


## City of Lithonia Occupational Tax Certificate Checklist

If you are a business in the City of Lithonia, you are required to have a current occupational tax certificate in order to conduct business within city limits. Below are some items we recommend each business should look into to ensure your business is in compliance with City Ordinances.

Before signing a lease we recommend that you make sure your business location is in the proper zoning district for your type of business. Please  mail your business address and a description of the primary business activity to the Zoning Department for confirmation at [cityclerk@lithoniacity.org](mailto:cityclerk@lithoniacity.org). This will help reduce applications denied due to improper zoning.

For home-based businesses, there are certain zoning rules and regulations governing the business location. If you are not a home-based business, we recommend that you verify whether or not your business will need a Certificate of Occupancy from Lithonia at City Hall. Please call 770-482-8136, ext. 128.

Complete and submit all required forms/documentation and \$150 application fee to the Lithonia City Hall for review and approval (may take up to 15 business days) to obtain your Occupational Tax Certificate.

To obtain your Occupational Tax Certificate please follow the instructions below. The items listed below are needed to complete occupational tax certificate applications:

### Required for all applicants:

- ✓ **New Occupational Tax Certificate Application**
  - Must be completed, signed and notarized (be sure to print clearly)
  - Lease Agreement or Purchase Agreement
- ✓ **SAVE Affidavit Form with appropriate identification**
  - #1 U.S. Citizens: Passport, Georgia Driver's License, or Military ID
  - #2 Legal Permanent Residents: Georgia Driver's License and either Permanent Resident Card or Employment Authorization Card
- ✓ **E-Verify Affidavit or Private Employer Exemption Affidavit Pursuant to O.C.G.A§ 36-60-6(d)**
- ✓ **Copy of Applicant's Identification**
  - Either Passport, Georgia Driver's License or Military ID
- ✓ **Payment for the correct fee amount**
  - On-Line, Cash, Checks or Money Orders are acceptable forms of payment

### Optional depending on business type:

#### **Home Occupational Supplemental Form**

Only needed if business will be operated from home

- ✓ **Copy of the first page of the Certificate of Incorporation**
  - Only needed if business is a Corporation or LLC (Includes non-profits)
- ✓ **Copy of Professional State License**
  - Only if applicable: Attorneys, Physicians, CAP's, Engineering, Architects, Surveyors, Cosmetology, etc.
- ✓ **Copy of health inspection report with the grade and/or fire inspection report**
  - Restaurants only
- ✓ **Copy of FOG (Fats, Oils, Greases) Compliance Inspection from DeKalb County Department of Watershed Management**
  - Restaurants only



## CHECKLIST FOR OCCUPATIONAL TAX CERTIFICATE APPLICATION

**BUSINESS NAME** \_\_\_\_\_ **BUSINESS TYPE** \_\_\_\_\_

- \$150 Administrative Fee**
- New Occupational Tax Certificate Application** Must be completed, signed and notarized
- Lease Agreement or Purchase Agreement
- SAVE Affidavit Form with appropriate identification**
  - #1 U.S. Citizens: Passport, Georgia Driver's License, or Military ID
  - #2 Legal Permanent Residents: Georgia Driver's License and either Permanent Resident Card or Employment Authorization Card
- E-Verify Affidavit or Private Employer Exemption Affidavit Pursuant to O.C.G.A§ 36-60-6(d)**
- Copy of Applicant's Identification** Passport, Georgia Driver's License or Military ID
- Home Occupational Supplemental Form** Only needed if business will be operated from home
- Copy of the first page of the Certificate of Incorporation**  
Only needed if business is a Corporation or LLC (Includes non-profits)
- Copy of Professional State License**  
Only if applicable: Attorneys, Physicians, CAP's, Engineering, Architects, Surveyors, Cosmetology, etc.
- Restaurants Only**  
Copy of health inspection report with the grade and/or fire inspection report  
Copy of FOG (Fats, Oils, Greases) Compliance Inspection from DeKalb County Department of Watershed Management
- Alcohol State License**
- Compliance Review – Code Enforcement**

TYPE	DATE	REASON	NEXT STEP
Non-Compliance			
Nuisance			
Pending Court Cases			

**Zoning**

DATE	APPROVED	DENIED	REASON	HISTORIC PRESERVATION

**Pending Items**

C.O.	FIRE	HEALTH	STATE LICENSE	INSURANCE	SIGNAGE	BUILDING PERMITS

**FINAL ADMINISTRATIVE APPROVALS**

City Clerk \_\_\_\_\_ DATE OF ISSUANCE \_\_\_\_\_

Chief of Police \_\_\_\_\_

Code Enforcement \_\_\_\_\_

Councilmember Darold Honore \_\_\_\_\_

Councilmember Diane Howard \_\_\_\_\_

Councilmember Amelia Inman \_\_\_\_\_

Councilmember Vanerriah Wynn \_\_\_\_\_

Councilmember Yolanda Sheppard \_\_\_\_\_



## City of Lithonia

### 2025 Occupational Tax Certificate Application

Out of Town Contractor:  Yes  No

License #: \_\_\_\_\_

EIN#: \_\_\_\_\_

State ID#: \_\_\_\_\_

**\*\*Smoking is prohibited in all public places & places of employment within the city.**

**Copies of the City's Ordinance are available\*\***

Business Information	Business Name: _____		DBA Name: _____
	Primary Business Activity: _____		NAICS Code: _____
	Address/Location: <i>(List actual business site address)</i> _____		Telephone Number: _____
	Bill To/Mailing Address: _____		
	City: _____	State: _____	Zip: _____
	Ownership Type: ( ) Association                      ( ) Corporation                      ( ) Partnership                      ( ) Single Owner                      ( ) LLC		
	Applicant's Name: _____		Owner/Agent's Name: _____
Owner/Agent's Address: _____			
Contact Information	City: _____	State/Zip: _____	Email: _____
	<b>***Applicant must provide copy of valid Georgia driver's license or other governmental issued photographic identification with application (Passport, Military ID, or Georgia driver's license).</b>		
	Will this be based out of your home? Yes _____ No _____ ***If "yes" you must attach a "Home Occupational Supplemental Form" to this application.		
	Will your business be an adult entertainment establishment as defined by the Lithonia City Code or does (will) it offer any form of adult entertainment? Yes _____ No _____ If yes, please contact City Hall for additional information.		
	Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? Yes _____ No _____ ***If yes, attach written explanation.		
	<b>Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.</b>		
	2024 "Projected" DeKalb plus Georgia Gross Receipts \$ _____		
	Total Employees (at least one, includes owner/operator) Administrative Fee of \$150.00 (no refund or transfer)		# _____ \$ 150.00
	<b>Total Amount Due or Professional Option.</b> (\$400 per practitioner only if allowed by O.C.G.A.)		\$ _____
	<b>Please make check/money order payable to the City of Lithonia and mail or deliver to 6920 Main Street, Lithonia, GA 30058. Credit/debit payments are accepted at lithoniapay.com .</b>		

This application must be executed under oath and notarized. I, \_\_\_\_\_, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expire December 31<sup>st</sup> and must be renewed annually.

Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

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

Notary Public Signature/Seal \_\_\_\_\_

<b>OFFICE USE ONLY:</b> Zoning: Date _____ Approved by _____ Denied by _____ Reason _____ <b>Pending Items:</b> C.O. _____ Fire _____ Health _____ State License _____ Insurance _____ Police _____ Class Type Bus Hours _____ Compliance Review (Nuisance, Non-Compliance, Pending Court Cases) _____ Additional: _____
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Administrative Approval _____ Council Approval _____ Council Denial _____ Reason _____
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# EMERGENCY BUSINESS CONTACT FORM

CITY OF LITHONIA – POLICE DEPARTMENT  
6920 MAIN STREET, LITHONIA, GA 30058  
PHONE: (770) 482-8136 FAX: (678) 526-0252

Occasionally it may be necessary for our Police Department to contact a responsible person from your business or agency outside of regular business hours. In order to save time and to ensure that only qualified persons are called by our personnel, we request that you fill out this form and return it along with your completed Occupational License Application.

Business/Agency Name: \_\_\_\_\_

Type or Line of Business: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Person to call in emergency:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Do you have a Fire Alarm? \_\_\_\_\_ Hold-Up Alarm? \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner (if different than Business/Agency Owner)

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

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

Insurance Carrier: \_\_\_\_\_

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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



# CITY OF LITHONIA

6920 Main Street Lithonia, GA 30058

Ph:770-482-8136

[www.lithoniacity.org](http://www.lithoniacity.org)

## Home Occupation Supplemental Registration Form

BUSINESS NAME: \_\_\_\_\_  
 BUSINESS TYPE: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
 APPLICANT: \_\_\_\_\_ RESIDENCE PHONE: \_\_\_\_\_  
 BRIEF DESCRIPTION OF BUSINESS: \_\_\_\_\_

**Definition:** Home occupation (H.O.P.) means an occupation carried on by an occupant of a dwelling unit as a secondary use dwelling unit for residential purposes and is operated in accordance with applicable provisions of the Zoning Ordinance.

The following provisions shall apply to home occupations (per Sections 27-201, 27-221, 27-241, 27-261, 27-351, 27- 376, 27-426 of the Zoning Ordinance adopted by the Lithonia City Council December 5, 2005):

- A. There shall be no exterior evidence of the home occupation.
- B. No use shall create noise, dust, vibration, odor, smoke, glare or electrical interference that would be detectable beyond the dwelling unit.
- C. The use shall be conducted entirely within the dwelling unit and only persons living in the dwelling unit shall be employed at the location of the home occupation.
- D. No more than 25% of the dwelling unit and in no case more than 500sq. ft., whichever is less may be used for the conduct of the home occupation.
- E. No use shall involve public contact on the property and no article, product, or service shall be sold on the premises other than by telephone. (Note: A special Land Use Permit may be applied for the customer (public) contact, which must be approved by the Planning and Zoning Dept. at a public hearing. Contact the Planning Dept. for information (770-482-8136, Councilman Marcus Lloyd).
- F. No materials or equipment shall be stored on the premises upon which the home occupation is located, except where such materials and equipment are stored entirely within the residence.
- G. No vehicle other than a passenger automobile, passenger van, or passenger truck shall be used in the conduct of a home occupation, and no other vehicle shall be parked or stored on the premises.
- H. No home occupation shall be operated so as to create a nuisance.
- I. Home occupation shall not include the use of a dwelling unit for the purpose of operating any automobile repair establishment, taxi service, van service, limousine service, wrecker service, car wash, or ammunition or firearms sales establishment.

I certify that I reside at the address shown for the proposed business and that it is my principal residence. I hereby acknowledge that I have received a copy of the zoning regulations covering Home Occupation as shown above and will comply with it. I am aware that failure to comply with said requirements would result in revocation of business license and/or legal action by City of Lithonia.

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