



## PLEASE READ

IN ORDER TO OBTAIN A BUSINESS LICENSE/OCCUPATION TAX REGISTRATION WITH THE CITY OF CONYERS  
**PLEASE BE AWARE OF THE FOLLOWING:**

\_\_\_ Property is correctly zoned for this **type** of business.

\_\_\_ Lease agreement from the property owner. (Please check with Planning and Inspection Services Department before signing a lease to verify that your business is a Permitted Use at that location).

\_\_\_ **Planning and Inspections** will need to conduct a new business walk thru of the facility in which you are applying for a business license. It is best for a representative from your company to be present at time of walk thru. **Please contact this office to schedule inspection.**

\_\_\_ **Rockdale County Fire Department** will need to conduct a new business walk thru when opening new business. **Please find phone number listed below.**

\_\_\_ If you are opening any type of food establishment, the **Rockdale County Environmental Health Department** and the **Rockdale County Water Resources** will also need to be contacted. **Please find phone number listed below.**

\_\_\_ \$50.00 A **nonrefundable administrative fee** is due when processing your occupation tax registration application.

- The license fee is prorated after July 1<sup>st</sup> of each year; we will make you aware of this fee at the time of purchase.
- We mail out business license renewals approximately the first week of December for the next calendar year.
- **Please inform us in writing** if you should close your business or move to another location.
- **ARCHITECTURE – Before modifying any architectural element on a building (e.g. installing new windows, installing burglar bars, painting a building wall, placing mechanical elements at grade and on top of a flat roof),** please consult with the Department of Planning and Inspection Services staff to confirm the applicable architectural requirements. The architectural requirements are contained in Title 8, Chapter 7 of the City of Conyers Code of Ordinances, and are available on line [www.municode.com](http://www.municode.com).
- **SIGNS – Before erecting any signs, please consult with the Department of Planning and Inspection Services staff to confirm the applicable sign requirements.** The sign requirements are contained in Title 8, Chapter 5 of the City of Conyers Code of Ordinances, and are available on line at [www.municode.com](http://www.municode.com).
- **LIGHTING – The use of exposed neon, LED, LCD and all other similar bulbs and strips used for exterior lighting, or to outline any architectural element of a structure such as, but shall not be limited to doors, roof lines, and windows.** Please consult with the Department of Planning and Inspection Services staff to confirm lighting requirements.

### IMPORTANT NUMBERS FOR NEW BUSINESS

ROCKDALE COUNTY FIRE DEPARTMENT: 770-929-1150 OR 770-278-8401

ENVIRONMENTAL HEALTH: 770-278-7340 (RESTAURANTS, HOTELS, POOLS)

DEPARTMENT OF PLANNING & INSPECTION SERVICES: 770-929-4280

ROCKDALE COUNTY WATER RESOURCES: 770-278-7510 OR 770-918-6572 (GREASE TRAPS)



Opening Day of Business

**APPLICATION FOR OCCUPATION TAX REGISTRATION**

<b>Business Name:</b>		<b>Corporation Name/Owner's Name:</b>	
<b>Doing Business As:</b>		<b>Home Address:</b>	
<b>Business Address:</b>	<b>Suite:</b>	<b>City / State / Zip Code:</b>	
<b>City / State / Zip Code:</b>		<b>Home Telephone No:</b>	
<b>Business Telephone No.:</b>		<b>Driver's License No.:</b>	<b>State:</b>
<b>Mailing Address:</b>		<b>Emergency Contact:</b>	
<b>City / State / Zip Code:</b>		<b>Emergency Telephone No.:</b>	
<b>Business Email:</b>		<b>Owner's Email:</b>	
<b>Federal Employer ID Number (EIN)</b>		<b>GA State Tax ID Number</b>	
<b>State License (if applicable) License Type</b>		<b>State License Number</b>	

Describe line of business \_\_\_\_\_

Please circle all that apply: retail - wholesale - manufacturing - personal service - business service

Number of Employees: \_\_\_\_\_

Home occupation:        ☐ Yes        ☐ No

I certify that the above information is correct.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**We must have a business telephone number and an emergency contact phone number. This information will be available to the City of Conyers Police Department for emergency purposes.**

**All occupation taxes are due and payable by January 1st each year. Failure to pay occupation taxes by January 31st will result in an interest charge of 1.5% per month and a one-time penalty of 10% if not paid before April 1.**

**FOR CITY OF CONYERS USE ONLY**

**Zoning of Property:** \_\_\_\_\_

**SIC/NAICS CODE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Admin Fee: \$** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Occupational Fee: \$** \_\_\_\_\_



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## LETTER OF INTENT

**Business Name:** \_\_\_\_\_

**Doing Business As** (if applicable): \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

In the space provided below, please give a summary of the nature/objectives of your business. **Be Specific.**

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Will there be any changes made to the inside or outside of the building? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes to the above question, please explain changes \_\_\_\_\_

Will alcohol be involved? YES \_\_\_\_\_ NO \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
(Print)

Owner's Signature: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE:** PLANS REQUIRED HAND SKETCHED \_\_\_\_\_ PROFESSIONAL \_\_\_\_\_ N/A \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Are Supplemental Use Standards Required?** YES \_\_\_\_\_ NO \_\_\_\_\_ Date Given to Customer \_\_\_\_\_



Business License Number \_\_\_\_\_

***Affidavit Verifying Status for City Public Benefit Application***

***Name of Business:*** \_\_\_\_\_

***Address:*** \_\_\_\_\_

By executing this affidavit under oath, as an applicant for a City of Conyers, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Conyers, Georgia Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (*circle one*) for \_\_\_\_\_.

[*Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.*]

1) \_\_\_\_\_ I am a United States citizen.

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise 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.\*

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

Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
\*

Alien registration number for non-citizens

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



Number of Employees: \_\_\_\_\_

Business License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

By executing this affidavit under oath, as an applicant for an **Occupational Tax Certificate** (a Business License) as referenced in O.C.G.A. § 36-60-6(d), from the **City of Conyers**, the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of employer] verifies one of the following with respect to my application for the above mentioned document:

**1. Fill out this section on or after July 1, 2013. Select Only One.**

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 1(a) please fill out Section 2 below.*

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

**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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number (E-Verify Number)

\_\_\_\_\_  
Date of Authorization

**\*If you are a corporate owned chain or franchise you may want to contact you corporate office before enrolling in E-Verify; they may be able to provide you with this number.**

**\*For E-Verify Enrollment Instructions: go to [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify) or call 1-888-464-4218.**

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 \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_ in Conyers, Georgia

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
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: \_\_\_\_\_



Business License Number \_\_\_\_\_

**Affidavit Verifying Status for City Public Benefit Application**

If item 2 on the previous page is checked you must provide one of the following documents. In addition to the Alien Registration Number

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card)
- I-766 (Refugee Travel Document)
- Certificate of Citizenship
- Naturalization Certificate
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94)
- Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
- Other – Give a copy of other qualified document

Date of Birth \_\_\_\_\_

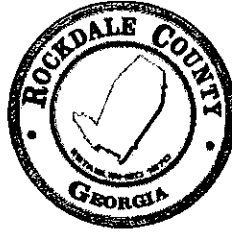
This is required by the U.S. Citizenship and Immigrations Services.

**BOARD OF COMMISSIONERS**

Osborn Nesbitt, Sr., Chairman

Sherri L. Washington, Esq., Commissioner Post I

Dr. Doreen Williams, Commissioner Post II



**ROCKDALE COUNTY FIRE & RESCUE**

Jerry E. Wainright, Fire Marshal  
Jerry.wainright@rockdalecountyga.gov

**FIRE HEADQUARTERS**

OFFICE: 770-278-8401

FACSIMILE: 770-278-8930

**Rockdale County Fire Marshal's Office  
Compliance Inspections/Move in as-is/ Change in Name or Ownership Inspections**

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The following is a list of fire safety compliance items that will be inspected by the Fire Marshal's Office in order for you to obtain your business license. Please address these items prior to the fire safety inspection to avoid having to schedule follow-up inspections which would extend the time needed to obtain your license. This process will improve customer service while expediting the process of obtaining your business license.

- Address/building numbers are 4" high and plainly visible from the street
- Existing exit lighting is properly illuminated and battery backup operates properly.
- Existing Emergency lights have been tested and are operable.
- Fire extinguishers, with proper rating and current certification tag, are properly mounted.
- Key locks, padlocks, & dead bolts removed from exit doors. Only thumb turn or push-to open locks in compliance of the Life Safety Code are allowed.
- Means of egress is unobstructed and doors operate freely.
- Floor arrangement and equipment layout within office spaces and warehouse spaces shall meet proper widths, common paths, travel distances, and hazard commodities for the specific occupancy/building design.
- Existing fire rated walls and penetrations are properly sealed and fire stopped.
- Electric Panel has 36" X 30" clearance from combustibles or obstructions.
- No exposed wires, extension cord wiring; electrical receptacles and light fixtures are properly mounted in walls and ceilings
- No storage in the electrical room or near gas fueled appliances.
- Storage maintained a minimum of 2' below ceiling in non-sprinkled buildings and 18" in sprinkled buildings.
- Confirmation of "as-built" drawings being consistent with the location.
- Confirmation that no construction is taking place.
- Verification that no change in occupancy classification or sub-classification pursuant to Georgia Fire Safety Rules and Regulations has taken place.
- Current annual Sprinkler inspection has been conducted and properly tagged (if applicable).
- Current annual Fire Alarm inspection (if applicable).
- Current 6 month Fire Suppression System inspection report, with tag properly documented.

When all applicable items have met compliance, the applicant shall contact the Rockdale County Fire Marshal's Office to schedule an inspection (770-278-8401). The Fire Inspector will complete a "Permitted Use Inspection Form" and gather all information pertinent to the New Tenant. The tenant will return the signed Permitted Use form to the Planning & Development office to complete the licensing process.

**The inspection items listed are not inclusive of every issue that may need to be addressed. Inspectors will work with customers to address any issues specific to their situation.**





# Conyers-Rockdale Chamber

*Uniting Businesses for a Stronger Community*

## Benefits of Chamber Membership:

- Business Contacts - Through quality networking programs and Lead Groups.
- Advertising Opportunities - Website, Member Directory, Quality of Life Magazine, Community Map, Newsletter and more.
- Sponsorship Opportunities - Golf Tournament, Annual Meeting, Leadership Rockdale, O.P.E.N. Program, and more.
- Discount Group Medical Insurance - Save 5%
- Voice for Membership to Local, State & Federal Officials - Through participation on Government Affairs Committee.
- Education Initiatives - Efforts to improve overall student achievement through Partners in Education and Quest for Success.

*Every day your Chamber goes to work for you & your business!*

*Join today & become an active part of the growth & progress of the Conyers-Rockdale community!*

***Contact Your Conyers-Rockdale Chamber of Commerce  
for Detailed Information About...***

**Ribbon Cutting Ceremonies • Entrepreneur Programs**

*Tell Us  
About Your  
Business!*

**Job Postings and Hot Deals listings  
on Chamber Website**

**Chamber Networking Events**

**Leadership Rockdale**

**Partners in Education • Business Resource Center**

*Learn more  
about Chamber  
membership  
benefits!*

**Call Us Today to Schedule an Appointment.**

**770-483-7049**

**[www.Conyers-Rockdale.com](http://www.Conyers-Rockdale.com)**





**City of Conyers  
Police Department  
Communications Division**

**Confidential information used for official police department business only. This information is necessary to ensure that the police department can locate your business quickly should the need arise and/or contact you about matters concerning your business should the need arise.**

<b>Business Name</b>	
<b>Business Address including suite number &amp; phone number</b>	<b>Suite numbers should be clearly marked on the front and back doors.</b>
<b>What does the sign on the outside of the business say?</b>	
<b>Name of shopping center or business park if applicable.</b>	
<b>Has this business been open at a different location within the city in the past?</b>	<b>Previous Address</b>

**After hours contact information:**

Name	Contact Numbers



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**CONYERS**  
*Celebration of Community*

## City of Conyers Occupational Tax Business Closing Form

If you are no longer in business within the City of Conyers please sign and date the form:

Current Date: \_\_\_\_\_ Business License Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

State the reason for closing: \_\_\_\_\_

Date Company closed: \_\_\_\_\_

New Company Name (if applicable): \_\_\_\_\_

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Print Name**