



**Cobb County Business License Division**  
**P.O. Box 649, Marietta, GA 30061-0649**  
**Phone (770) 528-8410 Fax (770) 528-8414**  
**Web site Address - [www.cobbcounty.org](http://www.cobbcounty.org)**

**Precious Metal**  
**Application For Corporation or Limited Liability Company LLC**  
**Occupation Tax Certificate**

**A Certificate of Registration from the Secretary of State or Articles of Organization must accompany this application. To obtain information on becoming incorporated please call (404) 656-2817.** The application must be filled out **completely** to obtain a Cobb County Occupation Tax Certificate. Payment must be filed with the application to obtain a Cobb County Occupation Tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax or fee. ***You will not be billed.*** Please print with ink or type. For further information on determining tax and/or fee amount see our website at [www.cobbcounty.org](http://www.cobbcounty.org), and click on Business, Business License Division, then Business Registration. **Before submitting the completed application to the Cobb County Business License it must be taken to the Cobb County Zoning Division for review.**

This Business is:                     New Application  
     Ownership Change / Date ownership changed \_\_\_\_\_  
     I am filing a name/or address change for # \_\_\_\_\_

Is this business located:     Outside Cobb         In Unincorporated Cobb         Inside a City

1. Name Doing Business As \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

2. Name of Corporation/ LLC \_\_\_\_\_

3. Business Address \_\_\_\_\_ Suite# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Mailing Address \_\_\_\_\_ Suite# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Is property zoned?     Residential     Commercial     Industrial    Fax # \_\_\_\_\_

6. Full Detailed Description of Business \_\_\_\_\_

7. Estimated Gross Receipts in GA from this location for the current calendar year \$ \_\_\_\_\_

Gross Receipts in GA from this location for the calendar year prior to this application \$ \_\_\_\_\_

Gross Receipts in GA from this location for the year two calendar years prior to this application \$ \_\_\_\_\_

8. Date Business began in Cobb County \_\_\_\_\_ # of employees in Cobb \_\_\_\_\_

9. State Sales Tax ID # \_\_\_\_\_ Federal ID # \_\_\_\_\_

10. President/ Managing Member \_\_\_\_\_ Cell # \_\_\_\_\_ SSN# \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

11. Vice President/ Member \_\_\_\_\_ SSN# \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

12. Secretary/ Member \_\_\_\_\_ SSN# \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

13. Treasurer/ Member \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone( ) \_\_\_\_\_ D/O/B \_\_\_/\_\_\_/\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

14. Person completing application \_\_\_\_\_ Cell # \_\_\_\_\_ Title \_\_\_\_\_

15. Name of manager(s) of this location \_\_\_\_\_

16. Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? \_\_\_\_\_ If yes, please list all dates and locations of the offenses and disposition of charges \_\_\_\_\_

17. Are you, the applicant the corporation, LLC or any shareholder currently delinquent in payment of any taxes or fees to any state or local government? \_\_\_\_\_ If yes, Please indicate the type of tax or fee, and the amount due with the reason the tax is delinquent. \_\_\_\_\_

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

I will comply with the Zoning Restrictions stated above: \_\_\_\_\_ (initials)

Signature: \_\_\_\_\_

I, \_\_\_\_\_, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/ or revocation of the license. I understand that all signs displayed on my premise must be permitted by the Cobb County Community Development Agency. I further understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce such laws, ordinances & regulations.  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of applicant \_\_\_\_\_  
( ) Owner ( ) Manager ( ) Other specify \_\_\_\_\_

**THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE FIRE PREVENTION BUREAU AND/ OR THE DEPARTMENT AND INSPECTIONS DIVISION.**

**OFFICE USE ONLY:**

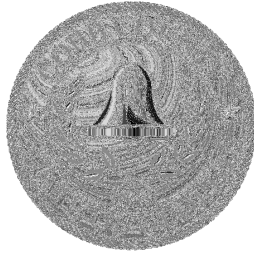
Occ. Tax Cert. # \_\_\_\_\_ SIC # \_\_\_\_\_ Category \_\_\_\_\_ BL STAFF \_\_\_\_\_

Due current yr \_\_\_\_\_ Due previous yr \_\_\_\_\_ Due for 2 yrs prior to current yr \_\_\_\_\_

Penalty \_\_\_\_\_ Interest \_\_\_\_\_ Total Due\$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Method of payment: CASH / CHECK # \_\_\_\_\_ Zoning Division \_\_\_\_\_ Approved/Denied \_\_\_\_\_  
(circle one) (circle one)

REVISED 2/10



***Affidavit Verifying Status  
Of Cobb County Business License Application***

By executing this affidavit under oath, as an applicant for a Cobb County Business License, I am stating the following with respect to my application for a Cobb County Business License for \_\_\_\_\_ **[INSERT BUSINESS NAME]**:

\_\_\_\_\_ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

\_\_\_\_\_ I am a 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. Provide alien registration number, date of birth, and a copy of the document(s) issued by the U.S. Department of Homeland Security for non-citizen applicant.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Alien Registration number for non-citizens

\_\_\_\_\_  
Date of Birth for non-citizens

\_\_\_\_\_  
Notary Public

My Commission Expires:  
  
\_\_\_\_\_

**TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNER/SHAREHOLDER, AND PARTNERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.**

**CONSENT FORM**

**I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.**

\_\_\_\_\_  
FULL NAME PRINTED

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, & ZIP

\_\_\_\_\_  
SEX

\_\_\_\_\_  
RACE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SS NUMBER

\_\_\_\_\_  
ALIEN NUMBER (IF NOT A US CITIZEN)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE

**REVISED 8/10**