

CITY OF LAWRENCEVILLE

PO BOX 2200
LAWRENCEVILLE, GA 30046
PHONE: 678-407-6583

70 S CLAYTON ST
LAWRENCEVILLE, GA 30046
FAX: 678-407-6699

BUSINESS LICENSE/OCCUPATIONAL TAX APPLICATION

BUSINESS NAME: _____

DOING BUSINESS AS (DBA): _____

PHYSICAL ADDRESS OF THE BUSINESS:
STREET: _____

MAILING ADDRESS OF BUSINESS (IF DIFFERENT):
STREET: _____

CITY/ZIP: _____

CITY/ZIP: _____

PHONE NUMBER: _____

REGISTERED AGENT/OWNER/PRESIDENT: EMERGENCY CONTACTS:

NAME: _____

NAME: _____

Home Address
STREET _____

PHONE NUMBER: _____

CITY/ZIP: _____

NAME: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

FEIN or SSN NUMBER: _____ TYPE OF BUSINESS: _____

NUMBER OF FULL-TIME EMPLOYEES: _____ NUMBER OF PART-TIME EMPLOYEES: _____
(Including yourself)

NUMBER OF PROFESSIONALS: _____ (DOCTORS, ENGINEERS, SEE FEE SCHEDULE)

1) ATTACH A COPY OF A VALID ID

- 2) For businesses in a commercial building only.

Please attach a copy of the lease, proof of ownership or statement in writing, with a notarized signature from the business owner you are sub-leasing from.

PAYMENT IS DUE AT TIME OF SUBMITTAL

I CERTIFY THE ABOVE INFORMATION IS TRUE & CORRECT & CONTAINS NO FALSE OR FRAUDULANT INFORMATION.

I UNDERSTAND MY BUSINESS LOCATION MUST CONFORM TO ALL ZONING RULES & REGULATIONS.

I ALSO UNDERSTAND THAT A PERMIT IS REQUIRED FOR ALL NEW/REMODEL CONSTRUCTION OR CHANGE OF USE FOR THE BUSINESS LOCATION.

SIGNATURE _____

DATE _____

OFFICE USE ONLY

Account # _____ Code _____ Date _____
SIC Code _____ Fee _____

BUSINESS LICENSE INFORMATION

Renewal Information

(SECTION 32-111)

ALL LICENSES EXPIRE DECEMBER 31ST OF EVERY YEAR.

RENEWALS WILL BE MAILED OUT ON NOVEMBER 1ST

ANY PAYMENTS RECEIVED AFTER DECEMBER 31ST A LATE FEE OF \$25 WILL BE ADDED.

AFTER JANUARY 31ST THE LICENSE WILL BE TERMINATED

Fee Schedule

1-2 EMPLOYEES \$25

3-9 ADDITIONAL \$5 EACH ADDITIONAL EMPLOYEE

10-99 ADDITIONAL \$4 EACH ADDITIONAL EMPLOYEE

\$37.50 SUBCONTRACTOR

\$50.00 GENERAL CONTRACTOR

\$75.00 DOCTOR, ARCHITECT, USED CAR SALES, CPA, PHARMACIST

\$100.00 FORTUNE TELLER/HAND ANALYSIS, CARNIVAL,
PAWN BROKER, BEER/ WINE DISTRIBUTER

\$125.00 FINANCE/LOAN COMPANY,

If your business is in a **new** commercial building there has to be a Certificate of Occupancy for the building/suite from the City of Lawrenceville issued before an application for a business license can be submitted.

If you are making **any** changes to the inside of the building besides carpet and paint such as Electric, Plumbing, HVAC, Gas, Structural, you will need to get a building permit and a certificate of occupancy before a business license can be submitted.

Food service establishments will need Environmental Health, Fire Marshall and Gwinnett County Sewer (grease traps) approval before license can be submitted. This also applies when there is a change of ownership.

Environmental Health
455 Grayson Hwy
Lawrenceville
770-963-5132

Fire Marshall
One Justice Square
446 W Crogan ST
Ste 100
Lawrenceville
678-518-6100

Gw Co Sewer
One Justice Square
446 W Crogan St
Ste 100
Lawrenceville
678-518-6150

I HAVE READ AND UNDERSTAND THE INFORMATION STATED ABOVE.

SIGNATURE

DATE

IMPORTANT PHONE NUMBERS

STATE

STATE OF GEORGIA 404-656-2000

State of GA.Agriculture - 1-800-786-0175

Alcohol/Tobacco Tax Information 404-656-4262

Georgia Tax Information- 404-417-6601 or www.gatax.org

Federal Tax Information and ID numbers- 1-800-829-3676 or www.irs.gov

State Used Car License - 478-207-1460

Better Business Bureau - 404-688-4910

Small Business Development Center - 770-806-2124

Gwinnett Clean and Beautiful - 770-822-5187

GBI - 404-244-2639

Cosmetology - 478-207-1430

Daycare - 404-657-5562

COUNTY

Business Name Registration

Gwinnett County Justice and Administration

75 Langley Dr.

Lawrenceville 770-822-8196

Pawn License

Gwinnett County Annex Building

750 Perry St, Lawrenceville

678-377-4305

Gwinnett Chamber of Commerce - 770-232-3000

Environmental Health

240 Oak St.

Lawrenceville

770-963-5132

770-963-5133

Fire Marshall

One Justice Square

446 W Crogan ST Ste 100

678-518-6100

By executing this affidavit under oath pursuant to O.C.G.A. § 50-36-1(e), as an applicant for a City of Lawrenceville Occupation Tax Certificate, I swear or affirm under oath the following with respect to my application for a City of Lawrenceville Occupation Tax Certificate for:

Select one of the following:

A _____ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

B _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act and 18 years of age or older and lawfully present in the United States.

Alien Registration number for non-citizens:
_____ (Required)

A front and back copy of one of the following documents must be attached:

- a) Valid Foreign Passport with I-94, or
- b) Temporary Resident Card (I-688), or
- c) Employment Authorization Card (I-766 or I-688A),
or
- d) Employment Authorization Document (I-688B), or
- e) Refugee Travel Document (I-571)

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 Official Code of Georgia §16-10-20

Sworn to and subscribed

Signature of Applicant

Print Name

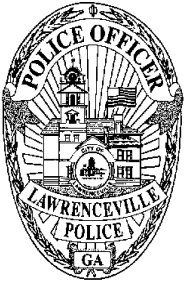
Before me this _____ day

Of _____, 20____:

(SEAL)

Notary Public

My Commission Expires:



Lawrenceville Police Department
Crime Prevention Unit

P. O. Box 2200

20 S. Clayton Street
Lawrenceville, GA. 30045
Phone: 770-963-2443
Fax: 770-339-2415

Business Name (As Displayed on Business): _____

Business Owner: _____

Business Address: _____

Business Suite / Apt. / Bldg: _____

Closest Intersection or Cross Street: _____

Adjacent Business: _____

Business Phone # _____

Business Fax: _____

Hazards: _____

Alarm CompanyName: _____

Alarm Company Phone #: __ (____) _____

#1 Contact Person: _____

Phone # (____) _____

2nd Phone # (____) _____ 3rd Phone # (____) _____

#2 Contact Person: _____

Phone # (____) _____

2nd Phone # (____) _____ 3rd Phone # (____) _____

#3 Contact Person: _____

Phone # (____) _____

2nd Phone # (____) _____ 3rd Phone # (____) _____

#4 Contact Person: _____

Phone # (____) _____

2nd Phone # (____) _____ 3rd Phone # (____) _____

Information provided

by: _____

(Signature / Title)

CONFIDENTIAL and for OFFICIAL USE ONLY

INTERNAL USE - LAST UPDATED: _____

OPERATOR: _____

ID NUMBER: _____