



5047 Union Street
Union City, GA 30291
Phone (770) 515-7951
Email: water@unioncityga.org
Website: www.unioncityga.org

Commercial Occupational Tax Certificate Checklist

Business Name: _____

- Zoning verification from Community Development
- Completed Occupational Tax Certificate Application
- Completed Affidavits
- Copy of business owner(s) photo id
- Proof of State license registration (if applicable)
- Proof of business name registration i.e. LLC, Inc., etc. (if applicable)
- Proof of DBA name registration (if applicable)
- Proof of Fulton County food permits (if applicable)
- Lease Agreement/Settlement Statement/Closing Disclosure
- Fire Marshal Passing Report
- Safety Inspection Payment (\$50 per inspection)
- Utility Account/Parcel: _____



Community Development Department
5041 Union Street ~Union City, GA 30291
Phone (770) 515-7950 * Fax (770) 306-6861

<https://www.unioncityga.org/departments/community-development>

Occupational Tax Certificate Zoning Verification

Instructions: Please fill out the form completely.

Date _____ Parcel ID #: _____

Name of the Business: _____

Business Address: _____

Business Owner Name: _____

Business Owner Mailing Address: _____

Phone Number: _____ Email: _____

Property Owner Name: _____

Property Owner Address: _____

Phone Number: _____ Email: _____

Business Description (Please list details of day-to-day functions of your business):

FOR OFFICE USE ONLY

Permit #: _____ Date Permit Issued: _____

Zoning District: _____ Processed By: _____

Is property zoned for the requested use? Y/ N

Comments: _____

CITY OF UNION CITY
OCCUPATIONAL TAX
CERTIFICATE INSPECTION
REQUEST

Name of Facility _____

Address _____

City _____ State _____ Zip _____

Facility Phone _____

Owner's Phone _____

Date of Request _____

Fee Paid _____

Once Inspection is complete, attach copy of form and file for auditing purposes.



UNION CITY FIRE DEPARTMENT

**5061 UNION STREET
UNION CITY, GEORGIA 30291
770-964-9934**



Joe Maddox
Fire Chief
770-515-7878

Mike Clark
Assistant Fire Chief
770-515-7879

MEMORANDUM

EFFECTIVE

DATE: June 17, 2011

TO: All Business License Applicants

FROM: Larry Knowles, Battalion Chief/Fire Marshal

RE: Business License Application

Applicants:

1. Are you planning to do any type of work in this building other than cosmetic (painting wallpaper, floor covering)? **YES** or **NO** (Circle One)

If you answered yes to above question, please continue.

CHECK IF APPLIED:

- | | |
|-------------------------------|-------|
| 1. Plumbing Work: | _____ |
| 2. Electrical Work: | _____ |
| 3. Adding Additional Wall(s): | _____ |
| 4. Construction Work: | _____ |
| 5. Demo Work: | _____ |
| 6. HVAC Work: | _____ |
| 7. Fire Protection: | _____ |

If any of the above items are checked, please explain in detail the work being conducted:

Signature of Applicant: _____ **Date:** _____

UNION CITY FIRE DEPARTMENT

CERTIFICATE of OCCUPANCY REQUIREMENTS AND OCCUPATIONAL TAX CERTIFICATE

Listed below are items that will be considered during a Certificate of Occupancy Inspection and/ or Occupational Tax Certificate

1. **8 ½ inch x 11 inch Site and building floor plan** – Detailed site and floor plan, including square footage must be submitted with application.
2. **Visible building address posted.** 6 - 8 inch lettering on fire apparatus side of building, if building contains more than one suite each one shall have suite number or letter posted over front door.
3. **Fire lanes marked.** If fire lanes are required then they must be 24 ft. wide with an un-obstructed overhead clearance of 13 feet- 6 inches, painted and marked with signage in accordance with fire department requirements.
4. **Knox Box installed.** All newly constructed or remodeled buildings must have a Knox box installed on facility. Tenant must provide key for business to be installed in box by fire department official.
5. **Fire hydrants and FDC's.** All of these fire protection features must be visible, maintained, and accessible.
6. **Exit doors functioning.** All doors that are required to be exits must be operational. The forces required to fully open any door manually in the means of egress shall not exceed 15 lb. (67N) to release the latch, 30 lb. (133 N) to set the door in motion, and 15 lb. (67 N) to open the door to the minimum required width.
7. **Direction of exit door swing.** When the occupant load for any room exceeds 50 persons, or serves over an accumulative total of 50 persons the exit doors must swing in the direction of egress.
8. **Exit sign illumination.** All exit signs installed over egress doors are required to have back up power supply or continuously (self-luminous) illuminate when power is disconnected.
9. **Emergency lighting.** If lighting is required by applicable codes, it must continuous during the time that the conditions of occupancy require that the means of egress be available for use. The illumination shall be arranged so that the failure of any single lighting unit does not result in any illumination level of less than 0.2 ft-candle (2 lux) in any designated area.
10. **Exit paths.** Exit paths shall not be through areas of higher hazards such as storerooms, mechanical rooms; exits must terminate in a public way. Exit paths cannot be obstructed, or widths diminished less than required by applicable codes.
11. **Locking hardware on exit doors.** Exit doors shall have no devices that require special knowledge to open. Locks or deadbolts shall be of the thumb latch design.
12. **Panic hardware.** Panic hardware required or installed must be maintained in proper working conditions.
13. **Fire extinguishers provided.** Fire extinguishers shall be installed at every 75 feet of travel distance. All extinguishers shall be tagged and certified by a Georgia licensed company. Fire extinguishers shall be mounted with tops no higher than 5 feet from floor. Type and size of extinguishers shall be determined by fire official in accordance with NFPA 10. All occupants who perform grease frying operations shall have a K-Cass extinguishers installed.
14. **Cooking operations.** Commercial cooking equipment used for commercial cooking operations shall comply with NFPA 96, 2004 edition. Plans for the design and installation of hood exhaust systems

for the capture and removal of grease laden vapors, and extinguishment systems shall be submitted for review.

15. **Seating arrangements for assembly areas.** Any restaurant or facility that has dining areas shall submit a plan drawn to scale showing the arrangement of furnishings or equipment for review. All seating arrangements shall be in accordance with 2006 Life Safety Codes for Assembly Occupancies.
16. **Sprinklers system installed.** Before a system is installed plans must be submitted for review and permitting. New sprinkler systems shall have an acceptance tests performed, this test must be witnessed by the Union City Fire Marshal's office. Test papers must be submitted to inspector for completion of system.
17. **Sprinkler risers tagged and tested.** If building is sprinkled then riser must have current inspection tag on riser.
18. **Hydraulic data plate.** All hydraulically designed sprinkler systems shall have a data plate installed on the risers.
19. **Sprinkler system valves identified.** All sprinkler system control valves must be identified with proper signage.
20. **Sprinkler system valves secured.** All valves, OS&Y, and PIV must be chained or locked in the open position. Valves do not have to be chained if they are in a locked room, or have tamper switches.
21. **Spare heads and wrench.** Sprinkler systems shall have a spare head box with appropriate number of heads, and wrench for heads.
22. **Fire alarm systems.** Before a fire alarm system can be installed plans shall be submitted for review and permitting. New fire alarm systems shall have an acceptance test performed; this test must be witnessed by a Fairburn Fire Inspector. All NFPA 72 installation papers shall be submitted.
23. **Fire alarm annual test.** All fire alarm systems shall have an annual test performed, and test papers shall be maintained on site with a copy for the Fairburn Fire Marshal's office.
24. **Fire Alarm Control Panel.** This panel must be identified and remain clear, and visible.
25. **Fire alarm pull stations.** All pull stations shall be kept free and clear of obstructions, they shall be kept visible.
26. **Main electrical and equipment rooms.** All of these rooms shall have signage to identify them.
27. **Electrical panels.** All electrical panels must have a clearance of 3ft around them. Panels must be labeled, with no openings. All panels must have covers.
28. **Electrical junction boxes.** All wall outlets and junction boxes must have covers, no exposed wiring is permitted.
29. **Extension cords.** No extension cord can be used for permanent wiring. Extension cords can only be used for portable equipment, and seasonal displays.
30. **Flammable liquids storage.** Provide an approved flammable liquids locker/cabinet for combustible or flammable liquids in excess of 10 gallons.
31. **Combustible storage in mechanical rooms.** Storage of combustibles in mechanical rooms is prohibited.

If you should have any question please contact Chief Larry Knowles Union City Fire Marshal (770) 286-2816



5047 Union Street
Union City, GA 30291
Phone (770) 515-7951
Email: water@unioncityga.org
Website: www.unioncityga.org

Application for Occupational Tax Certificate

Every business in this city, including any business located outside the city but engaged in business within the city, is hereby required to have an occupational tax certificate from the city for the privilege of engaging in a business, profession or occupation within the corporate limits, unless city licensing is prohibited under state law or the activity is exempted by this article.

The granting of an occupational tax certificate under any provision of this chapter shall be deemed a privilege only and nothing contained in this chapter shall be construed as granting any person whose business is subject to municipal regulation any legal right to engage in that business.

Failure to complete this form in its entirety or provide all required information will result in rejection of the application

Section 1: General Business Information (Required for All Applicants)

Business Name: _____

DBA (if applicable): _____

If registering as a DBA, the applicant must provide a notarized copy of the Registration of a Business under a Trade Name as issued by the Clerk of Fulton County Superior Court

Business Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Ownership Structure: _____

Sole Proprietor, S-Corp, LLC etc.

Detailed explanation of business activity _____

***NAICS Code:** _____

If you are uncertain as to the appropriate NAICS category for your business, please visit www.naics.com

Section 2: Local Physical Location Information (Required for All Applicants)

Street #: _____ **Street Name:** _____ **Suite:** _____

City: _____ **State:** _____ **Zip:** _____

* MANDATORY FIELD

Section 3: Owner Information (Required for All Applicants)

Owner Name: _____ Driver's License # _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Owners Telephone: _____ Owner's Fax _____

Is the owner a United States citizen? Yes No If the owner is a legal permanent resident, qualified alien or nonimmigrant under the federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States provide your alien number as well as a copy of one of the following documents: I-551 Permanent Resident Card I-688 Temporary Resident Card I-688A Employment Authorization Card I-688B Employment Authorization Document I-766 Employment Authorization Card Certificate of Citizenship Naturalization Certificate Immigrant Visa Temporary I-551 Stamp I-94 Unexpired foreign passport

Alien Number _____ Date of Birth: _____

Section 4: Local Business Contact Information (Required for All Applicants)

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 5: Home Occupation Information (Required only for Home Occupations)

Property Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

If the applicant is not the property owner, is an authorization letter from property owner attached?
 Yes No

Section 6: Calculation of Annual Occupation Tax (Required for All Applicants)

Your Union City Occupational Tax is calculated based upon the gross receipts of the business or practitioner in combination with the profitability ratio for the type of business, profession, or occupation as measured by nationwide averages derived from the Statistics of Income Bulletin as published by the United States Internal Revenue Service or successor agencies of the United States. Each type of business shall be assigned to a profit class based on the profitability ratio for that business type. The maximum annual occupation tax shall be thirty-five thousand dollars (\$35,000.00)

Application Date: _____

***Gross Receipts from Application Date until December 31:** \$ _____

Number of Full and Part time employee total: _____

Section 7: Licensed Professionals

Practitioners of certain professions are subject to licensure by the Professional Licensure Division of the Office of the Georgia Secretary of State. To determine if your business is subject to such license, please visit the Secretary of State’s website at www.sos.state.ga.us or contact the Professional Licensure Division at 478-207-2440.

Practitioners of professions as described in O.C.G.A section 48-13-9(c)(1) through (18) shall elect as their entire occupation tax one of the following:

- (1) The occupation tax based on gross receipts in combination with the profitability ratios as provided; or
- (2) A fee of four hundred dollars (\$400.00) per practitioner who is licensed to provide the service, such tax to be paid at the practitioner's office or location; provided, however, that a practitioner electing to pay four hundred dollars (\$400.00) per practitioner shall not be required to provide information to the city relating to the gross receipts of the practitioner.

If the business for which the application is being submitted is subject to licensure by the State of Georgia, a copy of the current state license for the business must be provided and attached to your application at the time of submittal in order for your application to be processed.

Section 8: Swear and Attest (Required for All Applicants)

By completing and submitting this Application for Occupational Tax Certificate I, as a duly authorized agent of the applicant, do hereby swear and attest that all information provided herein is complete and accurate to the best of my knowledge. I and the applicant business agree to abide by all ordinances, rules, and regulations of the City of Union City and acknowledge that City of Union City personnel may enter my commercial property for purposes of inspection and to verify compliance with all applicable ordinances, rules, and regulations. I understand that any false statements on this application shall void the Occupational Tax Certificate.

Authorized Agent Name: _____

Please Print

Signature _____ **Date** _____



5047 Union Street
Union City, GA 30291
Phone (770) 515-7951
Email: water@unioncityga.org
Website: www.unioncityga.org

Occupational Tax Certificate Affidavits

Please note that in order to complete the Occupation Tax Certificate for a new business, the attached affidavit forms must be completed, signed and notarized. Copies of all required forms are included.

S.A.V.E. AFFIDAVIT VERIFYING PUBLIC BENEFIT

As required by Office Code of Georgia § 50-36-1 (e), any applicant for the City of Union City Occupational Tax Certificate must execute an affidavit certifying legal presence in the United States. For United Citizens, a copy of your official government issued identification is required. For legal permanent residents, qualified aliens, and non-immigrants, verification of your affidavit will be made through the "Systematic Alien Verification for Entitlements" (S.A.V.E) program operated by the United States Homeland Security. Therefore, a **FRONT AND BACK** copy of one of the following documents must be attached to the affidavit.

1. Valid , unexpired Foreign Passport with 1-94
2. Permanent Resident Alien Card (I-551)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (i-6888)
5. Refugee Travel Document (I-571)

PRIVATE EMPLOYER AFFIDAVIT OR PRIVATE EMPLOYER EXEMPTION AFFIDAVIT

As required by Office Code of Georgia § 36-60-6, any applicant for the City of Union City Occupational Tax Certificate must execute an affidavit certifying compliance with the Federal E-Verify program. If you are an employer (including any individual, firm, or corporation) employing more than ten (10) employees, you must complete the private employer affidavit. If you are an employer (including any individual, firm, or corporation) employing less than ten (10) employees, you must complete the private employer exemption affidavit.

O.C.G.A. § 50-36-1 (e) (2) Affidavit

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from The City of Union City, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 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 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.

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 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 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 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:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

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:

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 _____, 202__ in _____ (city), ____ (state).

Printed Name of Exempt Private Employer

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 _____
202__.

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013.