



February 7, 2018

Dear Business Owner:

The City of Chamblee continues to appreciate your decision to operate a business here in Chamblee. Enclosed are the Occupational Tax Certificate renewal documents for 2018.

Please use the following checklist to ensure that all of the required documentation is completed. Return the forms along with payment by **MARCH 15**. Failure to provide the documentation will delay renewal and may lead to late fees.

- _____ Occupational Tax Renewal Form Signed and Dated (on the reverse side of this letter)
- _____ Verify the Six Digit NAICS Code (2017)
NAICS codes may be found on the business, personal or sales tax filing. The NAICS Codes can also be found on the US Census Bureau Website at: www.census.gov
- _____ Verify the Tax Class Code and Rate
The Business Profitability Class Schedule was updated for the 2018 tax year by the finance director as required by city code section 22-14(a). The schedule can be found on the City website: www.chambleega.gov.
- _____ Private Employer Affidavit Signed **and** Notarized
If you have eleven (11) or more employees, make sure the Federal Work Authorization User Identification Number (between 4-8 digits, no letters) and Date of Authorization is included. Documents can be notarized by the City staff.
- _____ S.A.V.E. Affidavit Signed **and** Notarized
- _____ Copy of front **and** back of unexpired approved documentation for S.A.V.E Affidavit.
The text must be legible and the photograph recognizable. A list of secure and verifiable documents can be found on the city website
- _____ Check (made payable to City of Chamblee), Cash, Money Order or Credit Card
- _____ Business Information Request
- _____ Emergency Contact Sheet

All Occupational Tax Certificates will be mailed within 20 days of receipt of payment.

If your business is no longer in operation, please return this form, with a note advising the date the business left/closed in Chamblee, GA.

Please call 770-986-5010 and press '0' for the clerk's office or send an email to the city clerk at eniethammer@chambleega.gov if there are any additional questions or concerns.

We value your business and commitment toward providing quality service to members of our community. Best wishes for a prosperous 2018!

Regards,

Emmie Niethammer

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City Clerk



OCCUPATION TAX – 2018 RENEWAL APPLICATION

Business Name: _____

Business Location: _____

Type of Business: _____ Class Tax Code: _____

NAICS Code: _____ (MANDATORY FIELD) Is this Business a Home Occupation? Yes No

Mailing Address: _____

Business Phone: (____) _____ - _____ Business Fax: (____) _____ - _____

Owner Name: _____

Owner Home Address: _____

Owner Home Phone Number: (____) _____ - _____

Email Address: _____ @ _____

FORMULA TO CALCULATE TAX

1. Taxable Gross Receipts

2017 Gross Receipts: \$ _____ - \$50,000 = \$ _____ (Cannot be less than \$0.00)

2. Gross Receipt Tax

Total from Line 1 \$ _____ x 0.000 _____ = \$ _____ Tax Revenue Based on Class

3. Number of Employees** (Please include number of employees even if you are filing for exempt status)

_____ (must be at least 1) x \$10 = \$ _____

4. Flat Tax

\$ 125.00

TOTAL TAX DUE (Add Totals from lines 2, 3 and 4) = \$ _____

*Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FIC, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual, for purposes of documenting compensation, a form W-2, but not a form IRS 1099.

I do solemnly swear, subject to criminal penalty, that the information above is correct.

Applicant's Signature _____ Date _____

OFFICE USE ONLY:

Date: _____ Class #: _____ Amount paid: \$ _____ Cash Credit card Check # _____ Money order # _____



Private Employer Affidavit Pursuant to O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, as an applicant for an Occupation Tax Certificate as referenced in O.C.G.A. §36-30-6(d), from the City of Chamblee, the undersigned applicant representing the private employer known as _____ (Name of Business) verifies one of the following with respect to my application for the above mentioned document:

Section 1:

Choose **ONE** of the following:

- a. _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10) employees**¹.
*** If you selected Section 1(a), please fill out Section 2 and Section 3 below.
- b. _____ On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or fewer employees**¹.
*** If you selected Section 1(b), please skip Section 2 and complete Section 3 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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Name of Private Employer

Federal Work Authorization User Identification Number
(This number is between 4-8 digits and does not include letters)

Date of Authorization

Section 3:

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 violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ date of _____, 20____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20____

(Seal)

NOTARY PUBLIC
My Commission Expires: _____

¹ To determine the number of employees for the purpose 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.

THIS IS A TWO SIDED DOCUMENT – BOTH SIDES MUST BE NOTARIZED



S.A.V.E. AFFIDAVIT

Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration Compliance Act O.C.G.A. § 50-36-1(e)(2)

This form is required for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an Applicant, as a City Vendor, or as a Recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act, (O.C.G.A. § 50-36-1), I am stating the following:

- I am a United States citizen, or
(Must include a copy of either current State Driver's License, Passport, Military ID, or other approved document*.)
- I am a legal permanent resident of the United States**, or
(Must include a copy of your Permanent Resident Card or other approved document*.)
- 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**(Must include a copy your Employment Authorization Card or other approved document*.)

**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 on the _____ date of _____, 20__ in

_____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20__

(Seal)

NOTARY PUBLIC
My Commission Expires:_____

*A complete list of verifiable documents can be found on the City of Chamblee website under Occupational Tax Certificates or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).

THIS IS A TWO SIDED DOCUMENT – BOTH SIDES MUST BE NOTARIZED



CITY OF CHAMBLEE BUSINESS INFORMATION REQUEST

The purpose of this survey is to gauge the overall business health of Chamblee. Completing the survey allows us to collect data and compare to similar cities. We do not plan to share any specific businesses information. We ask that you answer each question completely and to the best of your ability. The more complete information we have, the better we can serve the businesses in the City. **Thank you for your time!**

Business Name: _____ NAICS Code: _____

Business Physical Address: _____

1. Is the above information correct? Yes No
 - a. If not, please provide the correct information: _____

2. Do you rent or own your space?
3. The size of my business is _____ square feet. (Square footage is determined by multiplying the length of your business space x width x number of stories occupied by your business).
4. What is your monthly rent (if renting) \$ _____ per month
 - a. Does your rent (if applicable) include (check all that apply): Electricity; Water; Sewer; Trash; Merchant's association dues; Other (If other please list here) _____
5. Who is your trash vendor? _____
 - a. What is the size of the trash receptacle you use? _____ in gallons or yards (please circle one)
6. My three (3) best business months are:
 - a) _____ b) _____ c) _____
 My three (3) slowest business months are:
 - a) _____ b) _____ c) _____
7. If a retail or restaurant, did your 2017 Holiday sales: increase or decrease by approximately % over 2016 holiday sales.
8. Do you expect to: close relocate neither your business outside of the City of Chamblee in 2018. If closing or relocating please briefly explain why? _____

9. My business has been open:
 Less than 1 year 1- 3 years 3-5 years 5+ years
10. How do you promote/market your business: i.e. traditional advertising, social media, radio, TV, etc. Check all that apply:

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Magazine	<input type="checkbox"/> Social Media
<input type="checkbox"/> Radio	<input type="checkbox"/> TV	<input type="checkbox"/> Direct Mail
<input type="checkbox"/> Outdoor and/or Transit	<input type="checkbox"/> Other (Please list _____)	
11. Would you be interested in any of the following training/workshops or activities? (Check all that apply)

<input type="checkbox"/> Business Plan Creation and Updates	<input type="checkbox"/> Loan Applications	<input type="checkbox"/> Financial Planning
<input type="checkbox"/> Disaster Planning	<input type="checkbox"/> Employee Training Resources	<input type="checkbox"/> Human Resources for Small Businesses
<input type="checkbox"/> Networking	<input type="checkbox"/> Insurance	<input type="checkbox"/> Participating in a job fair as an employer
12. Is there any additional assistance you may need to help your business succeed or additional comments? _____

13. Would you like to receive emails from the City regarding business opportunities including training, networking, and other resources?
If yes, please provide your name & email: _____

Para Español, Vea El Lado Reverso.



SOLICITUD DE INFORMACION COMERCIAL CIUDAD DE CHAMBLEE

El propósito de esta encuesta es para medir la salud comercial de Chamblee. Completando la encuesta nos permite coleccionar datos y compararlos con ciudades similares. No planeamos compartir ninguna información específica de negocio. Le pedimos que responda cada pregunta por completo y lo mejor que pueda. Mientras más completa sea la información, mejor podremos servir las empresas de la ciudad. **Gracias por tu tiempo!**

Nombre de Negocio: _____ Código NAICS : _____

Dirección de Negocio: _____

1. Esta correcta la información anterior? Si No
 - a. Si no, brinde la información correcta: _____
2. Alquilas _____ o tienes tu propio espacio? _____
3. El tamaño de mi negocio es _____ pies cuadrados. (El metraje cuadrado se determina multiplicando la longitud del negocio x el ancho del negocio x la cantidad de pisos ocupados por su negocio).
- 4.Cuál es su renta mensual? (Si alquila) \$ _____ por mes
 - a. Incluye su alquiler (si corresponde, marque todo lo que corresponde): Costo de Electricidad; Costo de Agua; Costo de Alcantarilla; Costo de basura; Costo de Asociación de Comerciantes; Otro (Si es otro, por favor liste aquí) _____
5. Quien es tu recolector de basura? _____
 - a.Cuál es el tamaño del receptáculo de basura que usa? _____ en galones o dimensiones (marque con un circulo)
6. Mis tres (3) mejores meses de negocios son:
 - b) _____ b) _____ c) _____
 Mis tres (3) meses de negocios más lentos son:
 - b) _____ b) _____ c) _____
7. Si eres un comercio minorista o restaurante, mis ventas en la temporada festiva del 2017: aumentaron o bajaron por aproximadamente _____% en comparación con las ventas de la temporada festiva del 2016.
8. Espera: cerrar mover ninguno su negocio fuera de la Ciudad de Chamblee en 2018. Si está cerrando o moviendose, explique brevemente por qué? _____

9. Mi negocio ha estado abierto:
 Menos de un año 1-3 años 3-5 años 5+ años
10. Como promocionas tu negocio? Es decir, publicidad tradicional, redes sociales, radio, televisión, etc. Marca los que correspondan:

<input type="checkbox"/> Periódico	<input type="checkbox"/> Revistas	<input type="checkbox"/> Redes Sociales
<input type="checkbox"/> Radio	<input type="checkbox"/> Televisión	<input type="checkbox"/> Correo Directo
<input type="checkbox"/> Al aire libre y/o transito	<input type="checkbox"/> Otro (Por favor liste _____)	
11. Te interesaría tomar una de las siguientes clases de entrenamiento y/o actividades? (Marque los que corresponden)

<input type="checkbox"/> Creación y actualizaciones del plan de negocios	<input type="checkbox"/> Aplicaciones de Prestamos Financieros	<input type="checkbox"/> Planificación financiera
<input type="checkbox"/> Planificación para desastres	<input type="checkbox"/> Recursos de entrenamiento para empleados	<input type="checkbox"/> Recursos humanos para pequeñas empresas
<input type="checkbox"/> Redes de Negocios	<input type="checkbox"/> Seguridad	<input type="checkbox"/> Participación en una feria de trabajo como empleador
12. Existe alguna ayuda adicional que pueda necesitar para ayudar a que su negocio tenga éxito o comentarios adicionales? _____

13. Si le gustaría recibir correos electrónicos de la Ciudad con respeto a oportunidades de negocios que incluyen entrenamiento, redes de empresas, y otros recursos provee su nombre y correo electrónico: _____

For English, See Reverse Side.



BUSINESS EMERGENCY CONTACT FORM
THIS FORM MUST BE FILLED OUT COMPLETELY

Name of Business

Business Street Address Suite/Apt. # City State Zip Code

Name of Business Owner (Company and/or Individual – Please print)

Business Phone Emergency Phone Cell Phone E-mail

Type of Business (Explain) Size of Business in Square Feet **or** Dimensions

Alarm System: Yes No If yes, Alarm system must be registered with the Chamblee Police Department and a Permit is required.

Hazardous or flammable materials stored on site? Yes No If yes, please list:

IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT (List in the order to be called):

First Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Second Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Third Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Name of Building/Property Owner

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone E-mail