

OBTAINING A CERTIFICATE OF OCCUPANCY

BUSINESS LICENSE APPLICATION

Before a business license can be released, a Certificate of Occupancy (CO) will need to be issued to legally occupy the space. The CO process allows for safety inspections of a property between tenant use and to ensure the type of business meets all current regulations of occupancy. If no renovations are necessary for the intended use, the applicant can apply for the **Tenant Move-In Application** described below (*The fee of \$140 for this permit is separate from the fee for the business license*). If renovations are necessary, your licensed General Contractor (GC) will need to apply for and complete the appropriate building permits.

ALL NEW BUSINESS LICENSE applicants not doing construction, please follow these directions:

- Verify your address (INCLUDING SUITE NUMBER) at <https://www.mariettaga.gov/183/Property-Search-Tool>. Next, create an account at www.SagesGov.com/marietta-ga. All documents are accepted digitally – we do not accept paper.
- Login to Sages and go to the **HOME** tab, select the application tile labeled **Tenant Move-In Permit Application** under the heading **Public Works – Building**.
- Upload the three required digital pdf documents in the **Application**:
 - A diagram/drawing of the space to be occupied to include: doors, walls, windows, and exits. Label the function of each space and include the address of the location.
 - A statement of use letter to include: the address of the space, what the use of the space will be, normal hours of operation, contact information, a clear statement that no construction work will be done to the space, signed, and dated, and resubmit application.
 - A copy of the applicant's driver's license.
- Once submitted and accepted the application will be reviewed. This process takes 3-5 business days.
- When review is completed, and fees are paid - your permit will be issued (emailed to the applicant).
- Once your permit is issued you can schedule your two inspections in SagesGov within **30 days**.
 - Fire 100% **(Include a two-hour window in comments noting**
 - Building Final **the time location will be open for inspection)**
- Once the inspections are approved a new Certificate of Occupancy will be issued. The Certificate of Occupancy is required to be posted in view of your patrons. Your business license application will be approved upon issuance of the Certificate of Occupancy.

If you have questions or need assistance with this process, email the Building Department at buildinginspections@mariettaga.gov.

Or call the Permit Technician at (770)794-5454.

PRIVILEGE APPLICATION CHECKLIST

- _____ 1. Privilege Application completed**
- _____ 2. Copy of Driver's License**
- _____ 3. Copy of Social Security Card**
- _____ 4. Copy of Permanent Resident Card or Alien Registration (both front & Back)**
- _____ 5. Copy of State License**
- _____ 6. Completed and notarized Private Employer Affidavit**
- _____ 7. Completed Marietta Police Department Criminal History Consent Form**
- _____ 8. Certified fund payment (cashier's check, money order or cash only)**

Revision 07/31/2018



CITY of MARIETTA
Business License and Revenue Division
205 Lawrence Street
PO Box 609
Marietta, Georgia 30061
Phone: (770) 794-5520 Fax: (770) 794-5685

For Office Use Only
Tax Cert. No. _____
Account No. _____
SIC Code _____
Zoning _____
Date _____

PRIVILEGE APPLICATION

INSTRUCTIONS: PLEASE PRINT APPLICATION AND ANSWER ALL QUESTIONS.

1. Full Name of Business _____

Under What Name is the Business to be Operated? _____

Is the Business a Proprietorship () ; Partnership () ; Corporation, Domestic () ; Foreign ()

Enclose partnership agreement or certificate of incorporation including articles of incorporation, if applicable.

Nature and Character of Business _____

Projected Gross Receipts (In the State of Georgia from this location) _____

Federal Tax ID Number _____ Georgia Sales Tax Number _____

2. Location _____

If the location is not owned, please state name of property owner _____

3. Business Telephone _____ **Beginning Date of Business in Marietta** _____

4. Full and True Legal Name of Applicant _____

Any Aliases or Name Changes used in last five (5) years _____

E-Mail Address: _____

Date of Birth _____ **Social Security Number** _____

Driver's License Number _____ **State** _____

Full Name of Spouse _____

Date of Birth _____ **Social Security Number** _____

Driver's License Number _____ **State** _____

Where were you born?

Street _____

City _____

County _____

State _____

Current Address:

Street _____

City _____

County _____

State _____

Do you reside in Cobb County? Yes () No ()

How Long _____

Number of years at present address _____

In Georgia _____

Telephone: Residence _____

What has been your occupation for the past five (5) years? Give specific details.

5. List all Partners, Individuals and Employees associated with this business.
Give name, address, telephone number, date of birth, and social security number.

6. List name and percent of ownership of all parties.

7. Do you have other stores or locations?

8. Has the applicant, spouse of any individual having an interest either as owner, partner or stockholder been arrested, convicted or entered a plea of nolo contendere within 5 years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States of any municipal ordinance except traffic violations.

9. How is the proposed location zoned? _____

By Zoning Administrator _____

10. Are there any fees, taxes, fines, utilities or other charges due to the City of Marietta or Marietta Power?

Yes () No () If yes, please specify. _____

11. Who is the Majority Partner or Stockholder?

12. Please give three (3) character references from individuals who are in no way related to the applicant or individual shareholders, officers or directors of a corporation and who are not or will not benefit financially in any way from

the application if the license is granted and who have not been convicted of any crime involving moral character.
Please include name, address and telephone number.

13. Are there any City employees employed by, has a vested ownership interest or is connected in any way, directly or indirectly, with the operation of this business? Yes () No () If yes, please specify.

14. Are you familiar with the City of Marietta ordinances, state laws and regulations, federal laws and regulations governing the operation of this type of business? () Yes () No

GEORGIA, COBB COUNTY

I, _____, being duly sworn to law, do swear that the statements made by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such statements were made in order to procure the granting of such a license. I hereby authorize the Marietta Police Department to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the Marietta Police Department's investigation. I further certify that I will notify the City of Marietta Business License Division of any changes effecting my status and/or position with this company.

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

OR

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

Alien Registration no. for non-citizens _____

Persons that are not U.S. Citizens must provide original immigration card I-551 to the Business License Division for verification and copying. Naturalized citizens must provide their original certificate of naturalization for verification by the Business License Division. This applies to the applicant, each owner, each partner, each stockholder with 20% or more ownership, and their spouses. (Passports will not be accepted.)

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature Of Applicant (Type Name Before Signing)

Signature And Title Of Person Other Than
Applicant Completing This Application
(Print Name Before Signing)

Phone Number _____ Work

_____ Home

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20__.

Notary Public

My Commission Expires: _____

Received in City of Marietta Business License and Revenue Division on _____

at _____ a.m. p.m. by: _____

Fingerprinted at Marietta Police Department by:

Date _____

**ATTACH CERTIFIED OR CASHIER'S CHECK PAYABLE TO THE CITY OF MARIETTA AS
FOLLOWS:**

Alcoholic Beverage Wholesalers

Deposit of Three (3) Months Excise Tax (Reference Marietta City Code 8-8-12-020)

Beer (Occupation Tax Based on Tax Class 1 or Number of Employees); Processing fee \$100

Wine (Occupation Tax Based on Tax Class 1 or Number of Employees); Processing fee \$100

Liquor (Occupation Tax \$1,785); Processing fee \$100

Copy of State License Required

Private Detectives and Security Businesses

Occupation Tax (Based on Tax Class 2 or Number of Employees)

Processing fee (\$100)

Copy of State License Required

Burglar Alarm System Installations

Occupation Tax (Based on Tax Class 2 or Number of Employees)

Processing fee (\$100)

Copy of State License Required (Low or High Voltage)

Please contact the Business License Division at (770) 794-5520 to schedule an appointment to submit application.

If incorporated, please attach copy of Articles of Incorporation.



MARIETTA POLICE DEPARTMENT

240 Lemon Street, Marietta, Georgia 30060 Telephone 770-794-5300 Fax 770-794-5301

David Beam, Interim Chief of Police

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the Marietta Police Department to conduct an inquiry for the purpose listed below and receive any Georgia criminal history record information as authorized by state law and/or for codes J, Z and C, any national criminal history record information as authorized by federal law.

Full Name (print)			
Address			
Sex	Race - (A-Asian, B-Black, I-Native American, W-White)	Date of Birth	Social Security Number

List any convictions and/or plea of nolo contendere that has been entered on your record for any felony or misdemeanor charge in any Superior, State, and/or Municipal Court of any state of the United States:

Signature _____

Date _____

DO NOT WRITE BELOW...POLICE USE ONLY

Date of Request: _____ Time of Request: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E – Permit Application
<input type="checkbox"/>	E – Business License Application
<input type="checkbox"/>	E - Other

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name/Phone: _____ / _____

Agency Designee Signature and Title _____

Date _____

Affidavit Verifying Status (O.C.G.A. § 50-36-1(e)(2) Affidavit)

Please read carefully before completing

- Affidavit must be notarized prior to being submitted to the Business License Division.
The City cannot notarize this affidavit. ***
- Include a copy of applicant's secure and verifiable identification document. A list of secure and verifiable documents is provided by the Attorney General on the Georgia Department of Law website.

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

- 1) ☐ I am a United States citizen. **(Provide state issued identification document. Example: driver's license)**
- 2) ☐ I am a legal permanent resident of the United States. **(Provide copy of alien registration document)**
- 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. **(Provide copy of alien registration 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.

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 allowed by such statute.

Executed in _____ (city), _____ (state)

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

Signature of Applicant

Printed Name of Applicant

NOTARY PUBLIC

My Commission Expires:

****This affidavit does not apply to an applicant applying for or renewing an application for a public benefit within the same agency or political subdivision; if the applicant has previously complied with the requirements of Georgia Code Section 50-36-2 by submission of a secure and verifiable document, as defined in Code Section 50-36-2, and a signed and sworn affidavit affirming that such applicant is a United States citizen.*

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

By executing this affidavit under oath, as an applicant for a(n) business license/occupation tax certificate as referenced in O.C.G.A. § 36-60-6(d), from the City of Marietta, Georgia, the undersigned applicant representing the private employer known as

_____ [printed name of private employer i.e. business name] verifies one of the following with respect to my application for the above mentioned document:

1. Check box (a) or (b) below

- (a) ☐ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10) employees.**
- (b) ☐ On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or fewer employees.**

*****If the employer checked box (a) must fill out Section 2 below.**

2. 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 company identification number (not federal employer identification number) and date of authorization are as follows:

_____ Federal Work Authorization Company Identification Number

_____ Date of Authorization

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 allowed by such statute.

Executed on the _____ Day of _____, 20____ in _____ (City), _____ (State)

Signature of Authorized Officer or Agent of Company

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires:
