



Chatham County ~ Department of Building Safety & Regulatory Services

Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161

Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406

Office: 912-201-4300 | Fax 912-201-4301 Website: <https://buildingsafety.chathamcountyga.gov/>

Prorated Occupational Tax Application

Acceptance of payment by Chatham County does not constitute final approval of the business tax application. This application is subject to all necessary approvals. Said business tax fee shall be refunded if final approval is not granted. (\$75 Admin. Fee is non-refundable). ***All Renewals are due annually, on or before March 1st.**

Occupational Tax Certificate Number: _____

Calendar Year: _____

NAICS Code: _____ Classification: _____ Class Code: _____

2. Business Location: Property Identification Number (PIN): _____

☐ Existing Building ☐ New Building ☐ Mobile Home Park ☐ Home Based (*Complete Homeowner's Affidavit*) ☐ No Local Office

☐ Woman Owned ☐ Minority Owned

3. Applying Applicant's Information:

Name: _____

Your relationship with this business: ☐ Manager ☐ Officer ☐ Registered Agent ☐ Sole Owner ☐ Partner(s)

Contact Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Sex: _____ Race: _____ Social Security/Fed. Tax I.D.#: _____

Driver's License Number _____ State: _____ Georgia Sales Tax I.D. # _____

Have you ever been arrested? ☐ YES ☐ NO If Yes, give date and offense: _____

4. Business Information: ☐ Individual ☐ Corporation (INC., LLC) ☐ Partnership

Corporation Name: _____

Advertised Business Name: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Business Phone: _____ Other Phone: _____ Email: _____

5. Mailing Address: _____ City: _____ State: _____ Zip: _____

6. Type of Business:

Dominant Activity _____ Secondary Activity _____

7. E-Verify # _____ **OR EXEMPT** ☐

☐ I Elect to pay a \$400 Flat Tax in Lieu of Reporting profitability ratio bracket and paying a tax based on profitability ratio.

Certain **PRACTITIONERS OF THE PROFESSIONS** may elect to pay \$400 per practitioner in lieu of reporting and paying a tax on profitability ratio. Check the list of professions on the back of this form to determine eligibility for this option. If you are eligible, and if you and all members of your firm elect to pay the flat per-PRACTITIONER tax this year, check below submit your payment with this return. (See Back)

**7. Enter Number from
Tax Schedule**

BRACKET #

***Estimate your projected gross income
for the first year ONLY.**

Fee From Amount Tax schedule \$ _____

*** LATE FEE** \$ _____

***** _____ \$ _____

Total Amount Due: \$ _____

I, the undersigned applicant, hereby register said business to operate within unincorporate business herein named to file this application, including any accompanying documents. I further certify that all statements and information provided on and with this application is true, correct and complete.

Signature of Applying Applicant

Application Date



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*****OFFICIAL USE ONLY*****

Zoning Approval:

This location ☐ Is ☐ Is **NOT** properly zoned for the proposed business use. **Zoning District** _____

If *not*, please explain:

Zoning Administrator: _____ **Date:** _____

Fire Approval:

This proposed business & location ☐ Does ☐ Does **NOT** meet the Chatham County Local Ordinances. **Occupancy Load** _____

If *not*, please explain:

Fire Inspector: _____ **Date:** _____

Police Approval:

Any previous complaints from CCPD: ☐ Yes ☐ No Criminal Background Record: ☐ Yes ☐ No

If YES, please explain:

This business and/or applicant: ☐ Is ☐ Is **NOT** approved by CCPD.

Police Department: _____ **Date:** _____

OCCUPATIONAL TAX

PRORATED BUSINESS TAX SCHEDULE EFFECTIVE JULY 1ST - DECEMBER 31ST (one-half of yearly rate)

The business tax amounts (which include a \$75 base tax) for the various brackets or ranges of gross receipts in each profitability class are shown below:

Gross Receipt Brackets		Business Tax by Profitability Class					
Bracket	Base Rates Range in Dollars	A .00047	B .00057	C .00067	D .00077	E .00087	F .00097
1	\$1 - \$30,000	\$41	\$42	\$42.50	\$43	\$44	\$44.50
2	\$30,001 - \$100,000	52.50	56	59	62.50	65.50	69
3	\$100,001 - 200,000	72.50	80	87.50	95	102.50	110
4	\$200,001 - \$300,000	96	108.50	121	133.50	146	158
5	\$300,001 - \$500,000	131.50	151.50	171.50	191.50	211.50	231.50
6	\$500,001 - \$750,000	184	215.5	246.50	278	309	340.50
7	\$750,001 - \$1,000,000	243	287	330.50	374	418	437.50
8	\$1,000,001 - \$2,000,000	390	465	540	615	690	765
9	\$2,000,001 - \$3,000,000	625	750	862.50	1,000	1125	1,250
10	\$3,000,001 - \$4,000,000	860	1,035	1210	1,385	1,560	1,735
11	\$4,000,001 - \$5,000,000	1,095	1,320	1545	1,770	1,995	2,220
12	\$5,000,001 - \$6,000,000	1,330	1,605	1,880	2,155	2,430	2,705
13	\$6,000,001 - \$8,000,000	1,682.50	2,032.50	2,382.50	2,732.50	3,082.50	3,432.50
14	\$8,000,001 - 10,000,000	2,152.50	2,602.50	3,052.50	3,502.50	3,952.50	4,402.50
15	\$10,000,001 and over	2,387.50	2,887.50	3,387.50	3,887.50	4,387.50	4,887.50

Calculating License Fees

- Determine your gross receipt bracket by estimating the income for the Tax Year. The number to the left indicates the bracket number for line 7 on the Business Tax Application.
 - Match the Tax Profitability class (A-F) shown on the Business Tax Renewal Form with the gross receipt bracket selected.
- Example: If your Business Tax Renewal Form indicates (upper right hand corner) the letter **A** as the tax class, and you estimate approximately \$25,000 gross income, the cost of your business license would be \$41.00 for the year.

Renewals must include current state license copies (where required) to be fully processed. Applications will be returned if copies of State licenses are not received.

Payments are received in-person Monday - Friday from 8:00AM thru 4:00PM in the form of Cash, Check, Credit Card or Money Order made payable to Chatham County (**No cash accepted over \$100**).

**ALL Business Tax license expires December 31st of the year issued.
Renewals made after March 1st will be penalized by adding the greater of \$25 or 10% of amount due.**

STATE LICENSE REQUIRED (A Few Examples)

Alarm Agency – State license & Fingerprint card
Architect
Attorney
Auctioneer
Automobile Dealer, Used
Automotive Parts Dealer, Used
Barber - ***Shop license & Individual Barber's license***
Beautician - ***Shop license & Individual Cosmetologist License***
Chiropractor
Contractor – ***Commercial & Residential***
Contractor - ***Electrical, Electric Signs***
Contractor - ***Low Voltage Alarm Systems***
Contractor - ***Low Voltage Communications Systems***
Contractor - ***Low Voltage Electrical, Unrestricted***
Contractor - ***Fire Protection Sprinkler Systems***
Contractor - ***Heating, Refrigeration, Air Conditioning***
Contractor - ***Plumbing***
Contractor - ***Prefabricated Building Erection/Installation***
Counseling Service - ***Personal***
Counselor, Marriage and Family
Day Care Center – ***Bright From the Start Certificate (SIC 8351, 8352, 8353, 8354)***
Dentist
Exterminator, Pest Control Service
Funeral Director
Hearing Aid Dealer
Landscape Architect
Nail Salon - Salon license & Nail Tech. license
Motor Vehicle Dealer
Polygraph Examiner
Physician –
Practitioners
Private Detective
Psychologist
Professionals, ***as defined by State law***
Real Estate Agent (Broker) -
Security Agency – State license & fingerprint card
Therapist
Veterinarian
Warehouse (O.C.G.A. 10-4-10)

*ALL agencies and individuals who are REQUIRED BY LAW to obtain a State license will ***NOT*** be issued a local license. A current State of Georgia license MUST be included with all new and renewal applications in order to obtain a Chatham County Business occupational Tax Certificate.

**O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status
for County Public Benefit Application**

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in **O.C.G.A. § 50-36-1**, from the **Department of Building Safety and Regulatory Services**, the undersigned applicant verifies **ONLY** one of the following with respect to my application for public benefit:

- 1) ____ I am a United States citizen: **or**;
- 2) ____ I am a legal permanent resident of the United States. **or**;
- 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 _____.**

*(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)

The undersigned applicant also hereby verifies that he or she is 18 years 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 be classified as _____** (*such as: state issued driver's license, state issued identification, 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**, and face criminal penalties as allowed by such criminal statute.

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

Signature of Authorized Officer/Agent

Printed Name of Authorized Officer/Agent

Sworn to and subscribed before me this

_____ day of _____, 20_____.

Notary Public (SEAL)

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

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 employs **more than ten (10)** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any approved subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Please Check Only One:

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

Name of Private Employer (*Business Name As Advertise*)

Date of Authorization

(E-Verify Number)

Federal Work Authorization User Identification Number

**This is NOT your Federal Tax Identification Number*

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

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

Signature of Applying Applicant

Printed Name of Applying Applicant

Sworn to and subscribed before me this

_____ day of _____, 20_____.

Notary Public (SEAL)



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Homeowner's Affidavit

On this _____ day of _____, 20____, first being duly sworn, I,

_____, agree with this affidavit, relating to the business of:
(Print Applicant's Name)

_____, P.I.N: _____
(Business Name)

Business Location: _____ City: _____ ST: _____ Zip: _____
(Physical Street Address)

The above named business will be conducted according to Chatham County Zoning Ordinance, Section 2-28, Home Occupation, which states "an occupation carried on within a dwelling, occupying no more than 25% of the gross livable area of the dwelling, employing only family members residing in the home, using only such equipment as is customarily found in the home, involving no display of articles or products or signs, and, having no on-site storage of related supplies, materials, machinery or vehicles larger than a 3/4 ton truck kept or stored at the above location."

Only Home Occupation activities identified in Section 2-28 of the County Zoning Ordinance shall be allowed. The business will be conducted without customers or employees coming and going from the above referenced location. Deviation from the perimeters of a permitted home occupation or home business office will result in the revocation of all business tax certificates associated with the use and its operation.

NO MATERIALS FOR THIS BUSINESS WILL BE STORED AT THIS LOCATION.

Signature of Applying Applicant

Sworn to and subscribed before me this
_____ day of _____, 20_____.

Notary Public (SEAL)