



City of Kennesaw
2529 J.O. Stephenson Avenue
Kennesaw, GA 30144
770-424-8274
770-429-4559 Fax
www.kennesaw-ga.gov

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

This application must be filled out completely to obtain a business license. Please print legibly with ink or type.

Note: Any information and/or documents provided in this application that are exempt from disclosure to third parties under O.C.G.A. 50-18-72 will be held confidential.

BUSINESS INFORMATION

This business is: NEW CHANGE OF OWNERSHIP CHANGE OF NAME OR ADDRESS

The business is zoned: Residential _____ Commercial _____

Business Name (Doing Business As): _____

Address: _____

 Street Address APT/STE City/State Zip

Mailing Address (if different) _____

Business Phone () _____ Fax Number () _____

State Identification Tax number _____ *(Required)*

Federal Identification number _____ State or Federal regulated? Yes () No ()

Describe in detail the nature of the business: _____

Estimated Gross Receipts for the remainder of this calendar year \$ _____

Number of Employees at this location _____ (Sole owner/operators)

Number of Independent Contractors at this location _____

OWNER INFORMATION

Type of Ownership: Sole Proprietorship Corporations/LLC * Partnership/LLP

****Corporations must be active in compliance and provide a copy of the Corporate Certificate. ****

OWNER INFORMATION MUST REFLECT THE TYPE OF OWNERSHIP:

Corporate/Partnership Name: _____

Sole Proprietor Name: _____

Effective Date _____ D/O/B ____/____/____

Address: _____

 Street Address Apt/Ste City/State Zip

SSN: _____ Phone: () _____ Cell number: () _____

E-mail address: _____

If you've obtained a previous business license; where and when? _____

**If the business is corporate owned or a partnership, complete Corporate Officers/Partners section on next page.*

CORPORATE OFFICERS/PARTNERS

President/Partner Full Name: _____ **Position:** _____

% of Ownership _____

Address: _____

Street Address Apt/Ste City/State Zip

Phone: () _____ SSN/EIN: _____

Vice President/Partner Full Name: _____ **Position:** _____

% of Ownership _____

Address: _____

Street Address Apt/Ste City/State Zip

Phone: () _____ SSN/EIN: _____

Treasurer/Partner Full Name: _____ **Position:** _____

% of Ownership _____

Address: _____

Street Address Apt/Ste City/State Zip

Phone: () _____ SSN/EIN: _____

Person completing application, if other than owner:

Applicant Name: _____ () Owner () Member/Partner () Other _____

Address: _____ Phone: () _____

DISCLAIMER AND SIGNATURE

I certify that the facts stated by me are true and correct. I understand any misrepresentation or fraudulent information is grounds for automatic dismissal of this application and or revocation of the license. I understand that all signs displayed on my premise must be approved and permitted by the City of Kennesaw, Planning and Zoning Department. I also understand that my business must be operated in compliance with all applicable state, federal and local law, ordinances, and regulations; and that the granting of this license or payment of this occupation tax does not waive any rights of any state, federal, or local entity to regulate, and enforce such laws, ordinances, and regulations. In addition I understand my business location must conform to all zoning rules and regulations.

Signature: _____ Date: _____

Print Name & Title: _____

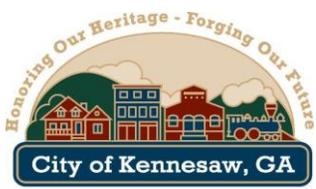
Office Use Only

Acct: _____ SIC: _____ State Issued ID # _____ exp. _____

Tax/Fee \$ _____ Penalty _____ Interest _____ Total Dues \$ _____

Property Tax \$ _____ Utility Billing \$ _____ Date _____

Method of Payment: Cash Check M/C Visa Money Order ck/receipt# _____



City of Kennesaw
2529 J.O. Stephenson Ave.
Kennesaw, GA 30144

Contact Information
Phone: (770) 424-8274
Fax: (770) 429-4559
www.kennesaw-ga.gov

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document such as driver's license or passport to the City of Kennesaw with your application.

Printed Name of Applicant: _____

Business License Number: _____ (to be completed by City staff)

APPLICANT AFFIDAVIT:

By executing this affidavit under oath, as an applicant for a(n) business license, occupational tax certificate, alcohol license, taxi permit or other public benefit, as referenced in O.C.G.A. § 50-36-1, from the City of Kennesaw, the undersigned applicant verifies one of the following with respect to my application for a public benefit (check one):

1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document (s) such as a driver's license, passport, or document indicated on the Attorney General's website.**

2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or 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. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

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.

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 _____, __, 202__ 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 _____, 202__.

NOTARY PUBLIC

My Commission Expires: _____

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.



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Office Use Only:
Acct #: _____
D/B/A: _____
Business Start Date: _____
FEIN: _____
Ownership Type (Corp, Partnership,
Sole Prop, LLC): _____
Owner Name: _____

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6758 or e-mail David.Smith@dor.ga.gov .

**CITY OF KENNESAW
EMERGENCY COMMUNICATIONS
EMERGENCY CONTACT QUESTIONNAIRE**

BUSINESS NAME TYPE OF BUSINESS

STREET NUMBER & NAME SUITE # ZIP CODE

BUSINESS TELEPHONE FAX NUMBER

OWNER'S NAME HOME PHONE NUMBER PAGER OR CELL NUMBER

TO BE NOTIFIED IN CASE OF AN EMERGENCY AFTER NORMAL BUSINESS HOURS:

1. _____

NAME TITLE/POSITION HOME NUMBER PAGER OR CELL #

2. _____

NAME TITLE/POSITION HOME NUMBER PAGER OR CELL #

3. _____

NAME TITLE/POSITION HOME NUMBER PAGER OR CELL #

DOES YOUR BUSINESS HAVE AN ALARM SYSTEM? **YES** OR **NO**

IF SO, WHAT TYPE OF ALARM SYSTEM? **AUDIBLE** OR **SILENT**

IS THE ALARM SYSTEM FOR NOTIFICATION OF: **BURGLARY** **FIRE** OR **HOLD-UP**

DOES AN ALARM COMPANY RECEIVE THIS ALARM SIGNAL TO NOTIFY POLICE OR FIRE?

IF SO, LIST THE ALARM COMPANY'S NAME AND 24-HOUR TELEPHONE NUMBER.

_____ (____) _____

DOES YOUR BUSINESS HAVE A WATCHDOG OR GUARD DOG? **YES** OR **NO**

IF SO, LIST NUMBER OF DOGS AND TYPE OF DOG. _____

DOES YOUR BUSINESS HAVE A SECURITY GUARD OR WATCHMAN? **YES** OR **NO**

IF SO, LIST THE NUMBER OF GUARDS, SECURITY COMPANY NAME AND PHONE NUMBER.

DO YOU LEAVE ON ANY **INTERIOR** OR **EXTERIOR LIGHTS** AFTER HOURS? **YES** OR **NO**

IF SO, LIST LOCATION WHERE THE LIGHTS ARE LEFT ON. _____

DO YOU HAVE ANY **ADDITIONAL SECURITY**? **YES** OR **NO**

IF SO, PLEASE LIST THIS INFORMATION. _____

ARE THERE ANY **FLAMMABLE, HAZARDOUS, DANGEROUS OR TOXIC MATERIALS** STORED ON THE PROPERTY WHERE YOUR BUSINESS IS LOCATED? **YES** OR **NO**

IF YES, LIST THE NAME OF THE SUBSTANCE AND APPROXIMATE QUANTITY. PLEASE PROVIDE A COPY OF M.S.D.S. FOR EACH PRODUCT LISTED.

MATERIAL	QUANTITY	CONTAINER TYPE	MSDS#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Mail to: City of Kennesaw 911 2529 J.O. Stephenson Avenue Kennesaw, Ga. 30144 Attn: Linda Davis
Fax number 678.385.0166

The information you have provided is strictly confidential and will remain in the 9-1-1 Center. This information will be used to assist Police & Fire Personnel in the event an incident occurs on your property.



Date Received: _____

Staff Initials: _____

COMMUNITY DEVELOPMENT
BUILDING SERVICES DEPARTMENT
PHONE: (770) 429-4554 FAX: (770) 429-4548
2529 J.O. Stephenson Avenue, Kennesaw, GA 30144

OCCUPANCY PERMIT APPLICATION

****This permit does not allow changes to structure or construction work being done that would require permits by a licensed Contractor (plumbing, heating, electrical, building, etc) *****

Step 1: Complete the Following Information

APPLICANT/CONTACT NAME: _____ Email Address: _____

BUSINESS NAME: _____ SQUARE FOOTAGE: _____

BUSINESS ADDRESS: _____

DETAILED NATURE OF BUSINESS: _____

PHONE: OFFICE: _____ CELL: _____

Step 2: Bring completed application to Kennesaw Planning and Zoning for verification of use type (770-590-8268).

This may require up to 5 days for review to ensure your business use meets requirements for the location.

LAND LOT/PARCEL _____ ZONING _____ INTL APPROVAL BY ZONING DEPT. _____

Step 3: If approved by Zoning, Submit business license information to the business license clerk at City Hall Main Entrance and verify no other approvals/information is needed by them prior to CO being issued. (Example: alcohol sales)

Step 4: Other Agencies

___ **Call the Cobb County Fire Marshal's Office (770-528-8310) and Cobb Water (770-419-6327)** –They will direct you on their procedures based on the previous occupancy of the space.

___ **Check with the Department of Public/Environmental Services** for any food service, salon, or medical facility to obtain their procedures (770-435-7815).

Per Fire Marshal's Direction – check one:

NAME/OWNER CHANGE (where type of business remains the same and no construction is occurring) – *Complete CCFM Information Change Form found on their website at: <http://www.cobbfire.org/> Cobb County Commercial Permit Application Form (Page 2 of this form goes to Cobb Water) and Information Change Form. Once approved by both agencies, verification will be sent by them to the City of Kennesaw.*

NEW BUSINESS TYPE – Make an appointment to take copies of floor plan (drawing of space you are occupying) to them for approval. They will give you direction on what needs to be on the plan and if there are any fees due for their review. Go to their website, <http://www.cobbfire.org/>, to obtain the Cobb County Commercial Permit Application.

Step 5: Submit completed application to Kennesaw Building Services

Bring application, approved floor plan and health department approval (if applicable) to the building services department to be issued a permit number. **Fees will be \$50.00 Permit Fee + \$10 Technology Fee**

Step 6: Schedule onsite inspections of your space. Building Services can schedule for the next appropriate business day after permit is issued. Applicant will be responsible for scheduling all other inspections required and supply the agencies with their permit number as necessary.

Step 7: Certificate of Occupancy issued to Business License

After approval for all inspections have been received by Building Services (CCFM will send to us via email), **WITHIN 5 BUSINESS DAYS FROM LAST APPROVED INSPECTION**, the CO will be prepared and given to Kennesaw Business License Department for processing of License. After 5 business days, you can contact the business license department at 770-424-8274 to find out when license will be available and what the license fees are.



Welcome to the City of Kennesaw

Congratulations! If you are reading this, you must be celebrating the opening of a new business or the expansion/relocation of an existing business in Kennesaw. We are excited for your success and appreciate the opportunity to help you mark this momentous occasion! A ribbon cutting is the ceremonial opening of a brand-new or newly-renovated/relocated business. It can inaugurate a business's first day of business, celebrate a relocation, renovation or special anniversary. And, yes, we actually cut a ribbon!

The City of Kennesaw would like to take the opportunity to welcome you as a new business owner and to do everything possible to make your event memorable.

If you are interested in holding a ribbon cutting, please indicate below and return this form to Miranda Taylor in Economic Development. (Phone: 770-794-7075; Fax: 770-429-4548; or email: mjones@kennesaw-ga.gov)

Business Name: _____

Business Address: _____

Contact Name: _____

Contact Phone: _____

Email Address: _____

I would be interested in having a ribbon cutting on:

Preferred:

Date: _____

Time: _____ AM _____ PM

Alternate:

Date: _____

Time: _____ AM _____ PM

