



LICENSING & PERMITTING DIVISION
1117 WEST AVENUE, CONYERS, GA 30012
(770) 278-7100

Date _____

Case Number _____

BUSINESS NAME _____

OCCUPATIONAL TAX CERTIFICATE CHECKLIST

☐	Occupational Tax Application
☐	Affidavit Verifying Status (<i>Federal Immigration and Nationality Act form</i>) (<i>O.C.G.A. 50-36-1e(2)</i>)
☐	E-Verify Exemption (<i>Private Employer Exemption Affidavit for 10 or fewer employees</i>)
☐	E-Verify #: _____ (<i>Private Employer Affidavit for over 10 employees</i>)
☐	Zoning Verification Letter
☐	NAICS Code:
☐	Proof of Occupancy (<i>check one</i>):
☐	Signed lease agreement with applicant's name
☐	Signed & notarized letter from property owner
☐	Tax records showing ownership
☐	Georgia Driver's License or Georgia State ID (<i>Applicant must be a minimum of 18 years of age</i>)
☐	Secretary of State/Articles of Incorporation
☐	Homeowner Association Letter of Approval (<i>Home Occupations</i>)
☐	Letter of Intent
☐	Occupational Tax Fee: \$
☐	Other Documents (<i>i.e. state licensure as required</i>)
COMPLIANCE INSPECTION	
☐	Compliance Inspection Application
☐	Inspection Fee: \$
☐	Building Inspection
☐	Fire Inspection

OCCUPATIONAL TAX APPLICATION

Business Information

Name of Business /DBA

Business Type (check one) ☐ Home Occupation ☐ Commercial

Ownership Type (check one) ☐ Single Proprietor (Owner) ☐ Partnership ☐ Corporation ☐ LLC

Business Physical Address

Business Telephone Number	Number of Employees	E-Verify Number	NAICS Code
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Business Mailing Address

Detailed Business Description

Business Owner Information

Name of Owner (First) (Middle) (Last)

Address

E-Mail Address	Work Telephone Number	Cell Telephone Number
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Corporate Information (if applicable)

Name of Corporation	Corporate Address
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Federal Employer ID Number (EIN)	GA State Tax ID Number
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Corporate Officer Name/Title	Officer's Telephone Number	Officer's Email Address
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Local Contact Name	Contact's Telephone Number	Contact's Email Address
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State License (if applicable)

License Type	License Number
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This application is to be executed under the following oath: "I solemnly swear, subject to criminal penalties for false swearing that the information in this application is true and correct and that the application is herein made to procure the granting of this license."

Signature: _____

Print Name: _____

Date: _____

AFFIDAVIT VERIFYING CITIZENSHIP STATUS

O.C.G.A. 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- ☐ I am a United States citizen.
- ☐ I am a legal permanent resident of the United States.
- ☐ 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.

Wait to be in front of notary to sign

Applicant Signature

The secure and verifiable document provided with this affidavit can best be classified as:

(Type of Document)

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 _____, _____, this _____ day of _____, 20_____
(city) (state) (day) (month) (year)

For notary use only

Notary Public Signature

GA Registration No. and Expiration Date

SEAL

E-VERIFY COMPLIANCE FORM

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 I

Check Only One:

☐ On January 1st of the current year, the individual, firm or corporation employed **ten (10) or fewer** employees.
Skip to Section II

☐ On January 1st of the current year, the individual, firm or corporation employed **more than ten (10)** employees.

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 Exempt Private Employer (Company Name): _____

Federal Work Authorization User Identification Number: _____

Date of Authorization: _____

Complete Section II

SECTION II - Wait to be in front of notary to fill out.

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

Executed in _____, _____, this _____ day of _____, 20____
(city) (state) (day) (month) (year)

Applicant Signature

Applicant Name and Title

For notary use only

SEAL

Notary Public Signature

GA Registration No. and Expiration Date



LICENSING & PERMITTING DIVISION
1117 WEST AVENUE, CONYERS, GA 30012

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CUSTOMARY HOME OCCUPATION AGREEMENT

Required for Home Occupations

[Section 218-13 \(dd\)](#)

PLEASE READ CAREFULLY

1. Only residents of the dwelling containing the home occupation may be engaged in the home occupation. The home occupation shall not involve group assembly or group instruction on the premises.
2. The home occupation shall be clearly incidental to the residential use of the dwelling and shall not change the residential character of the building.
3. No products may be produced, stored or sold on the premises; except that bona fide agricultural products grown on the premises may be displayed in A-R district and the W-P district.
4. Use of the building for the purpose of a home occupation shall not exceed 25 percent of the square footage of one floor of the principal building.
5. No internal or external alterations inconsistent with the residential use of the building shall be permitted. No exterior evidence of the conduct of a home occupational shall be allowed. No signage of any kind for the home occupation is allowed.
6. The home occupation shall not constitute a nuisance to the neighborhood. Furthermore, except as would be caused by a typical residential use, no noise, vibration, dust, odor, smoke, glare or electric disturbance that is perceptible beyond any property line will be permitted to occur as a result of the home occupation.
7. No accessory buildings or outside storage shall be used in connection with the home occupation.
8. Only one vehicle shall be permitted in connection with the home occupation. That vehicle must be one that is designed and used primarily as a passenger vehicle with a carrying capacity of less than $\frac{3}{4}$ ton.
9. No earth-moving equipment or heavy construction or hauling equipment shall be allowed on the premises.
10. Pursuant to the above requirements, a home occupation includes, but is not limited to, activities such as the following:
 - a. Art studio
 - b. Dressmaking
 - c. Teaching of any kind, provided instruction is limited to not more than two pupils at a time.
 - d. However, a home occupation shall not be interpreted to include any occupation or profession providing medical or mental health services including, but not limited to, physician, veterinarian, dentist, psychiatrist or psychologist and it shall not be interpreted to allow the preparation of food for sale on the premises.
11. No more than one vehicle used in the home occupation may be parked on the premises overnight, and no more than one additional vehicle connected with the home occupation may be parked on the premises during the day, provided the gross vehicle weight of each such vehicle shall not exceed two tons.

QUESTIONNAIRE:

Besides a computer and telephone, what other kinds of equipment do you have associated with your home business? _____

Do all parties listed on the license currently live in the home where the business is being licensed?

☐ Yes ☐ No

Do you live in the home that is listed on the application?

☐ Yes ☐ No

Will there be vehicles such as trucks coming to and from your property?

☐ Yes ☐ No

If yes, explain: _____

How will you deliver your products or services to your customer?

Describe in detail how your business will be conducted.



HOME OCCUPATION AFFIDAVIT

I, *(name)* _____, applying for a business license for

(Name of business) _____ located at

(Address) _____ have been given Code Section 218-13 (dd), The Customary Home Occupation Agreement. By my signature below, I attest that I have read and understood the agreement. I have an “office only” preparing paperwork for my business in my home. I will not have any person connected to the business at my home except those living in the dwelling. As part of the Home Occupation I understand I must live in the above dwelling.

I understand that this license is not to be construed as permission to use a facility, public or private. Any activity conducted at such a location will abide by the rules and regulations of usage of said facility.

By signing this affidavit I am accepting responsibility that all local, state and federal regulations have been met.

Wait to be in front of notary to sign

Applicant signature

Executed in _____, _____, this _____ day of _____, 20_____
(city) (state) (day) (month) (year)

For notary use only

SEAL

Notary Public signature

GA Registration No. and expiration date