Welcome to the City of Stone Mountain. We are pleased that you are considering opening a commercial business in our unique town. We would like to provide you with some general information to assist you in choosing the right location for your business and to familiarize you with some of the permits required for a commercial business.

☐ **Zoning Certification**

*Is the type of business you plan to operate a permitted use for the zoning district the property is located within?*

To certify zoning and the use for a parcel, please submit a Zoning Certification Request form to City Hall. The form can be obtained from City Hall or at [www.stonemountaincare.org](http://www.stonemountaincare.org).

☐ **Local Historic District**

*Is the property you are interested in for your new business located in our local historic district?*

Properties located within the historic district requires a Certificate of Appropriateness to be issued by the Historic Preservation Commission before any exterior changes can be made to the property. Please contact City Hall to confirm if the property is located within the local historic district. A Certificate of Appropriateness application can be obtained from City Hall or from our website at [www.stonemountaincare.org](http://www.stonemountaincare.org).

☐ **Sign Permit**

All exterior signage for your business must be approved by the City of Stone Mountain. A city sign permit application can be obtained from City Hall after the occupational license is approved. A $25.00 non-refundable application fee is required.

☐ **Banner Permit**

To be eligible for a banner permit, your business must have been issued an occupational license and been permitted permanent signage. All banners must be permitted by the City of Stone Mountain and applications can be obtained from City Hall. Four banners are allowed at one location in a twelve-month period and each approved banner is valid for thirty calendar days unless otherwise extended by City Council. No more than one banner, not to exceed 16 square feet, can be displayed at any one time. A $25.00 non-refundable application fee is required.

☐ **Exterior Changes**

Prior to making any exterior changes to a building or structure, please contact the City Clerk at 770-498-8984 to determine if a building permit, plans, and a Certificate of Appropriateness is required for the proposed changes.

☐ **Backflow Prevention**

This is required on any commercial building, multi-family, churches, schools, parks, multi-story buildings and mobile home parks (master metered buildings). Any business new or one changing locations must have backflow prevention as well. The forms can be obtained at City Hall. This will be done prior to issuance of an Occupational Tax Certificate.
□ Interior Structural Changes
For commercial locations, all interior structural changes must be permitted by the city. However, prior to the issuance of any building or trade service permits, plans must be submitted to the City Clerk at 770-498-8984 prior to a plan review by the DeKalb County Fire Marshal Division, Safebuilt, and DeKalb County Environmental Health if the business is a food establishment. Please contact the City Clerk for additional information.

□ Occupation Tax and Certificate and Required Certifications/Approvals
You will be required to pay an occupation tax to operate a business. The annual tax must be paid and a certificate issued before you can begin operating your business. An application can be obtained from City Hall. The cost of the annual tax is based on the number of employees. The tax rate for a business with 0-5 employees will be $180.00 with an additional charge for each employee over five (5) of $30.00 each.

□ Alcohol and/or Beer Wine Licenses
Licenses to sell liquor, beer and wine must be approved by the City Council. State licenses are also required. Applications can be obtained from City Hall. Please contact the Georgia Department of Revenue - Alcohol and Tobacco Division at 404-417-4900 for state requirements or visit www.dor.ga.gov.

□ Food Service Establishments and Establishments Selling Packaged Food Related Items
Certain county and state requirements must be met when opening establishments that provide food service or sell packaged or related products. Please contact the following agencies to obtain information about what will be required for your business:
(2) DeKalb County Board of Health, Environmental Health Division - 404-508-7900 or visit www.dekalbhealth.net.
(3) Georgia Department of Agriculture - 404-656-3645 (selling packaged and other related products) or visit www.agr.georgia.gov.

□ Licenses from the Secretary of State or other agencies may be required (i.e. day care, hair salons, personal care homes, nail salons, massage therapists)
There are many businesses that require additional licensing by the state or other agencies. Please contact the appropriate agency or the Georgia Secretary of State for requirements applicable to the type of business you plan to operate.

□ Downtown Development Authority
The City of Stone Mountain is continually working on projects to revitalize the central commercial downtown district. Find out how these projects could affect your business. The Executive Director of Main Street Stone Mountain and the Downtown Development Authority would like the opportunity to meet with you to discuss current projects and how they can assist you with achieving your business goals. The DDA Office can be reached at 770-498-8984.
INSTRUCTIONS FOR OCCUPATION TAX CERTIFICATE

Welcome to the City of Stone Mountain! We are pleased that you have chosen to open a business in our unique town. This information sheet has been compiled to assist you in completing the necessary applications/forms in order to obtain an Occupation Tax Certificate. You must be properly licensed in order to operate a business within the City of Stone Mountain.

**Please complete the following steps after you have chosen your business location**
Occupation Tax Certificates are not transferable.

STEP ONE
Submit a Zoning Certification Form to City Hall. The City Clerk must certify the type of business you plan to open is a permitted use by right for the zoning district where the property is located. If the type of business you plan to open is a permitted use for the zoning district, your application will be assigned a pending 3-digit permit number.

STEP TWO
Fire inspections for commercial businesses located within the City of Stone Mountain are conducted by SafeBuilt through the City of Stone Mountain Administration Office. The information required by the City for businesses that are ‘move in as is’ versus a property that requires interior structural changes prior to ‘move in’ are different. Please read carefully the PERMIT GUIDE attached and contact the City if you have any questions prior to beginning the process. For all commercial businesses requiring structural changes, the city will issue the required building and trade service permits. Please contact the City Clerk to discuss the scope of work for your commercial location so a determination can be made on what reviews and permits will be required.

Once you have been issued a pending occupational tax number by the City of Stone Mountain, submit the appropriate review forms to the city/county as applicable. Once applicable fees have been paid to the City for fire inspection, the applicant must contact the City of Stone Mountain at 770-817-0696 to schedule a fire inspection. The fire inspection report and the appropriate plan review documents must be attached to the City of Stone Mountain Commercial Occupation Tax Certificate application. DeKalb County Watershed Management Department conducts backflow prevention inspections, FOG Evaluations, and existing or proposed water and/or sewer reviews. Written approval from DeKalb County Watershed must be attached to the City of Stone Mountain Commercial Occupation Tax Certificate application.

STEP THREE
All food service establishments must contact the DeKalb County Watershed Management – F.O.G. Compliance Program – Grease Trap and Grease Interceptor at 770-621-7272 or visit www.dekalbwatershed.com. A F.O.G. Evaluation Form will be completed, and a permit issued. A copy of the permit must be attached to the application.
All food service establishments must contact the DeKalb County Board of Health, Environmental Health Division at 404-508-7900 or visit www.dekalbhealth.net. A permit will be issued and must be attached to the application.

All establishments selling packaged foods or other related products must contact the Georgia Department of Agriculture - 404-656-3645 for state requirements or visit www.agr.georgia.gov. A permit will be issued and must be attached to the application.

**STEP FOUR**

Georgia statutes and regulations require that all tangible business personal property (furniture, fixtures, equipment, inventory, leaseholds, etc.) be reported annually. Contact the DeKalb County Property Appraisal Department at 404-371-0841 or visit the website at www.co.dekalb.ga.us and click on the Property Appraisal Department for additional information.

Complete the Occupation Tax Certificate application and obtain all of the required county and city inspections/approvals prior to submitting the application to City Hall. (Refer to Steps 2-6) A valid driver’s license for the owner(s) and manager(s) listed on the application must be presented at the time you submit your application. The appropriate annual occupation tax liability fee must be paid in full prior to the issuance of an occupation tax certificate.
CITY OF STONE MOUNTAIN
APPLICATION FOR A COMMERCIAL OCCUPATION TAX CERTIFICATE
YEAR ENDING ________

For Office Use Only

License No. ___________ Zoning ___________ Date Received (Meter Stamp) ___________

Business Description

Number of Employees (0-5) ___________ $180.00 (minimum fee)
Number of Employees over 5 ___________ x $30.00 $ ___________
Occupation Tax Due $ ___________
Tenant Refundable Sanitation Fee $ ___________
(applies only if service has been terminated due to non-payment)

TOTAL AMOUNT DUE $ ___________

Required Attachments:
___ Secure & Verifiable Document – Business Owner ___ Secure & Verifiable Document – Manager
___ Fire (on-site inspection) ___ Fire (Plan Review Dept.) ___ Health ___ Code Compliance
___ SAVE Affidavit ___ Private Employer Affidavit ___ Watershed Mgmt. ___ Sanitation

NAME OF BUSINESS

Number of Full-Time Employees ____________________ Number of Part-Time Employees

An owner and/or manager, or an employee who works 40 hours or more per week, shall be considered a full-time employee. Employees who work less than 40 hours per week shall be considered part-time employees. Each part-time employee shall be considered to be equal to 1/3 of a full-time employee. The total number of employees shall be the sum of all full-time employees plus all part-time employees rounded to the next whole number.

1. Type of Business: (Check One)
   □ Single Proprietor □ Partnership or Association □ Limited Liability Corporation (LLC)
   □ Non-Profit □ Corporation

2. Description of Business ____________________

3. Business Location ____________________

4. Mailing Address ____________________

5. BUSINESS OWNER INFORMATION
   Business Owner Name ____________________
   Business Phone ____________________ Mobile Phone ____________________
   Email Address ____________________
   Home Phone ____________________ Social Security # ____________________
   Home Address ____________________

6. MANAGER INFORMATION
   Manager Name ____________________
   Business Phone ____________________ Mobile Phone ____________________
   Email Address ____________________
   Home Phone ____________________ Social Security # ____________________
   Home Address ____________________

7. Property Owner Name ____________________ Contact # ____________________

I do solemnly affirm, subject to criminal penalties for false swearing, the information in this application for an Occupation Tax Certificate is true and no false or fraudulent information is made herein to procure the granting of this certificate. I acknowledge and accept responsibility as the business owner to inform the city, in writing, within 10 business days upon the closure or relocation of the business.

Owner Signature ____________________ Date ____________________
Manager Signature ____________________ Date ____________________

09/20/17
AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION
CITY OF STONE MOUNTAIN, GEORGIA

By executing this affidavit under oath, as an applicant for a City of Stone Mountain, Georgia Occupation Tax Certificate; Alcohol Beverage License; Taxicab, Limousines and Other Passenger-Carrying Vehicles License; Pawnbrokers License, Adult Entertainment License, Contract or Peddlers & Solicitors I am stating the following with respect to my application for a City of Stone Mountain, Georgia
Check One:
☐ Occupation Tax Certificate ☐ Alcohol Beverage License ☐ Pawnbrokers ☐ Adult Entertainment
☐ Taxicab, Limousines & Other Passenger-Carrying Vehicles ☐ Contract ☐ Peddlers & Solicitors

Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity:
Print Name: ___________________________ Date of Birth _______________________

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.

Alien Registration Number for Non-Citizens Issued by the Department of Homeland Security or other federal immigration agency.

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:

________________________________________

Other Identifying Number

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. § 50-36-2(b)(3) 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 Code Section 16-10-20 of the Official code of Georgia and face criminal penalties as allowed by such criminal statute.

Signature of Applicant ___________________________ Date __________________________

Printed Name ___________________________

SUBSCRIBED AND SWORN BEFORE ME ON THIS _______ DAY OF _________________, 20____

_______________________________ SEAl
Notary Public
My Commission Expires:
Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

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

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) ________ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

__________________________________________
Name of Private Employer

__________________________________________
Federal Work Authorization User Identification Number

__________________________________________
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 20__ in _____ (city), _____ (state).

__________________________________________
Signature of Authorized Officer or Agent

__________________________________________
Printed Name and Title of Authorized Officer or Agent

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

__________________________________________
NOTARY PUBLIC
My Commission Expires: _______________________

1 To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.
CITY OF STONE MOUNTAIN

Owner/Applicant Information

I, hereby, affirm that I am either the owner or legal lessee of the aforementioned business property and that I will be occupying an existing commercial development with the same use or similar use as determined by the City of Stone Mountain Office of Building Administration.

The existing tenant space is 5,000 square feet or less and the proposed use is Business or Mercantile. I have made no changes in any way (i.e., any gas, mechanical, plumbing and/or electrical work, load bearing, non-load bearing walls, exits, etc.) apart from paint or other finishes.

I understand that if I wish to make structural or other types of changes, I (or my contractor) is to submit plans/or apply for building and/or trade service permits with the Office of Building Administration. I also understand that if I wish to change the type of business, I am to submit a Zoning Certification Request to the Administrative Office.

I understand that a life safety inspection will be conducted of my business. The inspector may discover safety violations that will need to be corrected and re-inspected prior to any certificate of occupancy being issued. I also understand that the inspector may find violations such that I will be required to submit plans and obtain an additional permit to correct the violations. If it is determined that the actual use is not consistent with the information provided, this application shall be considered null and void.

I hereby affirm that the information provided is true and accurate. I, hereby, affirm that approval of this application does not constitute approval for any other permit that may be required by the City or other agency having jurisdiction.

Signature

Printed Name of Tenant/Owner

Sworn to and subscribed before me this ____ day of ____________________, 20__ .

Notary Signature

My Commission Expires (Seal)

Official Office Use Only

Zoning __________ Construction Type __________ Occupancy Load _______

Comments

____________________________________

City Clerk Signature

Date

09/27/17
Please check the appropriate box

- **Change in ownership without Renovation (Name Change):** The business is changing ownership without any renovations to the interior or exterior of the property including changes to finishes. The business and use stay the same.
- **Change in ownership with Changes to Finish Only:** The business is changing owners and changes to only the finishes are required. The business and use stay the same.
- **Change in Occupant with Changes to Finish Only or No Changes:** The property is changing from one business to another. The new business is similar in use to that previously approved for the property or structure. Any changes to the space are limited to finishes only. A change in use will only be permitted under this affidavit where the new use is similar to the use of the previously approved tenant, as determined by review conducted by staff from the Office of the Building Administration.

### Applicant Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Phone Number:</th>
<th>E-mail:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>Tenant Square Footage:</th>
<th>Occupancy Classification:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sprinkler</th>
<th>Fire Alarm</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

| Business Description: | |
|-----------------------| |

**Optional Information – Provide If Known**

| Previous Business Name: | |
|-------------------------| |

| Building Square Footage: | |
|--------------------------| |

09/21/17
City of Stone Mountain
Commercial Sanitation Service Request Form

One Month’s Security Deposit is Required Prior to Service Being Established
For Monthly Commercial Dumpster Services and Commercial Cart Services

One Month’s Security Deposit for Commercial Dumpster Service:
Amount Received ___________________ Date Received ___________________

One Month’s Security Deposit for Commercial Cart Service:
Amount Received ___________________ Date Received ___________________

PLEASE PRINT:
Property Owner’s Name ___________________ Phone ___________________
Property Owner’s Street Address _________________________________________
Property Owner’s City, State, ZIP ____________________________
Property Owner’s Phone ____________________
Business Name _____________________________________________
Service Street Address _______________________________________
Local Contact Name ____________________________________________

☐ Change of Billing Address ___________________ Phone ___________________

☐ Request for Public City Receptacle (no more than an 8 gallon bag per day)

☐ Request for Commercial Cart

☐ Request for Compactor    ☐ Class 2 Self Service    ☐ Dumpster Conversion

☐ Request for Dumpster     ☐ 2yard            ☐ 4yard           ☐ 6yard           ☐ 8yard
Dumpster Pickup Frequency MON TUE WED THU FRI (Circle pickup days required.)

☐ Cart removal

☐ Dumpster Removal     ☐ 2yard            ☐ 4yard           ☐ 6yard           ☐ 8yard

☐ Additional Cart Request ☐ 1 additional    ☐ 2 additional    ☐ 3 additional

☐ Dumpster Location Change: Explain:

______________________________________________________________

Owner’s Signature _________________________ Date __________________

FOR OFFICE USE ONLY

SITE # ___________ EFFECTIVE DATE ____________________________

Dumpster Site Approval: _______________________________________