



Business License and Revenue Division
205 Lawrence St., Box 609
Marietta, Georgia 30061-0609
Phone: (770) 794-5520

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

PROFESSIONAL APPLICATION

REASON FOR APPLICATION (Check One)

Adding Professional - Date professional started at location (mo., day, year) _____

Location Change - Previous Location _____

Name Change - Previous Name _____

Location of Business _____
Number and Street (room, apt., or suite no.) _____ City _____ State _____ Zip _____

Name of Business _____

Name of Individual Practicing Profession at location _____

Mailing Address _____
Number and Street _____ City _____ State _____ Zip _____

Email address _____
Date individual started at location (mo., day, year) _____ Federal Tax ID number _____

TYPE OF OWNERSHIP (Check One) Sole Proprietor Partnership Corporation Other (Specify) _____

Business Telephone Number _____

Legal Name (Example: If incorporated, give name of corporation) _____

Profession To Be Conducted _____ Professional Certification Abbreviation _____

PROFESSIONALS SHALL ELECT ONE OF THE FOLLOWING AS A BASIS FOR OCCUPATION TAX (Check One):

A flat fee of \$400 per professional.
or

Calculation based on gross receipts or number of employees (attributable to one location).
Give estimated Annual Gross Receipts \$ _____ Number of Employees (Exclude Owners) _____

Note: This is a once-a-year election and when a professional conducts business at more than one office in the City of Marietta, a separate license will be required for each location.

PLEASE FILL IN APPLICANT'S RESIDENTIAL INFORMATION:

Name	Number and Street	City	State	Zip	Phone
Social Security No. _____	Driver's License No. & State _____	Date of Birth _____			

Is applicant a United States citizen? Yes No (If no, please provide proof of alien registration)

TO BE COMPLETED BY APPLICANT (Must be signed by owner, partner, or authorized officer of corporation)

I, _____, being duly sworn according to law, do swear that the facts stated by me in the above and foregoing answers are true and no false or fraudulent statement is made herein. I will obtain within sixty (60) days of this application City of Marietta certificates of occupancy and fire inspections.

Date _____ Applicant's Signature _____

Any check submitted with this application will be deposited by the City of Marietta. However, the depositing of such check does not constitute the grant of a license and every license must follow the normal review process prior to a final determination on whether to grant or deny the license. Further, the submittal of an application does not entitle the applicant to engage in the business applied for. Only the final and complete issuance of the license constitutes authority to transact such business.

ATTACH COPY OF STATE OF GEORGIA PROFESSIONAL LICENSE FOR EACH PROFESSIONAL

Professionals	Tax Class
Lawyers	3
Physicians licensed under O.C.G.A Chap. 34 of Title 43	2
Osteopaths licensed under O.C.G.A Chap. 34 of Title 43	2
Chiropractors	2
Podiatrists	2
Dentists	2
Optometrists	2
Psychologists	2
Veterinarians	2
Landscape architects	2
Land surveyors	3
Practitioners of physiotherapy	2
Public accountants	3
Embalmers	3
Funeral directors	3
Civil, mechanical, hydraulic, or electrical engineers	3
Architects	3
Marriage and family therapists, social workers, and professional counselors	2

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 _____

NOTARYPUBLIC

My Commission Expires: