		Telephone Number: _____
	Bill To/Mailing Address: _____		
	City: _____	State: _____	Zip: _____
	Ownership Type: () Association () Corporation () Partnership () Single Owner () LLC		
Applicant's Name: _____		Owner/Agent's Name: _____	
Owner/Agent's Address: _____			
City: _____	State/Zip: _____	Email: _____	
Contact Information	***Applicant must provide copy of valid Georgia driver's license or other governmental issued photographic identification with application (Passport, Military ID, or Georgia driver's license).		
	Will this be based out of your home? Yes _____ No _____ ***If "yes" you must attach a "Home Occupational Supplemental Form" to this application.		
	Will your business be an adult entertainment establishment as defined by the Lithonia City Code or does (will) it offer any form of adult entertainment? Yes _____ No _____ If yes, please contact City Hall for additional information.		
	Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? Yes _____ No _____ ***If yes, attach written explanation.		
	Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.		
	2024 "Projected" DeKalb plus Georgia Gross Receipts \$ _____		
Total Employees (at least one, includes owner/operator) Administrative Fee of \$150.00 (no refund or transfer)		# _____	\$ 150.00
Total Amount Due or Professional Option. (\$400 per practitioner only if allowed by O.C.G.A.)			\$ _____
Please make check/money order payable to the City of Lithonia and mail or deliver to 6920 Main Street, Lithonia, GA 30058. Credit/debit payments are accepted at lithoniapay.com .			

This application must be executed under oath and notarized. I, _____, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expire December 31st and must be renewed annually.

Signature _____ Position _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public Signature/Seal _____

OFFICE USE ONLY: Zoning: Date _____ Approved by _____ Denied by _____ Reason _____ Pending Items: C.O. _____ Fire _____ Health _____ State License _____ Insurance _____ Police _____ Class Type Bus Hours _____ Compliance Review (Nuisance, Non-Compliance, Pending Court Cases) _____ Additional: _____

Administrative Approval _____ Council Approval _____ Council Denial _____ Reason _____
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E-Verify Private Employer Affidavit O.C.G.A § 36-60-6(d)

The e-verify private employer affidavit must be collected when applying for occupational tax certificates, business licenses and alcohol licenses. The City of Lithonia will not Issue Initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a _____ (Occupational Tax Certificate, Business License, Alcohol License or other document required to operate a business as referenced in O.C.G.A. § 36-60-G(d), from the City of Lithonia, the undersigned applicant representing the private employer known as _____ (Printed Name of Business) verifies one of the following with respect to my application for the above-mentioned business document:

1. Choose ONE of the following:

(A) ___ On January 1st of the below signed year the Individual, firm, or corporation employed more than 11 employees. If the employer selected (A) please fill out section 2 below.

(B) ___ On January 1" of the below signed year the Individual, firm, or corporation employed 11 or fewer employees. If the employer selected (B) section 2 Is not required.

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-G(a). The undersigned private employer also attests that its federal work authorization user Identification number and date of authorization are as listed below:

_____ Date of Authorization
E-Verify # User Identification Number

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation In an affidavit shall be guilty of a violation of O,C,G,A, § 16-10-20 and face criminal penalties allowed by such statute.

THIS FORM MUST BE NOTARIZED AND SIGNED

Applicant Printed Name Signature of Applicant Date



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

Executed in _____ (City) _____ (State)

NOTARY PUBLIC SIGNATURE My Commission Expires



G E O R G I A
S.A.V.E. Public Benefit Affidavit
O.C.G.A. § 50-36-1

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1(f)(2)). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for (Occupational Tax license or Alcoholic Beverage license or any other Public benefit) as referenced in O.C.G.A. § 50-36-1, from the City of Lithonia, the undersigned applicant verifies one of the following with respect to my application for public benefit.

(Please check one)

- 1) I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)
- 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 has 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 Georgia Law O.C.G.A § 50-36-1(f) (1), with this affidavit. A complete list of secure and verifiable documents have been provided within application packet.

REQUIRES VERIFICATION AT SUBMISSION - 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 this 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.

_____ (representative for) _____
(Applicant Printed Name) (Name of Business, corporation, partnership, etc.)

_____ Signature of Applicant _____ Date

THIS FORM MUST BE NOTARIZED

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

Executed in _____ (City), _____ (State).

NOTARY PUBLIC Signature My Commission Expires



EMERGENCY BUSINESS CONTACT FORM

CITY OF LITHONIA – POLICE DEPARTMENT
6920 MAIN STREET, LITHONIA, GA 30058
PHONE: (770) 482-8136 FAX: (678) 526-0252

Occasionally it may be necessary for our Police Department to contact a responsible person from your business or agency outside of regular business hours. In order to save time and to ensure that only qualified persons are called by our personnel, we request that you fill out this form and return it along with your completed Occupational License Application.

Business/Agency Name: _____

Type or Line of Business: _____

Owner's Name: _____ Address: _____

Phone Number: _____ Email Address: _____

Business Website Address: _____

Person to call in emergency:

1. Name: _____
Address: _____
Phone Number: _____

2. Name: _____
Address: _____
Phone Number: _____

3. Name: _____
Address: _____
Phone Number: _____

Do you have a Fire Alarm? _____ Hold-Up Alarm? _____

Alarm Company Name: _____ Phone #: _____

Property Owner (if different than Business/Agency Owner)

Name: _____

Address: _____

Insurance Carrier: _____

Company: _____ Phone#: _____

Address: _____



CITY OF LITHONIA

6920 Main Street Lithonia, GA 30058

Ph: 770-482-8136

www.lithoniacity.org

Home Occupation Supplemental Registration Form

BUSINESS NAME: _____
 BUSINESS TYPE: _____
 BUSINESS ADDRESS: _____ BUSINESS PHONE: _____
 APPLICANT: _____ RESIDENCE PHONE: _____
 BRIEF DESCRIPTION OF BUSINESS: _____

Definition: Home occupation (H.O.P.) means an occupation carried on by an occupant of a dwelling unit as a secondary use dwelling unit for residential purposes and is operated in accordance with applicable provisions of the Zoning Ordinance.

The following provisions shall apply to home occupations (per Sections 27-201, 27-221, 27-241, 27-261, 27-351, 27-376, 27-426 of the Zoning Ordinance adopted by the Lithonia City Council December 5, 2005):

- A. There shall be no exterior evidence of the home occupation.
- B. No use shall create noise, dust, vibration, odor, smoke, glare or electrical interference that would be detectable beyond the dwelling unit.
- C. The use shall be conducted entirely within the dwelling unit and only persons living in the dwelling unit shall be employed at the location of the home occupation.
- D. No more than 25% of the dwelling unit and in no case more than 500sq. ft., whichever is less may be used for the conduct of the home occupation.
- E. No use shall involve public contact on the property and no article, product, or service shall be sold on the premises other than by telephone. (Note: A special Land Use Permit may be applied for the customer (public) contact, which must be approved by the Planning and Zoning Dept. at a public hearing. Contact the Planning Dept. for information (770-482-8136, Councilman Marcus Lloyd).
- F. No materials or equipment shall be stored on the premises upon which the home occupation is located, except where such materials and equipment are stored entirely within the residence.
- G. No vehicle other than a passenger automobile, passenger van, or passenger truck shall be used in the conduct of a home occupation, and no other vehicle shall be parked or stored on the premises.
- H. No home occupation shall be operated so as to create a nuisance.
- I. Home occupation shall not include the use of a dwelling unit for the purpose of operating any automobile repair establishment, taxi service, van service, limousine service, wrecker service, car wash, or ammunition or firearms sales establishment.

I certify that I reside at the address shown for the proposed business and that it is my principal residence. I hereby acknowledge that I have received a copy of the zoning regulations covering Home Occupation as shown above and will comply with it. I am aware that failure to comply with said requirements would result in revocation of business license and/or legal action by City of Lithonia.

Signed _____ Date: _____