



**This is not an electronic submission.**

Please submit completed forms via email to [chinds@kennesaw-ga.gov](mailto:chinds@kennesaw-ga.gov) or fax to 770-429-4559 or in person.

City of Kennesaw  
2529 J.O. Stephenson Avenue  
Kennesaw, GA 30144  
770-424-8274  
770-429-4559 Fax  
[www.kennesaw-ga.gov](http://www.kennesaw-ga.gov)

**APPLICATION FOR PRECIOUS METAL LICENSE**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Name and Address of Business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Zoning of Property \_\_\_\_\_

Corporation\*  LLC\*  Sole Proprietorship  Partnership\*\*  LLP\*\*

\*Copy of Corporation Certificate and Articles of Corporation must be provided

If partnership, list names and addresses of each partner.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any employee or stockholders owning 10% or more shares been convicted of a felony under the laws of the State of Georgia or any other state within the past 10 years?

\_\_\_\_\_

If so, explain \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn according to law, do swear that the facts and things stated by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such answers were made in order to procure the granting of such a license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date



City of Kennesaw  
 2529 J.O. Stephenson Avenue  
 Kennesaw, GA 30144  
 770-424-8274  
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## 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 number \_\_\_\_\_ (*Required*)            Federal Identification number \_\_\_\_\_

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 \_\_\_\_\_

Have you had any other businesses before? Yes \_\_\_ No \_\_\_ If so, please explain what kind and where?

### 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
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SSN: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Cell number: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*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# _____

**FILL THIS FORM OUT IF YOU HAVE TEN (10) OR FEWER EMPLOYEES**

**City of Kennesaw**  
2529 J.O. Stephenson Ave.  
Kennesaw, GA 30144  
(770) 424-8274  
FAX (770) 429-4559

**Business Name** \_\_\_\_\_ **License #/Occupation Tax #** \_\_\_\_\_

**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 ten (10) or fewer employees and 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. § 36-60-6.

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

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Printed Name of Exempt Private Employer (company name)

\_\_\_\_\_  
Signature of Exempt Private Employer or Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_  
\* This affidavit is for submissions made on or after July 1, 2013

**FILL THIS FORM OUT IF YOU HAVE ELEVEN (11) OR MORE EMPLOYEES**

**City of Kennesaw**  
2529 J.O. Stephenson Ave.  
Kennesaw, GA 30144  
(770) 424-8274  
FAX (770) 429-4559

**Business Name** \_\_\_\_\_ **License #/Occupation Tax #** \_\_\_\_\_

**Number of Employees (Company-wide):** \_\_\_\_\_

**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 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. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number (Also known as E-Verify number)  
(An E-Verify number is four to six characters – it is not your Federal ID Number. If you do not have an E-Verify number, visit [www.uscis.gov](http://www.uscis.gov) and click on E-Verify.)

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

\_\_\_\_\_  
Printed Name of Private Employer (company name)

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

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_



**COMMUNITY DEVELOPMENT  
BUILDING SERVICES DEPARTMENT  
PHONE: (770) 429-4554 FAX: (770) 429-4548  
OCCUPANCY PERMIT APPLICATION**

Received date/by \_\_\_\_\_

**\*\*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: \_\_\_\_\_  
 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 to building services and the approved floor plan and health department approval (if applicable) to the building services department. A **\$50.00 PERMIT FEE** will be collected and a permit number assigned.

**Step 6: Schedule on site 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.



Please check one:  NEW  RENEWAL

### BUSINESS LICENSE CONSENT FORM

I \_\_\_\_\_, HEREBY AUTHORIZE THE CITY OF KENNESAW POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD AND/OR DRIVER'S HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN THE STATE OF GEORGIA FOR THE PURPOSE :

- Alcohol License
- Bail Bond License
- Taxi Cab License
- Massage Therapist License
- Pawn Shop License
- Precious Metal

\_\_\_\_\_  
NAME OF ESTABLISHMENT LOCATION

\_\_\_\_\_  
FULL NAME (PLEASE PRINT)

\_\_\_\_\_  
ADDRESS TELEPHONE NUMBER

\_\_\_\_\_  
SEX RACE DOB SOCIAL SECURITY NO.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NOTARY COMMISSION DATE

***\*ALCOHOL LICENSE APPLICANTS: TO BE COMPLETED BY THE LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES, AND STOCKHOLDERS WITH 20% OR MORE SHARES AND THEIR SPOUSES.***

.....  
***Official Use Only:***  
GCIC Operator number: \_\_\_\_\_ Business License Clerk: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reviewed by Police Chief /Deputy Chief or Designee: \_\_\_\_\_





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

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

### 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**  
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:



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.**

<b>MATERIAL</b>	<b>QUANTITY</b>	<b>CONTAINER TYPE</b>	<b>MSDS#</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Mail to: City of Kennesaw 911 2529 J.O. Stephenson Avenue Kennesaw, Ga. 30144 Attn: Bobbie Duke  
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.**



## Welcome to the City of Kennesaw

Starting a new business can be a very exciting but stressful time. 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 grand opening an enjoyable event.

If you are interested in holding a ribbon cutting to celebrate the grand opening of your new business, please indicate below and return this form to Julia McPherson in Economic Development. (Phone: 770-794-7075; Fax: 770-429-4548; or email: [jmcpherson@kennesaw-ga.gov](mailto:jmcpherson@kennesaw-ga.gov))

The Mayor, City Council representatives and the City Manager will “cut the red ribbon” to officially welcome your business to our community. Digital pictures will be provided.

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

Business Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

I would be interested in having a ribbon cutting on:

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

Time: \_\_\_\_\_ AM

\_\_\_\_\_ PM



PART II - CODE OF ORDINANCES

Chapter 22 - BUSINESSES

ARTICLE VI. DEALERS IN PRECIOUS METALS AND GEMS

**ARTICLE VI. DEALERS IN PRECIOUS METALS AND GEMS** <sup>(6)</sup>

[Sec. 22-141. Provisions incorporated by reference.](#)

[Secs. 22-142—22-160. Reserved.](#)

**Sec. 22-141. Provisions incorporated by reference.**

The provisions of O.C.G.A. §§ 43-37-1 through 43-37-7 on the subject of dealers in precious metals and gems are by this reference incorporated herein and made a part of this Code in as full and complete a manner and with like effect as if set out in full in this article.

**Secs. 22-142—22-160. Reserved.**

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FOOTNOTE(S):

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--- (6) ---

**State Law reference**— Duties of purchasers of gold bullion, gold dust, etc., O.C.G.A. § 12-4-120 et seq.; dealers in precious metals and gems, O.C.G.A. § 43-37-1 et seq.; dealers in used watches, O.C.G.A. § 43-49-1 et seq. [\(Back\)](#)