



Acct. #: _____

Date Received: _____

NEW BUSINESS APPLICATION

Business Name & Contact Information

\$75.00 Non-refundable administrative fee must accompany this application
Payment Types: Cash, Check, Visa, MasterCard, Discover and American Express
TYPE OF PRINT CLEARLY IN BLACK OR BLUE INK ONLY

Circle Business Location Type: **Commercial Residential Contractor Booth Rental Other**.....

Circle Business Ownership Type: **Sole Proprietor Partnership Corporation Other**:

Business/Corporation Name:

Doing Business As Name:

Business Location Address:

Suite/Unit/Apt: City/State/Zip Code:

Business Locations: Phone: Fax:

E-mail Address:

Business Mailing Address If Different From Location Address:

Suite/Unit/Apt: City/State/Zip Code:

Business Contact Name: Phone:

Business Owner/Partner/CEO/CFO/President

Name: Title (President/Owner/Partner/CEO)

Address:

Suite/Unit/Apt: City/State/Zip Code:

Phone: Cell: Email:

Additional Required Information

Federal ID (FEIN) or SSN (If Used As Tax ID):

Estimated Gross Receipts For Current Year \$ Number of Employees:

Emergency/Additional Contact (Other Than Owner)

Name:

Address:

Suite/Unit/Apt: City/State/Zip Code:

Phone: Cell: Email:

Property Owner or Manager/Landlord

Name:

Address:

Suite/Unit/Apt: City/State/Zip Code:

Phone: Cell: Email:

Signature:

IMPORTANT INFORMATION

BUSINESS SIGNS, CONSTRUCTION OR RENOVATIONS

All outdoor / exterior advertising signs and construction or renovations of the building may require a permit approved by the Permitting Division.
CONTACT PERMITTING at (770) 909-5486.

No person shall knowingly or intentionally misrepresent to any employee of the City any material fact in procuring an occupational/business tax permit. Any person violating the governing of an occupational tax fee, business regulatory fee or corresponding fees is subject to misdemeanor charges.

It shall be the duty of the management of the premises licensed under Chapters; 10, 22, 62, 66, 68 and 70 to maintain a copy of these regulations on such premises and to instruct each and every owner/employee of the terms thereof.

All persons shall exhibit and display all licenses and registrations issued to them under this section in some conspicuous place in their business establishment at which address the license or registration was issued. Each person subject to any special or occupation tax who is also licensed by the state shall post the state license in a conspicuous place in the licensee's place of business and shall keep the license there at all times while the license remains valid.

Any business that is required to obtain health permits, bonds, certificates of qualification, certificates of competency or any other regulatory matter shall show evidence of qualification. Any business which is required to submit an annual application for continuance of that business shall do so before the tax receipt is issued.

It shall be the duty of any person holding an occupation 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.

I hereby certify under penalty of perjury that the information provided herein on the pages of the business application is to the best of my knowledge and belief, a true and complete statement. I understand that this is not a business permit and that no business activity may commence until a certificate of occupancy is issued.

If your business cease operation you MUST notify the City Business Services Division @ (770) 909-5482.

X _____
 Signature Title (Owner/CEO/Manager etc.) Date

OFFICE USE ONLY			OFFICE USE ONLY		
Occupational Fee or Professional Fee			\$		
Business Regulatory Fee			\$		
COOI			\$		
TOTAL PAID			\$		
Outstanding Property Taxes	YES	NO	\$		
Sanitation Service Set-up	YES	NO			
NAICS Code (s)					
Multi-family Dwelling Inspection reports	YES	NO	Notify Bldg. Insp: new Multi-family. Notified: YES NO		
Business Permits By & Date Approved					
Business Permits By & Date Issued (Keep copies of COOI & Business Permit with file)					

E-VERIFY AFFIDAVIT

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

*** If the employer selected Section 1(A), please fill out Section 2 below.

Section 2. Please check only one:

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
 -
 _____ Date of Authorization

 Federal Work Authorization User Identification Number
 (Also called E-verify#, usually 4-6 digits)

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for City of Riverdale, Georgia Business Occupation Tax Certificate, 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 Riverdale.

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.

 Alien Registration number for non-citizens

Signature of Applicant: _____ Date _____

Printed Name: _____ / Business Name: _____

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

Notary Public Signature: _____

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 Here:

Detailed Q & A with Floor Plan Description of Business
All questions below **MUST** be **COMPLETE IN DETAIL**

1. What is the nature of your business operations? (Business Type - Restaurant, Grocery, Retail etc.)?
2. What type of products/services is your business offering? Note: Multiple items or services are to be listed separately and may require the submission of additional applications.
 - a.
 - b.
 - c.
 - d.
3. How do you market these products/services?
4. List the days and hours of operation for each business activity.
5. Are you leasing or do you own the property where your business is operating from?
6. Does your business have any Coin Operated Amusement Machines?
7. Does your business sale or serve any type of alcoholic beverages?
8. Do you plan to have a business sign? _____ If yes, contact permitting at (770) 909-5486.
9. Do you plan to do any structure changes, additions or building? _____ If yes, contact permitting at (770) 909-5486.
10. Provide pictures of the inside structure of your business location (Show the existing space). See example below.



Additional Important Information for Business Permits

Required Document Checklist Submission

Description of Document	Business type to return documents are:
Completed Application Packet - \$75.00 (occupational tax & zoning) administrative fee paid to <i>The City of Riverdale</i>	All Business Types (Except tax exempt reduced to \$25.00)
Complete Questions 1 - 10	All Business Types
Driver's License Picture I.D. Permanent Residence Card / Passport or I-94 (if applicable)	All Business Types
State Licenses (If Applicable)	Applicable Business Types
Articles of Incorporation Stamped by Secretary of States Office (404-656-3920) www.sos.ga.gov	All Types of Corporations Profit or Non-Profit
Trade Name Registration: Located @ 9157 Tara Blvd - Real Estate Division (770-477-3395)	All Business Types except corporations
Health Food Score & Food Service Certificate Location is: 1895 Phoenix Blvd., College Park. (678) 610-7469 or 7470 or 7471 (The score and certificate are need before we release the business license)	Applicable Business Types Example: Food Service Business

Office use only	
Parcel Tax I.D. Number	
Zoning Classification	
Is the use described above a permitted use? YES NO	
If no above, is a "CUP" process required? YES NO	
Does this property have a pole sign? YES NO	
If so, is Pole sign in compliance? YES NO	
Ordinance #	
Status	Approved or Denied

Comments: _____

X _____
 Signature - Zoning Division Date

RIVERDALE FIRE SERVICES INFORMATION FOR COMMERCIAL BUSINESSES

Certificate of Occupancy Inspections by the Fire Marshal is required for all commercial business location prior to opening. For your convenience the Fire Marshal has listed the general requirements by the Fire Marshal's office. At the time your business is customer ready (ready to except business from customers) contact the Business Services Clerk at 770-909-5482 and advise you are ready for an inspection by the Fire Marshal's office.

Please Note: Any delays of this inspection will delay the opening of your business.

Inspections \$75.00

Re-Inspections \$75.00

Description of fire inspection requirements:

EXITS

EXIT Access unobstructed
EXIT Access clearly identified
EXIT Signs visible and illuminated
EXIT Door operational and unlocked
EXIT Discharge from building unobstructed
EMERGENCY Lights operational

EXTINGUISHERS/SUPPRESSION

Fire extinguishers present, not greater than 75 feet apart
Fire extinguishers serviced and tagged every 12 months
Fire extinguishers visible or identified by signage
Fire extinguishers mounted and accessible, not greater than 54 inches above floor
Ansul/Hood System serviced and tagged every 6 months
Sprinkler system/standpipe operational and tested
Sprinkler connection accessible and identified
No storage within 18 inches of sprinkler heads

FIRE/SMOKE DETECTORS

Smoke detection present, operational, and tested
Fire alarm pull stations accessible, visible, identified, operational, and tested

ELECTRICAL

30 feet of access and clearance around electrical panels
Electrical breakers are labeled
Extension cords are not used as permanent wiring

GENERAL

Address number is posted and visible from street
General housekeeping is in good order
Flammable liquids are stored properly and kept away from heat
Fire escape plans are posted
Occupant load, Certificate of Occupancy and Business Permits are posted (when issued)
Hazardous materials are stored properly and identified

NOTES

Attention All Commercial Business Owners; Please make sure your business is customer ready before scheduling the Fire Marshal for an inspection.

**** ANY PRE-INSPECTION QUESTIONS CONTACT: Fire Marshal's office at 770-909-5466.****



Must be completed by ALL commercial business locations

Raymond T. Spivey
Chief of Police



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: _____