

Follow instructions and guidelines below to complete the City of Riverdale business certificate renewal application. Certificates are **NON-TRANSFERABLE**.

If this business is a NEW BUSINESS, NEW OWNER or has any CHANGE of business please STOP and contact our office for immediate assistance @ (770) 909-5482.

When completing your Business Renewal Application, the following documents and items are required:

1. **Completed, signed and notarized renewal application. (The city offers notarization of these documents at no charge).**
2. **State Issued Photo I.D. (If a home based business your picture I.D. and address of business MUST be the same).**
3. **VALID Georgia State License/Certifications (if applicable).**
4. **Submit required financial documents (Previous Year's Tax Returns or Annual Certified Financial Statement).**
5. **All payments owed to the city (business, tax or sanitation etc.). Sanitation @ (770) 909-5491 / Property & Personal Taxes @ (770) 909-5512**

APPLICATION DIRECTIONS BY SECTION:

Section I. Business Name, Addresses & Contact Information; Input business name, addresses and contact information.

Section II. Owner Information; Input owner, organizer or CEO's name, address and phone number.

Section III. Additional required information; Input number of employees and tax I.D. number of Riverdale business location.

Section IV. Business Calculations worksheet for taxable gross receipts or professional fee; (See city ordinance for detail explanation of taxes Chapter 68).

Line 1 Input the estimated gross receipts for the renewal year. Professional Certificate and Tax-exempt Certificate will enter Zero on this line.

Line 2 Input business tax rate from chart below on this line. *Professionals or Tax-exempt businesses leave blank.

Tax Class	Tax Rate	Industry Type by Tax Class
1	.000778	Agricultural, Wholesale & Retail Trade, Transportation, Warehousing, Information, Accommodation, Food Services, and Drinking Places.
2	.001167	Manufacturing, Arts, Entertainment, and Recreation.
3	.001556	Construction, Administrative & Support & Waste Management & Remediation Services.
4	.001945	No Business Types
5	.002334	Professional, Scientific, Technical Services, Educational Services, Health Care, Social Assistance, and Other Services.
6	.002723	Finance, Real Estate, Rental, Leasing, Management of Companies (holding companies), & Unclassified Industries.

Criteria for license professionals as classified under state law.

As described in O.C.G.A. § 48-13-9(c)(1) through (18), O.C.G.A. § 43-34-1 et seq.; O.C.G.A. § 43-34-20, O.C.G.A. § 10-1-622, O.C.G.A § 48-17-1, O.C.G.A. § 48-17-9; O.C.G.A. § 48-5-354.

Line 3 Multiply line 1 by line 2 if the calculation is less than one hundred (\$100.00) dollars input one hundred (\$100.00) dollars. If the calculations is more than one hundred (\$100.00) dollars input the actual amount. Professionals input four hundred (\$400.00) dollars and Tax-exempt input zero (\$0.00) dollars.

Line 4 Input administrative fee of fifty (\$50.00) dollars for all business types except, tax-exempt input zero (\$0) dollars.

Line 5 Input business regulatory fee of one hundred (\$100.00) dollars. This fee is charged to most business types. If you are not sure if your business owes this fee contact our office.

Line 6 Add lines 3, 4 & 5 together and input total.

Line 7 Input any credits from previous year(s).

Line 8 Input any unpaid invoices.

Line 9 Penalty Owed: If renewing after December 31st. Multiply 10% by total of lines 3 and 4 combined = penalty owed.

Line 10 Interest Owed: If renewing after December 31st multiply 1.5% times the number of delinquent months starting with September of the previous year by line 6. Example: 1.5% X #number of delinquent months = interest rate X amount on line 6 = interest owed.

Line 11 Add lines 6,7, 8,9 & 10 for your total due.

Section V. Required Items; List of documents required to be turned in with your renewal application.

Section VI. Payment; Payment types: Cash, Check, Money Order, Visa, Master Card and American Express. If paying by check or money order make payable to City of Riverdale.

Section VII. Applicant Disclaimer; Read and sign this section.

Section VIII. Public Benefit Affidavit & Private Employer Affidavit; Required by each applicant. Read, complete accordingly and have signature notarized (Notaries on staff at no charge). If the applicant is a qualified alien or non-immigrant provide a copy of your qualifying I.D. (both sides of card).

- City of Riverdale Code of Ordinances can be located on the City of Riverdale Website www.riverdalega.gov.

All occupation taxes, regulatory fees and the corresponding administrative fees authorized by this article, except as otherwise specifically provided, shall be due and payable annually within 30 days following September 1st of each year. The owner, proprietor, manager or secretary officer of the business subject to such occupation tax of the current calendar year shall, at the end of the preceding year and on or before May 1st of the current calendar year, file with the revenue collection officer, on a form furnished by the revenue collection officer (IRS), a signed return, setting forth the amount of gross receipts of such business for the entire preceding calendar year, to be used as an estimate of the gross receipts for the current year. In any case, the Business Services Department may inspect the books of the business for which the returns are made, and such books or records for the business shall be submitted for inspection by the department within 30 days of a request for same. Failure of submission of such books or records within 30 days shall be grounds for revocation of the occupation tax permit currently existing to do business in the city. If, after examination of the books or records, it is determined that a deficiency occurs as a result of under reporting, interest at the maximum rate allowed by law will be assessed for the period delinquent. If, after subsequent examinations of the books or records, it is determined that a deficiency occurs as a result of under reporting, then a penalty of ten percent and interest at the maximum rate allowed by law shall be assessed. It shall be the duty of any person holding an occupational tax permit from the City to secure, preserve, maintain and keep for a period of three years the records and documents enumerated and referred to above.



CITY OF RIVERDALE BUSINESS RENEWAL APPLICATION

Acct #: _____

Cust#: _____

Date Received: _____

Renewal Applications are Due By September 30th before each renewal year. All fees must be paid in full no later than December 31st

I. Business Name, Addresses & Contact Information

Business Corporation Name:	
Doing Business As Name:	
Business Location Address:	
Suite/Unit/Apt:	City/State/Zip Code: RIVERDALE, GA
Phone:	Fax:
E-mail Address:	
Business Mailing Address:	
Suite/Unit/Apt:	City/State/Zip Code:
Business Contact Name:	Phone:

II. Business Owner/Partner/CEO/CFO/President

Name:	Title (Owner/Partner/CEO)	
Address:		
Suite/Unit/Apt:	City/State/Zip Code:	
Phone:	Cell:	Email:

III. Additional Required Information

Number of Employees (includes owner):		FEID No.:	
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IV. Business Renewal Calculation Worksheet

1	Estimated Gross Receipts for upcoming Renewal year.	1	
2	Enter your Business Tax Rate {See page 1 section IV: Business Calculations worksheet for taxable gross receipts or professional fee}.	2	
3	Multiply lines 1 & 2 {If Total is \$100 dollars or less enter \$100 dollars. If greater than \$100 dollars input actual amount}.	3	
4	Administrative Fee {\$50.00 dollars for all business types except Tax Exempt \$0.00}.	4	
5	Add \$100.00 dollar Business Regulatory Fee {if applicable}.	5	
6	Subtotal Business Fees Due {add lines 3, 4 & 5}.	6	
7	Previous Credit Balance	7	
8	Previous Owed Balance	8	
9	Penalty after December 31st {10% of the total of lines 3 & 4 combined}. Example: 10% X lines 3 & 4 combine = \$ penalty due amount.	9	
10	Interest after, Dec. 31st. 1.5% per X number of months starting with September to the current month. Example: 1.5% x 6 months = .09%; .09 x amount on line 6 = \$ interest due amount.	10	
11	Total Due & Payable to The City of Riverdale {add lines 6, 7, 8, 9 & 10 for total due}	11	

Immigration Mandates for Municipalities

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Business Certificate, as referenced in O.C.G.A. § 50-36-1, from CITY OF RIVERDALE, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

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

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 as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

Business Name

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 20____

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.

*** 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 (Also called E-Verify#, usually 4-6 digits)

Date of Authorization

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

Executed on _____, 20____ in _____.
Day Month Year 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 city, state, or country in which they are based, working at least 35 hours.

1. Business name: _____
2. Address: _____
3. Business owner/manager's name and contact:
 - Name: _____
 - Business phone number: _____
 - Cell phone number: _____
4. Business after hours/emergency contact:
 - Name: _____
 - Cell phone number: _____
5. Number of private security personnel employed: _____
6. Private security personnel schedule:
 - Sunday: Number of security personnel _____
 - Scheduled time frame: _____ (AM/PM)
 - Monday: Number of security personnel _____
 - Scheduled time frame: _____ (AM/PM)
 - Tuesday: Number of security personnel _____
 - Scheduled time frame: _____ (AM/PM)
 - Wednesday: Number of security personnel _____
 - Scheduled time frame: _____ (AM/PM)
 - Thursday: Number of security personnel _____
 - Scheduled time frame: _____ (AM/PM)
 - Friday: Number of security personnel _____
 - Scheduled time frame: _____ (AM/PM)
 - Saturday: Number of security personnel _____
 - Scheduled time frame: _____ (AM/PM)
7. Private security company contact information:
 - Company name: _____
 - Contact: _____
 - Address: _____
 - _____
 - Phone number: _____
8. Are the private security personnel armed?
 - Yes: _____
 - No: _____