

DEPARTMENT OF PLANNING & SUSTAINABILITY

Nov 1, 2024

Dear DeKalb County Customer,

This letter serves as an official notification for the year 2025 business license renewal period, beginning January 1, 2025.

UPDATED RENEWAL PROCESS AND INSTRUCTIONS

PDF required fillable forms, guides, instructions, checklist and tax table are available on our website at [Business and Alcohol License*** | DeKalb County GA](#)

Renewal forms should be uploaded to your e-permitting account:
[Home - CIVICS \(dekalbcountyga.gov\)](#)

ONLINE ACCOUNT ACCESS AND PAYMENT

Authorized business representatives can access accounts and pay fees online through the customer portal. Please be sure to set up and register for an account if you have not already.

Once your application is submitted, the business license division will process the renewal application. After your application has been processed, you will receive a notification to remit payment through the customer portal.

FILING REQUIRMENTS AND DUE DATES

DeKalb County Business and Occupational Tax	Consists of four parts: (1) Base administrative fee \$75.00; (2) Minimum gross receipts tax \$50.00; (3) Business tax on gross receipts over \$20,000; and (4) Employee fee per worker including the owner/operator, and anyone working in the business. ¹	
Due Dates	FILING² Due by February 1, 2025	PAYMENTS Due by April 15, 2025
Penalty Due Date	If received after: ² February 1, 2025 - \$100.00 March 1, 2025 - \$300.00 April 1, 2025 - \$600.00	If received after April 15, 2025 10% of Tax Due
Interest Due Date		If received after April 15, 2025 one (1)% per month thereafter.

DEPARTMENT OF PLANNING & SUSTAINABILITY

<p>Required Documents</p>	<ul style="list-style-type: none"> • Evidence of State Corporation Registration (if applicable) - <i>LLCs, Inc. etc.</i> • Evidence of Qualification (if applicable) - <i>State License, Health Certificate</i> • 2023 Federal Tax Return (only forms and schedule to prove gross receipts) or affidavit from Accounting Firm. Not required if professional election is made. ³ • No Change Affidavit ¹ • Affidavit Verifying Status For County Public Benefit (SAVE) ¹ • Private Employer Affidavit (E-Verify Affidavit) ¹ • 2025 Business Occupational Tax Renewal Application ¹ • Copy of Licensee’s secure and verifiable document (Driver’s License) 		
<p>How to Make a Payment</p>	<p>Pay Online:</p> <p>Make a one-time payment using your debit or credit card at our website Home - CIVICS (dekalbcountyga.gov).</p> <p>We do not accept Discover or American Express.</p>	<p>Please <u>do not</u> mail payments or applications.</p>	<p>In-Person:</p> <p>Applications must be submitted online.</p> <p>In-Person payments are accepted.</p>

¹ Refer to website for additional Forms, Instructions, Guide and Tax table

² Required Documents

³ Examples - Form 1065, Form 1120, Form 1120S, Schedule C, Schedule E

Delay Processing - Failure to fully complete and submit all required documentation will delay your renewal application’s processing.

REMINDER:

Please note - Business occupation tax certificates shall not be transferable. Transfer of ownership of the business shall be considered as the termination of the business and the establishment of a new business. Filing a new registration application and payment of applicable fees and taxes shall be required of the new owner of the business. Failure to file a new registration application and to pay any applicable fees shall be grounds for revocation. Any attempt to transfer a business occupation tax certificate itself shall be punished as provided in section 1-10 of this Code.



DEKALB COUNTY BUSINESS REGISTRATION

2025 RENEWAL APPLICATION

178 SAMS STREET | DECATUR, GA 30031 | (404) 371-2461

Business Information	
Business License #:	Excise Account #: (if applicable)
Legal/Corporation, LLC etc. Name:	Trade name/DBA:
Business/Contact Phone #:	Contact/Portal Account email address:
Business Location (Physical Address): Street Address, City, State, Zip Code	<input type="checkbox"/> Check Here if this business is no longer operating Date Closed: _____ <input type="checkbox"/> Check Here if electing the professional flat fee *Professionals Election O.C.G.A 48-13-9 (C)(2). Flat Fee of \$400.00/ Professional Practitioner.
Business Occupation Tax	
2025 Georgia Gross Receipts Estimate:	2024 Actual Georgia Gross Receipts:
2025 Employee Estimate: <input type="checkbox"/> Employee Fee <input type="checkbox"/> Professional Election* Number of Employees or Professionals: _____	2024 # of Actual Employees: <input type="checkbox"/> Employee Fee <input type="checkbox"/> Professional Election* Number of Employees or Professionals: _____
I certify that the 2024 ACTUAL figures are true and correct, and the 2025 ESTIMATE for this year is a good faith estimate or last year's actual. Print Owner's/Authorized Agent Full Name:	Title (owner, authorized agent, etc.): Signature: Print Owner's/Authorized Agent Full Name:

Please contact our office if there are any changes in your primary line of business or physical address

Submit all required and supporting documents to prevent any delay in the processing of your application

Mailed/Emailed applications will not be processed. All applications must be submitted through the customer portal.

BUSINESS LICENSE RENEWAL AFFIDAVIT - 20_____

The undersigned, _____, being duly sworn, says the following:
(Licensee)

1. Have there been changes of ownership of the establishment? Yes No If yes, please explain

2. There have been no changes in any information and data contained in and furnished with my original DeKalb County Business Registration application.
3. In the past year, have you been convicted of or pleaded nolo contendere to a violation of any federal, state, or county law concerning crime of moral turpitude, misdemeanor, or violation of this Code directly relates to the business for which the certificate is sought? If yes, please explain the violation and provide the date of adjudication and the court of adjudication:

4. I am familiar with all laws, rules and regulations of the State of Georgia and all ordinances of DeKalb County covering the operation of the business establishment I will operate under this renewal.

I swear that all the information contained in the original application is true and I understand that such application is made a part of this renewal application and the renewal is based upon the information contained in the original application. DeKalb County sec. 15-45(a). A license issued pursuant to the provisions of this division shall be denied, suspended or revoked by the director if the licensee furnishes fraudulent or untruthful information in the original, renewal or transfer application for a license or omits information required in the original, renewal or transfer application for a license and for failure to pay all fees, taxes or other charges imposed under the provisions of this chapter.

Sworn to and subscribed to before me

Licensee's Signature

this _____ day of _____, 20____.

Notary Public

My commission expires:
(SEAL)

BUSINESS NAME _____ LICENSE #/OCCUPATION TAX # _____
NUMBER OF EMPLOYEES (COMPANY-WIDE) _____

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 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. 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

SECTION 3.

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

Executed on _____, _____, 20____ 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 _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____

¹Sec. 15-27 Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, 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 I.R.S. W-2 but not a form I.R.S. 1099.

Business Name

License #/Occupation Tax #

- Business Occupation Tax Certificate
 Alcohol License

AFFIDAVIT VERIFYING STATUS FOR COUNTY PUBLIC BENEFIT APPLICATION

O.C.G.A. § 50-36-1(e)(2)

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

Do not check more than ONE option.

- 1) I am a United States citizen, 18 years of age or older.
- 2) I am a legal permanent resident of the United States 18 years of age or older.
- 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: (i.e. driver's license, I-551, I-766, Passport, etc.)

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, of the Official Code of the State of Georgia.

Executed on this the _____ day of _____, 20_____.

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____.

Applicant Phone Number

NOTARY PUBLIC
My Commission Expires: _____

CHANGE OF INFORMATION REQUEST FORM

178 SAMS STREET | DECATUR, GA 30030 | (404) 371-2461 FAX (404) 371-2946

SECTION(S) TO BE COMPLETED					
INDICATE INFORMATION TO BE CHANGED	SECTION 1	SECTION 2		SECTION 3	
	<input type="checkbox"/> Contact Information <input type="checkbox"/> Mailing Address <input type="checkbox"/> Contact Personnel AFFIDAVIT MAYBE REQUIRED	<input type="checkbox"/> Line/ Use of Business <input type="checkbox"/> Moved Within Unincorporated <input type="checkbox"/> Ownership Interest <input type="checkbox"/> Name of Business EVIDENCE OF QUALIFICATION(S) REQUIRED BEFORE CHANGE(S) CAN BE EFFECTIVE		<input type="checkbox"/> Sold Business <input type="checkbox"/> Closed Business <input type="checkbox"/> Moved Outside Unincorporated FINANCIAL INFORMATION SECTION MUST BE COMPLETED BEFORE ACCOUNT CAN BE CLOSED	
CHANGE OF INFORMATION REQUESTED FOR:					
LEGAL/ ENTITY NAME:			TRADENAME:		ACCOUNT #
Description of previous primary line of business conducted:					NAICS
SECTION 1					
CHANGE OF CONTACT INFORMATION					
ADD/ REMOVE	PHONE	EMAIL		FAX	EFFECTIVE DATE
CHANGE OF MAILING ADDRESS					
ADD/ REMOVE	STREET	CITY	ST	ZIP	EFFECTIVE DATE
CHANGE OF CONTACT PERSONNEL					
ADD/ REMOVE	NAME/TITLE	ADDRESS		PHONE/ FAX/ EMAIL	EFFECTIVE DATE
	First:	Street:		P:	
	Last:	City:		F:	
	Title:	State:	Zip:	E:	
	First:	Street:		P:	
	Last:	City:		F:	
	Title:	State:	Zip:	E:	
SECTION 2					
CHANGE OF LINE/ USE OF BUSINESS					
Description of new primary line of business to be conducted:					EFFECTIVE DATE
MOVED WITHIN UNINCORPORATED					
NEW	Street <i>(P. O. BOX NOT PERMITTED)</i>	City	ST	Zip	MOVE DATE
			GA		

OLD	Street <i>(P. O. BOX NOT PERMITTED)</i>	City	ST	Zip	MOVE DATE
			GA		
CHANGE OF OWNERSHIP INTEREST					
ADD/ REMOVE	NAME/TITLE	ADDRESS	PHONE/ OWNERSHIP %/ EMAIL	EFFECTIVE DATE	
	First:	Street:	P:		
	Last:	City:	Ownership %:		
	Title:	State: Zip:	E:		
	First:	Street:	P:		
	Last:	City:	Ownership %:		
	Title:	State: Zip:	E:		
CHANGE NAME OF BUSINESS					
NEW			EFFECTIVE DATE		
OLD			INEFFECTIVE DATE		
SECTION 3					
SOLD BUSINESS ONLY					
Buyer's First Name:		Buyer's Last name:			
Buyer's Phone:		Buyer's Email:			
Buyer's Company Name:					
Buyer's Street Address:		City:	ST:	Zip:	
FINANCIAL INFORMATION					
SELECT ONLY ONE: <input type="checkbox"/> SOLD <input type="checkbox"/> CLOSED <input type="checkbox"/> MOVED OUTSIDE UNINCORPORATED DEKALB					
ACTUAL DEKALB COUNTY AND GEORGIA GROSS RECEIPTS			\$	EFFECTIVE DATE	
ACTUAL NUMBER OF DEKALB COUNTY EMPLOYEES					
ACCEPTANCE AND ACKNOWLEDGEMENT					
Has the owner, applicant, the stated business complied pursuant to DeKalb County section 15-40 (d) which states, Applicants and holders have a duty to update the department of any change in ownership, use, address, line of business, or any other information required to be submitted with the initial application or renewal. Unless otherwise specified, failure to update the department, within sixty (60) days, of any such change may result in the suspension, revocation, or denial of the application or certificate. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, attached explanation:					
Georgia Open Records Act prohibits public viewing of gross receipts. Other information on this form may be viewed. I agree that the above information is correct and true.					
First Name:		Last Name:			
Phone:		Email:			
_____		_____		_____	
Signature of Authorized Representative		Title		Date	