



To obtain an Occupational Tax Certificate, follow the instructions below.

Return the Following Completed Documents

1. The Occupational Tax Application form and New Business form.
2. The Emergency Information form.
3. Owner/Applicant Affidavit **(to be completed if owner of said business is not the one completing the application package).**
4. Home Occupation Code **(to be completed for home based businesses only)**
5. Sign Permit Application **(to be completed only if a sign is to be posted)**
6. Call the Gwinnett County Fire Plan and Review Office and request a fire inspection of the business location. After the Fire Marshal issues the Certificate of Occupancy (Fire Marshall C.O., not a building C.O.) attach the C.O. to the application. If the Fire Marshal C.O. is not attached, the application will not be processed. The Fire Plan and Review Office telephone number is 678-518-6000. If you are a restaurant, deli, convenience store or sell open food in any way, you must have an inspection by the Gwinnett Co. Environmental Health Department (www.gwinnetthealth.com) and their telephone number is 770-963-5132.

Please Note: The Fire Marshal inspection does not apply to Home Occupations, multi-use office space where there are not permanent walls or partitions erected.

If you have any other questions, please call 770-448-2122

65 Lawrenceville Street * Norcross, Georgia 30071
Telephone: (770) 448-2122 * Fax: (770) 448-5945 * Police Department (770) 448-2111
Website www.norcrossga.net

MAP REFERENCE / LAND LOT # _____

PLEASE RETURN ALL COPIES



**TO
OCCUPATION TAX DEPT.
CITY OF NORCROSS**
65 Lawrenceville Street
Norcross, Georgia 30071
770-448-2122

CERTIFICATE NO.	_____
NAICS NO.	_____
SYSTEM NO.	_____
FEE	_____
DATE	_____

MAILING ADDRESS

**BUSINESS NAME & LOCATION IF
DIFFERENT FROM MAILING ADDRESS**

BUSINESS NAME

IN CARE OF

STREET OR P.O. BOX

CITY, STATE & ZIP

TELEPHONE FED ID NO.

BUSINESS NAME

STREET OR P.O. BOX

CITY, STATE & ZIP

DATE BUSINESS ESTABLISHED

NUMBER OF EMPLOYEES: _____ **BUSINESS IN RESIDENCE** yes no
DESCRIBE NATURE OF BUSINESS: _____
CIRCLE ONE: CORPORATION SOLE OWNERSHIP PARTNERSHIP

LIST NAMES AND ADDRESSES OF OWNERS
 IF BUSINESS IS SOLE OWNERSHIP OR
 PARTNERSHIP

A non prorated administrative fee of \$50.00 shall be required on all business and occupation tax accounts. This fee is in addition to the Employee Tax Liability Fee. The tax rate shall be determined by number of employees for each business, trade, or profession. Any new business, trade, profession or occupational tax after July 1st of each year shall be charged one-half (1/2) of the annual occupation tax imposed on such business, trade, profession or occupation.

Number of Employees	Occupation Tax Due:
1 Employee	\$50.00
2 Employees	\$60.00
3-9 Employees	\$60.00 + \$15 per employee over 2
10-99 Employees	\$165.00 + \$12.60 per employee over 9
100-499 Employees	\$1,299.00 + \$10.40 per employee over 99
500 or more Employees	\$5,459.00 + \$7.40 per employee over 499

Professionals shall elect as their entire occupation tax one that is based on number of employees or a fee of \$400 per practitioner who is licensed to provide the service.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT DATE: _____

PRINTED NAME OF APPLICANT

WITNESS

SIGNATURE OF APPLICANT

ZONING APPROVAL
COMMUNITY DEV.

DATE

APPROVED BY COMM. DEVELOPMENT,
ALL PERMITS ON FILE AND/OR REQUIRED

DATE



NORCROSS POLICE DEPARTMENT

BUSINESS WATCH REGISTRATION FORM

Please **PRINT LEGIBLY** or **TYPE** the following information:

Business Name: _____ Date: _____

Business License #: _____ Alarm Company: _____ Alarm Type: _____

Business Address: (Street) _____ (Suite) _____

Mailing Address: (Street) _____ (Suite) _____

(City) _____ (State) _____ (Zip) _____

Business Phone #: _____ Fax: _____

Business Owner's Name: _____

Business Owner's Home Phone: _____ Cell: _____

Business Email Address: _____

Manager's Name: _____

24-Hour (day / night) Local Emergency Contacts:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Preferred Method of Contact: _____

Type of Business: _____

Normal Business Hours: _____

Video Surveillance: **Yes / No** If yes, **inside / outside / both** (circle applicable)

Please fax or email completed form to the Norcross Police Department
770-448-2253 or businesswatch@norcrosspd.com

Do you wish to receive NIXEL Community Alerts and Advisories by phone and / or e-mail? Yes No

Office Use Sticker #: _____ Date Entered into directory: _____



OWNER/APPLICANT AFFIDAVIT

Please **PRINT** or **TYPE** all information

PART 1 – OWNER’S AFFIDAVIT

I hereby certify that I am the legally authorized owner of all property involved in this application or have been empowered to sign as the owner on behalf of a corporation, partnership, business, etc., as evidenced by separate instrument attached herewith. I hereby grant to the applicant of this form full power to sign all documents related to this application, including any conditions or mitigation measures as may be deemed necessary.

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

Executed on _____ at _____, Georgia
(Date) (City)

Owner’s Signature _____, Print Owner’s Full Name _____

*****Please include a copy of a government issued ID*****

PART 2 – APPLICANT’S AFFIDAVIT

I hereby certify that the statements furnished above and in the attached exhibits represent the data and information required for this initial evaluation and that the facts, statements and information presented are true and correct to the best of my knowledge and belief. Further, should the stated information be found false or insufficient, I agree to the return of this form for appropriate revisions, understanding that the City of Norcross cannot process this form until all applicable information is corrected or provided by the applicant. I hereby certify that I have been legally authorized by the owner to present this application and to sign on behalf of all documents related to this application, including any conditions or mitigation measures as may be deemed necessary. **Note:** When the applicant is a corporation, partnership, business etc., a separate document verifying the authorization to sign for such applicant is required.

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

Executed on _____ at _____, Georgia
(Date) (City)

Applicant’s Signature _____, Print Applicant’s Full Name _____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued October 28, 2016, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]¹
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

¹ For identification presented to poll workers when voting, a registered Georgia voter may present an expired Georgia driver’s license as proof of identification when voting pursuant to O.C.G.A. § 21-2-417.

- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law² [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

² Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law.

- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- When applying for any public benefit with the Department of Driver Services, an applicant may submit either an expired or unexpired document that is listed above as a secure and verifiable document. [O.C.G.A. §§ 50-36-1(g) & 50-36-2(b)(3)]
- When applying for a voter identification card pursuant to O.C.G.A. § 21-2-417.1, an individual may submit the aggregate forms of identification authorized by O.C.G.A. § 21-2-417.1(e).
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



E-Verify Private Employer Affidavit
O.C.G.A. § 36-60-6(d)

The e-verify private employer affidavit must be collected when applying for occupational tax certificates, business licenses and alcohol licenses. The City of Norcross will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a (Occupational Tax Certificate, Business License, Alcohol License or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Norcross, the undersigned applicant representing the private employer known as (Printed Name of Private Employer) verifies one of the following with respect to my application for the above mentioned business document:

1. Choose ONE of the following:

- (A) On January 1st of the below signed year the individual, firm, or corporation employed more than 10 employees. If the employer selected (A) please fill out section 2 below.
(B) On January 1st of the below signed year the individual, firm, or corporation employed ten or fewer employees. If the employer selected (B) section 2 is not required.

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:

E-Verify # User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of 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.

THIS FORM MUST BE NOTARIZED AND SIGNED

Signature of Authorized Officer or Agent Printed Name/Title of Authorized Officer or Agent Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF ,20

Executed in (City), (State)

NOTARY PUBLIC Signature My Commission Expires



CITY OF NORCROSS APPLICATION FOR COMMERCIAL UTILITY SERVICE

NEW APPLICATION FOR SERVICE: YES () NO () **Email Address:** _____

OR

TRANSFER SERVICE: YES () NO () TRANSFER ACCOUNT #: _____

DATE OF APPLICATION: _____ SERVICE EFFECTIVE (NEXT DAY): _____

BUSINESS NAME: _____ BUS. TEL #: _____

FED TAX ID NO: _____ ALTERNATE TEL #: _____

SERVICE ADDRESS: _____

CITY, STATE & ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS): _____

OCCUPATION TAX REGISTRATION NO.: _____

PERSON COMPLETING THIS APPLICATION (PRINT PLEASE): _____

TITLE (PRINT PLEASE): _____

PERSON (S) AUTHORIZED TO MAKE CHANGES ON ACCOUNT:

(PLEASE INDICATE TITLE/POSITION NEXT TO EACH NAME)

CONTACT PERSON IN CASE OF EMERGENCY: _____

(PLEASE INCLUDE A VALID PHONE NUMBER AND ADDRESS)

WHERE TO PLACE DUMPSTER: _____

SIZE OF DUMPSTER REQUESTED: _____

THE UNDERSIGNED SEVERALLY AND UNCONDITIONALLY GUARANTEE THE PAYMENT OF ALL AMOUNTS WHEN DUE.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

FOR OFFICE USE ONLY:

DEPOSIT AMOUNT:

ELECTRIC: \$ _____

DUMPSTER: \$ _____

TOTAL PAID: \$ _____

RECEIPT NUMBER: _____

NAME OF EMPLOYEE ACCEPTING APPLICATION: _____



GENERAL GOVERNMENT ADMINISTRATION DEPARTMENT

DEAR NEW UTILITY CUSTOMER:

Welcome to the City of Norcross. The choice you have made to reside here is an excellent one and we hope you will like it here. It is necessary to inform you that **prompt** and full payment is required once you receive your utility bill. This is required in order to pay our suppliers and to ensure that rates do not go up for our paying customers.

Attached are the general provisions that cover utility services. We would like you to take a few moments to review these rules and if you have any questions please ask. The most important points to remember are that payments are due by the 15th of the month and a late fee of 10% will be applied after that date. Failure to pay by 5:00pm on the 15th will result in discontinuance of service after notice is served. The cost of serving you a notice will be an additional five (\$5.00) dollars. If payment has not been received by 10:00am on cut-off day, an additional fifty (\$50.00) dollars will be automatically added your account.

If paying by mail, you must make sure we have received your payment (we do not go by post mark dates). We are not responsible for any payments that are not received on time due to problems with the mail. Also, if for some reason you do not receive a bill, you are still responsible for payment by 5:00pm on the 15th. You should call the City if you do not receive a bill by the 2nd of the month.

Once again, welcome to the City of Norcross and let us know of any problems, concerns or suggestions of how to better serve you.

Please check each box below indicating that you have read and understand the information contained in this letter:

- Payment is due by 5:00pm on the 15th
- Additional \$50.00 will be added on cut-off day if payment has not been received by 10:00am
- Mail received in the office after 5:00 pm on the 15th regardless of post mark will be access late charges and notice fees.
- Not receiving my bill, does not relieve me of my payment

Please sign below stating you are familiar with the rules and provisions regarding the supply of utility services in the City of Norcross.

(Signature of Applicant)

Date: _____

(Print Name of Applicant)

City of Norcross
Solid Waste Rate Schedule

Residential (one time a week p/u)	\$13.50 per month per cart
Limit 1 @95 gallon cart and 5 bags	
All current residential property owners residing in the property who are age sixty-two (62) years old and older free service from the Franchisee.	
Recycling	No additional charge
Commercial (cart p/u one time a week)	\$27.08 per month per cart
Corrugated Cardboard Recycling	\$62.65 per month one time a week

FRONT END LOADER SERVICE

	Deposit Required:		Amount equal to first and last month				
	1x/Wk	2x/Wk	3x/Wk	4x/Wk	5x/Wk	6x/Wk	7x/Wk
2yd	\$54.52	\$91.24	\$129.39	\$167.68	\$204.44	\$242.75	\$276.55
4yd	\$71.30	\$123.26	\$174.00	\$223.70	\$277.36	\$328.24	\$370.00
6yd	\$89.98	\$158.43	\$226.87	\$295.32	\$363.78	\$432.22	\$500.66
8yd	\$108.64	\$195.74	\$282.88	\$370.00	\$507.90	\$544.22	\$631.33

ROLL-OFF PROGRAM

	Deposit Required:	\$500.00 per open top container
10 Yard Open Top	Rental per month	\$152.59
	Haul/Disposal	\$254.45
20 Yard Open Top	Rental per month	\$152.59
	Haul/Disposal	\$280.02
30 Yard Open Top	Rental per month	\$152.59
	Haul/Disposal	\$359.05
40 Yard Open Top	Rental per month	\$150.59
	Haul/Disposal	\$438.03

COMPACT PROGRAM

Deposit required: \$700.00 on rental units \$350.00 on Customer owned units

30 Yard Compactor	Rental per month	\$402.17
	Haul/Disposal	\$359.05
35 Yard Compactor	Rental per month	\$402.17
	Haul/Disposal	\$404.37
40 Yard Compactor	Rental per month	\$402.17
	Haul/Disposal	\$459.07

NOTE: On temp. C&D open tops \$44.80 per ton over the cost of the haul/disposal cost
On perm. Open tops and compactors, anything over 4 tons is \$44.80 per ton
\$78.59 misc. charge will be applied for dumpster relocation
Fee applied for extra p/u of dumpsters

GAS SOUTH

Establish Service Request Form

This form is used to establish natural gas service with Gas South, LLC.

Today's date: _____ Desired Turn on Date: _____

New Customer Name (this will be the name in which the gas service account will be established):

Phone Number:

e-mail Address:

Service Address:

Billing Address: (if different from one noted above)

Social Security Number:

Please choose ONE of the following rate plans.

- Introductory Variable Rate
- 12 Month Fixed Rate
- 6 Month Fixed Rate
- I am a Senior Citizen over the age of 65.

Please select ONE of the following options.

- Customer Will be Home
- Call 30 Minutes Before Service Appointment

Referring Rep

Gas South will use the above information to establish service in the customer's name.

I hereby authorize Gas South to be my natural gas company and enroll me on the selected Rate Plan or Pay-As-You-Go Variable Rate Plan, subject to credit approval. This offer is subject to Gas South's terms and conditions, including a credit check at the time of enrollment. By signing this document you hereby authorize Gas South to perform a credit check and establish your natural gas service with Gas South. Your customer service fee will be \$5.95 or \$9.95 per month (\$3.95 for qualified seniors), subject to credit approval. All residential rate plans are also subject to taxes and Atlanta Gas Light (AGL) charges. The start date is subject to acceptance by AGL. Customer will be provided with an enrollment package within seven days of Gas South's receipt of confirmation from AGL that service has begun with Gas South.

Printed Name

Signature of Applicant*

Date

Upon receipt, a Gas South representative will process the service request in accordance with our internal policies. We will contact the customer via email or phone to confirm the date and scheduled service activation. Gas South will also contact the customer in the event that we cannot accept the customer for service, or if we need additional information to complete the enrollment.