NEW BUSINESS REGISTRATION
Application for Occupational Tax Certificate

Before submitting your application, all applicants are encouraged to contact the department of Planning & Development for zoning approval. Before modifying your building and location, contact the Permits Coordinator at 770-233-4130. The following information will be required when submitting the business registration application:

**REQUIRED DOCUMENTATION:**
- A valid US government issued ID for each applicant
- S.A.V.E. Affidavit Verifying Residency completed & notarized
- E-Verify Private Employer Affidavit completed & notarized
- A copy of your lease agreement (if renting/leasing) or a buyer’s agreement (if you own the building)
- Federal Tax I.D. Number from the Internal Revenue Service. To apply, contact the IRS at 1-800-829-1040 or apply online at www.irs.gov
- Sales & Use Tax I.D. Number. To apply contact the Georgia Department of Revenue at 877-423-6711 or online at www.dor.georgia.gov
- Corporations are required to submit a copy of the Certificate of Corporation/Organization and the articles. Contact the Georgia Secretary of State Corporations Division at 404-656-2817 or apply online at www.sos.ga.gov
- Each person licensed by the Secretary of State Professional Licensing Board of Georgia shall provide a current state license at the time of registering a business.
- State License or Certification (if applicable)
- Nonprofit businesses and churches are required to provide a valid exemption 501 C 3 determination letter issued by the IRS
- All Gold Buying and Selling businesses will be required to register their business with Leads Online at www.leadsonline.com
- Retail tire businesses that sell new and/or used tires must provide a Generator Number (GN) before the business occupational tax certificate can be issued.

**Processing time may vary, but usually takes at least 5-7 business days, depending on the type of business. All applications are subject to review.**

**Important Note:** Licenses are not issued at the time of application.

If you have any further questions regarding business registration, please contact the City of Griffin Tax & License Administrator:

**REQUIRED INSPECTIONS:**
- All commercial buildings and residential care homes require Fire Marshal Inspection. Approximately 72 hours before opening your business, call the Griffin Fire & Rescue Department Inspection Request Line at 770-229-6415. **No fees are required.**
- All convenience stores, grocery store, bakeries, coffee shops, vending supplies, ice cream trucks and cottage food retailers must contact the Georgia Department of Agriculture by phone at 404-656-3600. **Additional fees may apply.**
- All food establishments, ice cream parlors, tattoo parlors, body artist, event centers, lodging facilities are required to obtain a permit from the Spalding County Department of Environmental Health at 770-467-4230. Please remit a copy of your permit or inspection report to the Tax & License Office. **Additional fees may apply.**
- All food handling facilities, ice cream parlors, day care centers, car washes, tire retailers, auto repair shops, hospitals, supermarkets and hotel/motels are required to complete the Fats Oils & Grease (FOG) Program application. A grease trap manifest may be required before operating. Contact the Environmental Code Compliance Officer at 678-692-0404 to schedule an inspection. **No fees are required.**

Occupational Tax Certificates expire on December 31 each year. Renew by March 31 to prevent a late penalty.

**Sign Permits:** Temporary and/or Permanent
A City of Griffin issued permit is required for all signs and banners. Flags, feather banners and spectacular devices are not permitted. All changes to an existing sign connected with the business will require a sign permit application review. This applies to both permanent and temporary signage. For design guidelines, sign permit fees and other information; contact the City of Griffin Office of Planning & Development Services by phone at 770-233-4130

**Karen Bennett**
**Tax & License Administrator**
T: 770-229-6402  F: 770-233-2915
E: kbennett@cityofgriffin.com
What to expect concerning a Fire Department Inspection:

The Fire Marshal and Fire Inspector are charged with the responsibility of insuring that all new businesses within the City of Griffin comply with N.F.P.A.101 Life Safety Codes. These codes are designed for the protection of all persons who may enter your building to conduct business, for your safety, and to minimize the chance for an accidental fire to occur in your building.

Items we will be checking:

1. Fire extinguisher (must be checked and serviced annually)
2. Marked exits
3. Proper storage of combustible materials and flammable liquids
4. Proper clearance of combustible materials around gas water heater
5. Proper means of egress (clear paths to exits)

Call 770-229-6415 to schedule your fire inspection approximately 48 hours prior to opening for business. Insure that the 5 items listed have been addressed prior to calling for an inspection.

(Requirements are based on the Type of Business and the size and location of the building. Additional requirements may pertain to your business. The 5 items listed above are the basic requirements for all businesses.)
City of Griffin Utility Incentive Program

Purpose: To recruit new businesses to Griffin by offering discounted utility rates from Griffin Power, Water/Wastewater, and Solid Waste, and by waiving initial plan review fees from Planning & Development Services.

Eligibility: The Utility Incentive Program applies only for a “New Local Business Entity” that locates within the city limits after the effective date of this program. A “New Local Business Entity” is defined as: (1) any legal partnerships, persons, corporations or other entities engaged in an occupation, profession or business as defined in Chapter 26, Article II, Section 26-31 of The Code of Griffin, Georgia; (2) and that requires electricity service of a connected load less than 900kW and water service consuming less than 100,000 gallons per month; (3) and that leads to the creation of at least one new full-time job. A new business will be defined also as being in a dedicated standalone building or standalone unit that is serviced by its own separate water and electric meters. “NO” division of space or units will be allowed if not specifically metered separately. A change of ownership of an existing business registered with the City of Griffin will not qualify. The City reserves the right to end this program at any time.

Process: Upon completing all required business registrations including the payment of Occupational Tax fees and the certification of jobs to be created, New Local Business Entity applicants will receive a statement from the Tax & Licensing Division identifying them as eligible for the Utility Incentive Program. The registered New Local Business Entity will bring that statement to Customer Service when requesting new utility service, where the rate incentives are applied. A New Local Business Entity that receives the reduced rate must re-apply each year after renewing their Occupational Tax Certificate and certifying the retention or creation of new jobs.

Rate Reduction Incentive Schedule*:

<table>
<thead>
<tr>
<th>Griffin Power</th>
<th>Water &amp; Wastewater</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% rate reduction – Year 1</td>
<td>30% rate reduction – Year 1</td>
</tr>
<tr>
<td>20% rate reduction – Year 2</td>
<td>20% rate reduction – Year 2</td>
</tr>
<tr>
<td>10% rate reduction – Year 3</td>
<td>10% rate reduction – Year 3</td>
</tr>
<tr>
<td>Solid Waste</td>
<td>Planning &amp; Development</td>
</tr>
<tr>
<td>30% rate reduction – Year 1</td>
<td>Initial commercial construction/renovation plan review fees are waived.</td>
</tr>
<tr>
<td>20% rate reduction – Year 2</td>
<td></td>
</tr>
<tr>
<td>10% rate reduction – Year 3</td>
<td></td>
</tr>
</tbody>
</table>

*Rate reductions and incentives may not be combined with Green Business Program.

On Time Utility Payments Required: In return for receiving these special incentive utility rates, the business owner agrees to make on time utility payments. Only one (1) late payment will be allowed during any twelve (12) month period. If the account becomes delinquent a second time during the twelve month period, the special incentive discount shall become null and void, and the utility rates will revert to the full rates then in effect for the applicable services. Any account that is turned off for nonpayment shall immediately have the incentive discount discontinued and revert to the full rates then in effect for the applicable services.

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ELIGIBLE APPLICANTS PLEASE COMPLETE THE INFORMATION BELOW:

Business Name: ____________________________  Tax ID: ________________

Location: ____________________________  Tax ID: ________________

Applicant: ____________________________  Tentative Opening Date: ________________

Applicant Signature: ____________________________  Today’s Date: ________________

Tax & License Signature: ____________________________  Date: ________________

City of Griffin Revised 08/14/2014.06/24/2015
BUSINESS REGISTRATION & OCCUPATIONAL TAX CERTIFICATE APPLICATION

Type of Business: ☐ Commercial ☐ Home Occupation ☐ Out of State Ownership Change: ☐ YES ☐ NO

Type of Ownership: ☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Other ______________________

Federal (FEIN): _____________________ Sales & Use Tax ID #: ___________________ E Verify #: ___________________

Corporation Name / Ownership: ________________________________________________________________

Doing Business as Name (DBA): ______________________________________________________________

Business Address: ____________________________________________________________

Business Telephone: _______________________________ Mobile Telephone: _______________________

Mailing Address, if different ________________________________________________________________

Phone: __________________________ Email Address: ________________________________

Name of Applicant (1): ______________________________ Title: ________________________________

Home Address: ______________________________

Telephone: __________________________ Email Address: ________________________________

Name of Applicant (2): ______________________________ Title: ________________________________

Description of business in detail: ____________________________________________________________

COMPUTATION OF TAXES AND FEES:

SECTION A:

Occupational Tax Base Flat Fee ($50) and Administrative Fee ($40): $ 90.00

Number of full-time employees _______ X $60.00= _______

Number of part-time employees _______ X $30.00= _______

Businesses with more than 20 employees (full-time and part-time combined) use the calculation below:

<table>
<thead>
<tr>
<th>Number of Employees</th>
<th>Rate Breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 20</td>
<td>$60.00 per employee</td>
</tr>
<tr>
<td>21 - 100</td>
<td>$1,200.00, plus $30.00 for each employee over 20</td>
</tr>
<tr>
<td>101 and above</td>
<td>$3,600.00, plus $10.00 for each employee over 100</td>
</tr>
</tbody>
</table>

Sub Total: __________________ Total: __________________

SECTION B: Professionals as defined by Georgia Law O.C.G.A. 48-13-9 (c) and under City of Griffin Occupational Tax Regulations, Section 82-155 annually elect to pay a flat fee for their occupational tax certificate in lieu of a fee based upon number of employees. Election of the flat fee option eliminates the need to disclose number of employees. Professionals who elect to pay the flat fee are required to pay $400 per professional. Do not combine the $400 fee with any other fee.

For professional election: Number of professionals _______ X $400.00= __________ Total: __________

In accordance with the business and occupation tax ordinance of the City of Griffin, Georgia, I understand and certify that I am the person duly authorized by the business wherein names to file this return including the accompanying schedules and statements and that the same are true, correct and complete.

Signature: _____________________________ Date: ___________________________
Affidavit Verifying Residency Status of an Applicant as Required by the
Georgia Security and Immigration and Compliance Act

By executing this affidavit under oath, as an applicant for the City of Griffin, Georgia Occupational Tax Certificate or Alcohol License, as referenced in the Georgia Security and immigration Compliance Act (O.C.G.A. Section 50-36-1), I am stating the following with respect to my application for a City of Griffin Business License.

Name of Business in Griffin, GA: ________________________________

Name of the Applicant: __________________________________________

_____ I am a United States citizen and 18 years of age or older

OR

_____ I am a legal permanent resident of the United States and 18 years of age or older or I am a 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 statement 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.

Signature of Applicant: ______________________________________ Date: __________

Printed Name of Applicant: __________________________________________

*Alien Registration Number for Non-Citizens: ___________________________

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF ________________, _______

______________________________ Notary Public SEAL

My Commission Expires: __________________________

*Note: 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 provide their alien registration number.

Please indicate the document verifying your residency status and attach a copy of the document (front and back) on behalf of licensee:

- Permanent Resident Card
- Temporary Resident Card
- Employment Authorization Card
- Immigrant Visa
- Certificate of Citizenship
- Naturalization Certificate
- Other (Use Document Description)
- Unexpired Foreign Passport
THE CITY OF GRIFFIN  
GRiffin, GEORGIA

Instructions: Complete either section A or section B pertaining to your private employer status.

**Section A:**  
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 (10) 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:

___________________________  
Name of the Private Employer (Business)

___________________________  
ID/"E-Verify" Number  
Date of Authorization

**Section B:**  
Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize 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.

___________________________  
Name of the Exempt Private Employer (Business)

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on ___________, 202__, in __________ (city), __________ (state).

___________________________  
Signature of Authorized Agent  
Printed Name of Authorized Agent

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

___________________________  
NOTARY PUBLIC

My Commission Expires:  
SEAL