



Occupational Tax Application Checklist **(Business License for Home Business)**

- ✓ Verify the business address is in the municipal City limits of Snellville and is properly zoned to allow the proposed use of the property. Four different zip codes (30078, 30039, 30017, and 30052) have Snellville mailing addresses; however, the address may not be located within the City limits. You can verify your address by using our easy “Am I in the City” link. Go to www.snellville.org and scroll to the bottom of the home page under *Helpful Links*.
- ✓ All home applicants must provide a valid driver’s license or ID showing the address of the ID and the address for the home business are the same.
- ✓ Cottage Food and food storage establishments need to provide a copy of the inspection results and approval obtained from the Georgia Department of Agriculture.
<http://www.agr.georgia.gov/cottage-foods.aspx>
- ✓ Complete all forms in this packet. Once your application is received and fees have been paid, your application will be processed. Please allow five business days for processing and approval.
 - Occupation Tax Application
 - US Citizen/Qualified Alien Affidavit
 - Georgia Sales & Use Affidavit
 - E-Verify Affidavit
 - Home Occupation Standards
- ✓ As part of the Home Occupation Standards, no additional signage is allowed for the home occupation.



CITY OF SNELLVILLE

DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD, 2ND FLOOR
SNELLVILLE, GA 30078-2361
(770) 985-3513 ~ FAX (770) 985-3551
www.snellville.org

FOR CITY USE ONLY DATE RCVD _____ SIC CODE _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED _____	<h2 style="margin: 0;">OCCUPATIONAL TAX APPLICATION</h2> <p style="margin: 0;">(FOR BUSINESS LICENSE)</p> <p style="margin: 10px 0 0 40px;">BL # _____</p>	FOR CITY USE ONLY DATE PAID _____ FEES DUE _____
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COMPLETE ALL SECTIONS. OCCUPATIONAL TAX WILL BE BASED UPON INFORMATION SUPPLIED ON THIS APPLICATION.

APPLICATION FOR: NEW BUSINESS RENEWAL CHANGE IN OWNERSHIP ADDRESS CHANGE

CORPORATE NAME		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME		APPLICANT NAME	
FED. ID NO. / SSN	DATE BUSINESS ESTABLISHED:	IN CARE OF	
BUSINESS OWNER NAME		MAILING STREET ADDRESS	
LOCAL STREET ADDRESS		MAILING P.O. BOX	
CITY, STATE, ZIP		CITY, STATE, ZIP	

LOCAL PHONE NUMBERS

BUSINESS _____
RESIDENCE _____
CELLULAR _____

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROP _____ PARTNERSHIP _____ CORP _____ LLC _____

LIST NAMES AND ADDRESSES OF OWNER (IF DIFFERENT THAN APPLICANT) AND/OR LOCAL MANAGER

EMAIL _____ IF CORPORATION, GIVE STATE AND DATE _____

TYPE OF BUSINESS: _____ CHECK HERE IF BUSINESS IS IN RESIDENCE

GROSS RECEIPTS (This information is strictly confidential)

IF BUSINESS CONDUCTED FOR ONLY A PART OF THE PRECEDING YEAR, PART YEAR RECEIPTS MUST BE PRORATED TO FULL YEAR (12 MONTHS). IF NEW BUSINESS, GROSS RECEIPTS MUST BE PRORATED TO FULL YEAR (12 MONTHS).

\$ _____ (PROJECTED MONTHLY GROSS RECEIPTS)

FOR CITY USE ONLY

PROFESSIONAL PRACTITIONERS *SEE LIST BELOW*

Certain PROFESSIONAL PRACTITIONERS may elect to pay \$300 **per practitioner** in lieu of reporting and paying a tax on gross receipts. If you are eligible, and if you and all members of your firm elect to pay the flat per-practitioner tax this year, check below and you will be charged accordingly.

_____ I ELECT TO PAY A FLAT TAX IN LIEU OF REPORTING GROSS RECEIPTS AND PAYING A TAX BASED ON GROSS RECEIPTS.

PLEASE INDICATE THE NUMBER OF PRACTITIONERS NEXT TO THE APPROPRIATE TYPE OF PROFESSIONAL

- | | | |
|--------------------------------------|---------------------------|-------------------------------------|
| _____ Architects | _____ Landscape Architect | _____ Podiatrist |
| _____ Chiropractor | _____ Land Surveyor | _____ Practitioner of Physiotherapy |
| _____ Dentist | _____ Lawyer | _____ Psychologist |
| _____ Embalmer | _____ Optometrist | _____ Public Accountant |
| _____ Engineers (Civil, Mech., Etc.) | _____ Osteopath | _____ Therapists/Counselors |
| _____ Funeral Director | _____ Physician | _____ Veterinarian |

NUMBER OF EMPLOYEES ASSOCIATED WITH BUSINESS (EXCLUDING BUSINESS OWNER) _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND CONTAINS NO FRAUDULENT INFORMATION.

APPLICANT NAME (PLEASE PRINT) _____

SIGNATURE _____

DATE _____

+++++++ PLEASE BE ADVISED -- INCOMPLETE APPLICATIONS CANNOT BE PROCESSED ++++++



O.C.G.A § 50-36-1(e)(2)



U. S. CITIZEN / QUALIFIED ALIEN AFFIDAVIT

As a result of recent law change, The City of Snellville, Georgia is required to obtain from each person applying for a particular public benefit (including new and renewal licenses) a signed and sworn affidavit verifying his or her lawful presence in the United States that is accompanied by a copy of at least one "secure and verifiable document." By executing this affidavit under oath, as an applicant for:
___ Occupation Tax Certificate or ___ Alcoholic Beverage License, for (Business Name)
_____ as referenced in O.C.G.A. § 50-36-1,
from The City of Snellville, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit (check one of the following):

- a. ___ I am a United States citizen 18 years of age or older. Submit a legible front and back copy of your current secure and verifiable document(s) such as driver's license, passport, or other document as indicated on back page.
b. ___ I am not a United States citizen, but I am a legal permanent resident of the United States 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 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: _____ (Required).

Submit a legible front and back copy of one of the following secure and verifiable document(s):

- U.S. Permanent Resident Card (I-551), or
Valid Foreign Passport with I-94, or
Temporary Resident Alien Card (I-688), or
Employment Authorization Card (I-766 or I-688B), or
Employment Authorization Document (I-688B), or
Refugee Travel Document (I-571)

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. Furthermore, the undersigned applicant hereby verifies that applicant has provided at least one secure and verifiable document, as defined by O.C.G.A. § 50-36-2 with this affidavit.

SWORN TO AND SUBSCRIBED,

Signature of Applicant

Print Name

Before me this ___ day of _____, 20___;

Notary Public
My Commission Expires: _____

AFFIX SEAL HERE

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

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 residence or immigration status.

- _____ United States passport or passport card
- _____ United States military identification card
- _____ 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 Islands, 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.
- _____ 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 Islands, 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.
- _____ 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.
- _____ United States Permanent Resident Card or Alien Registration Receipt Card (I-551)
- _____ Employment Authorization Document that contains a photograph of the bearer ((I-766)
- _____ Passport issued by a foreign government
- _____ Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- _____ Free and Secure Trade (FAST) card
- _____ NEXUS card
- _____ Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- _____ Driver's license issued by a Canadian government authority
- _____ Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- _____ Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- _____ Other document or form of identification for proof or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular public benefit.



Department of Planning & Development

City of Snellville
2342 Oak Road, 2nd Floor
Snellville, Georgia 30078
www.snellville.org

(770) 985-3513
(770) 985-3514

GEORGIA SALES & USE TAX AFFIDAVIT

IN ACCORDANCE WITH O.C.G.A § 48-13-20.1, CITIES AND COUNTIES MAY COLLECT AND SUBMIT CERTAIN INFORMATION TO ENABLE THE GEORGIA DEPARTMENT OF REVENUE (877-423-6711) TO ENSURE THAT BUSINESSES ARE PROPERLY COMPLIANT WITH STATE AND LOCAL SALES TAX LAWS.

THE CITY OF SNELLVILLE, GEORGIA LEVIES AN OCCUPATION TAX OR REGULATORY FEE UNDER O.C.G.A § 48-13-1 ET SEQ., AND PASSED RESOLUTION 2011-04 ON FEB 28, 2011 TO PARTNER WITH THE GEORGIA DEPARTMENT OF REVENUE IN AN EFFORT TO ENSURE PROPER PAYMENT OF SALES AND USE TAX.

ANY PERSON WHO PERFORMS ANY BUSINESS, OCCUPATION OR PROFESSION SUBJECT TO AN OCCUPATION TAX OR REGULATORY FEE UNDER O.C.G.A. § 48-13-1 ET SEQ., IS REQUIRED TO PROVIDE THE CITY OF SNELLVILLE THE FOLLOWING INFORMATION WHEN PAYING SUCH OCCUPATION TAX OR REGULATORY FEE:

BUSINESS INFORMATION

Legal Name of the Business: _____

Does Business have a Trade Name or D/B/A: No Yes (Name): _____

Business Mailing Address: _____
Street Address or PO Box City State Zip

Business Physical Address: _____
Street Address Suite

Sales and Use Tax ID Number Assigned by the Georgia Department of Revenue: _____
(Do not provide Federal Taxpayer ID Number (FEIN))

Check here if Georgia law does not require a Sales and Use Tax identification number for the business.

North American Industry Classification Code (NAICS): _____ (leave blank if not known)

ACKNOWLEDGEMENT

I hereby understand and acknowledge that pursuant to O.C.G.A. § 48-13-20.1 the City of Snellville, Georgia may collect certain information which will be provided to the Georgia Department of Revenue to ensure that businesses are properly compliant with State and local sales and use tax laws and that if any person refuses or fails to provide the required information, the City of Snellville will notify the Georgia Department of Revenue. For questions, please contact the Georgia Department of Revenue at 877-423-6711 or website www.etax.dor.ga.gov.

Acknowledged By: _____ Date: _____

Print Name: _____ Title: _____

E-VERIFY AFFIDAVIT

Private Employer Compliance Pursuant to O.C.G.A. §36-60-6(d)

This form is required by the State of Georgia. Please have it notarized and return it with your completed application.

Number of Employees _____

Only Mark 1 box below:

More than ten (10) employees.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, form or corporation employs more than ten (10) and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadline established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and the date of authorization are as follows:

Federal Work Authorization Number: _____

Date of Authorization: _____

-OR-

EXEMPT - Less than (10) employees.

Exempt from O.C.G.A. §36-60-6 - By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with §36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven (11) and therefore, is not required to register with and or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines in O.C.G.A. §13-10-90.

Complete below in front of a Notary Public

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

Signature of Authorized Agent or Business Owner

Print Name

Executed on (Today's Date)

Notary:

Subscribed and Sworn to me this _____ Day of _____, 20____ (SEAL)

Signature of Notary Public

My Commission Expires

201-1.1 Home Occupation

A. Defined

A lawful occupation that provides a product or service that is conducted wholly within a dwelling unit. The use includes a family day care regulated under 206-5.2.

B. Use Standards

Where a home occupation is allowed as a limited use, it is subject to the following:

1. General Provisions

- a. No more than two home occupations may be established in a dwelling.
- b. A home occupation must be clearly incidental and secondary to the use of the dwelling for residential purposes.

2. Physical Limitations

The floor area of a dwelling unit devoted to all home occupations must not exceed 25% of the floor area of the dwelling.

3. Alterations to the Dwelling and Exterior Appearances

- a. The exterior appearance and character of the dwelling must remain that of a dwelling.
- b. No internal or external alterations inconsistent with the residential use and character of the buildings are permitted.
- c. No display or storage of products, materials, or machinery where they may be visible from outside the dwelling is permitted.
- d. No activity associated with the home occupation may be visible outside the dwelling.
- e. No additional signage is allowed for the home occupation.

4. Vehicles

One business vehicle may be kept on-site, provided it is used exclusively by an occupant of the dwelling. This vehicle may only be an automobile, pick-up truck, van or sport-utility vehicle.

5. Equipment, Off-Site Impacts, and Nuisances

- a. No home occupation may generate traffic, sound, smell, vibration, light, or dust that is offensive or that creates a nuisance.
- b. No equipment that interferes with radio or television reception is allowed.
- c. Home occupations exclude the use of machinery or equipment that emits sound (for example, saws, drills, or musical instruments) detectable beyond the property.
- d. Chemical, electrical, or mechanical equipment that is not normally a part of domestic or household equipment which is used primarily for commercial purposes is not permitted.

6. Visitation

Total client visits are limited to five per week in conjunction with the home occupation, except that this restriction does not apply to a family day care home due to the overriding public goal of the care of children.

7. Employees and Licenses

Only occupants of the dwelling may work on the premises in connection with a home occupation. Any occupational licenses, including business registrations, required by State, County, or City regulations must be obtained. Proof of State registration, if required for the home occupation, must be submitted to the City before the issuance of a business license.

8. Uses Specifically Prohibited

The following uses are specifically prohibited as home occupations, except when otherwise a lawfully permitted use within the zoning district. This list is not all-inclusive. The Director may prohibit additional uses that do not meet the intent of these home occupation regulations.

- a. Adult entertainment establishments.
- b. All animal care, except hobby breeding, and except animal boarding and animal grooming when the total number of all animals being boarded or groomed does not exceed four.
- c. All medical uses.
- d. All indoor recreation uses.
- e. All industrial uses.
- f. All vehicular uses.
- g. Firewood sales.
- h. Funeral home, mortuary.
- i. Massage therapy.
- j. Psychic, fortune teller.
- k. Small or large engine repair or sales.
- l. Tattoo parlor or body piercing.

As the applicant of a Home Occupation I hereby agree to abide by the standards of Section 201-1.1 as stated above. Failure to abide by these regulations may result in revocation of your Home occupation license or the issuance of citations.

Signature of Applicant

Date



Important Information

Today's Date: _____

Business Name: _____

Initial after reading:

- ___ Business license renewal packets are mailed out every year in December. If you do not receive a packet, contact our office or stop in during normal business hours. **Failure to receive the packet does not excuse the business from renewing on time.** Blank forms will be posted on the website at snellville.org.
- ___ Business licenses expire every year on December 31. A grace period is given until March 31. **Mark your calendar now!**
- ___ Should the business move or close down for any reason you are required to notify our office in order to avoid possible citations.
- ___ For commercial locations signage requires an approved permit issued by Planning & Development. Go to Snellville.org > Government > Planning & Development > Forms & Applications > Scroll to Signage Applications and choose the appropriate application. For residential locations, business signage is not allowed to be posted on vehicles or on the property.

The City of Snellville appreciates its loyal businesses!
Thank you!

Business Owner Signature _____ Date: _____

Witness: _____ Date: _____