Obtaining a Certificate of Occupancy

Business License Application

All applicants MUST complete the tenant move-in and obtain a Certificate of Occupancy BEFORE moving into your location. Your business license will not be approved until this step is completed. Failure to complete this process may result in a citation being issued.

All New Business License applicants, please follow these directions:

You will need a Certificate of Occupancy to legally occupy the space.
All documents are accepted digitally – we do not accept paper.
Visit www.SagesGov.com/marietta-ga

• You will need to create an account, and have the account accepted by the City of Marietta before you can create an application.
• Once the account is created and verified, login and go to the HOME tab
• If you will not make any changes besides paint and floor - select the application tile called Tenant Move-In Permit Application
  ○ If changes (demolition, renovation, modifications, alterations) need to be made to the space, you need a Building Permit Application that must be applied for by a licensed General Contractor
• You will be expected to upload digital documents in this Tenant Move-In Permit Application
  ○ A scale or dimensioned sketch of the top view of the space showing all rooms, doors, windows, stairs and/or ramps
  ○ A dated and signed letter explaining how the business intends to use the space (i.e. what will you do there?)
• Once submitted and accepted the application will be reviewed
• 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 inspections in Sages Gov; two will be required.
  ○ Fire 100%
  ○ Building Final
• 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 need assistance, please call the Marietta Fire Department at 770-794-5466 or the Building Department at (770) 794-5659
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
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.

2. Nature and Character of Business ____________________________
   Projected Gross Receipts (In the State of Georgia from this location) ________________
   Federal Tax ID Number ____________________________ Georgia Sales Tax Number ________________

3. Location ____________________________
   If the location is not owned, please state name of property owner ____________________________

4. Business Telephone ____________________________ Beginning Date of Business in Marietta ________________

5. 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 ____________________________ County ____________________________
City ____________________________ State ____________________________

Current Address: Street ____________________________
City ____________________________

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.
I hereby authorize MARIETTA POLICE DEPARTMENT to receive and review any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand that this information will be used as part of a background investigation completed by the Marietta Police Department.

Full Name: (PRINT)

LAST FIRST MIDDLE (MAIDEN)

ADDRESS CITY STATE ZIPCODE

SEX RACE DATE OF BIRTH PLACE 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

Special provisions (check if applicable):

☐ Permit Application, (Purpose code 'E')

☐ Business License Application (Purpose code 'E')

☐ Other (Purpose code 'E')

One of the following must be checked:

☐ This authorization is valid for 90 / 180 days (circle one) from date of signature.

DO NOT WRITE BELOW...POLICE USE ONLY

☐ GEORGIA RECORD FOUND (SEE ATTACHED)

☐ NO GEORGIA RECORD FOUND

EMPLOYEE SIGNATURE ___________________________ DATE ________________

Form – Permit Business E