



## **New Home Based Business / Occupational Tax Application**

Date: \_\_\_\_\_ Please check one: ☐ Mail (If mailed, please add \$1.25 for postage) ☐ Pick-up

Corporation Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: Please check one: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor

Business Address: \_\_\_\_\_

**(Cannot be Post Office Box)**

**Mailing address if different from above:** \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

### **Owner Information:**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Cell: \_\_\_\_\_

Owner Email Address: \_\_\_\_\_

Sales Tax ID Number: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

Description of Business: \_\_\_\_\_

No. of Full-time Employees: \_\_\_\_\_ No. of Part-time Employees: \_\_\_\_\_

**(Owner counts as 1)**

**Approved by City Planner:** \_\_\_\_\_

**Approved by Code Enforcement:** \_\_\_\_\_

**Approved by City Clerk:** \_\_\_\_\_

### **FOR OFFICE USE ONLY**

NAICS #: \_\_\_\_\_ Check #: \_\_\_\_\_

License #: \_\_\_\_\_ Amount: \_\_\_\_\_

License Fee: \$ \_\_\_\_\_

Administration Fee: \$ 5.00

Postage Fee if mailed: \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

Any person who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or the government of any county, city or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or imprisonment of not less than one nor more than five years, or both. O.C.G.A. § 16-10-20

I have read and understand the above statement of the law and by signing my name below I attest that all the information contained in this **Business License Application** Form is true and correct to the best of my knowledge.

**Signature**

**Date**

**Printed Name**

**Title**

**Notary Public**

**Commission Expires**

**\*Notaries are available at City Hall free of charge**

**See below for the cost breakdown for your Flowery Branch Business License plus \$5 Administration Fee.**

Part Time Employee Computation:

Two (2) part-time employees equal one (1) full time employee. If you have an odd number of part-time employees, round the number down. For instance, if you have 7 part-time employees round down to 6 and divide by 2. This will equal 3 full time employees.

<b>Number of Employees</b>	<b>Rate of Tax</b>
1	\$60.00
2-2	\$120.00
3-4	\$180.00
5-7	\$300.00
8-10	\$480.00
11-15	\$649.00
16-20	\$763.00
21-27	\$895.00
28-35	\$1,023.00
36-50	\$1,221.00
51-75	\$1,498.00
76-100	\$1,738.00
101-150	\$2,145.00
151-200	\$2,498.00
201-300	\$3,101.00
301-500	\$4,140.00
501-1000	\$6,378.00
1000+	\$8,703.00



## **City of Flowery Branch Home Occupation Affidavit**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Proposed Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tax Parcel

\_\_\_\_\_  
Zoning

Home occupations may be established in a portion of a dwelling as provided in permitted uses requirements for the zoning districts established by this Zoning Ordinance. In districts where permitted, the following regulations shall apply to home occupations, and failure to meet one or more of these regulations at any time shall be unlawful and grounds for immediate revocation of business registration:

- (a) Use. The only allowed use for home occupation is office.
- (b) Building Alterations. The exterior appearance of the dwelling and any accessory building used for a home occupation must remain that of a dwelling, or accessory use to a dwelling. No external alterations inconsistent with the residential use of the dwelling or accessory building are permitted.
- (c) Parking of Vehicles. Vehicles kept on site in association with the home occupation shall be used by residents of the dwelling only. Only vehicles used primarily as passenger vehicles shall be permitted in connection with the conduct of the home occupation. Incoming vehicles related to the home occupation, if any, shall at all times be parked off-street within the confines of the residential driveway or other on-site permitted parking.
- (d) Visits by Patrons Limited. There shall not be more than three (3) nonresident persons on the premises at the same time in conjunction with the residential business whether they are students, clients, patients, or customers.
- (e) Transportation of Goods and Deliveries. The transporting of goods by a truck larger in size than a customary passenger vehicle, truck, or sport utility vehicle in connection with a home occupation is prohibited. There shall be no goods, products or commodities received on or shipped from the premises; provided, however, that this provision shall not prevent the non-routine delivery or pickup of packages by Federal Express, United Parcel Service, or other commercial carrier.
- (f) Equipment, Off-site Impacts, and Nuisances. No home occupation shall generate traffic, sound, smell, vibration, light, or dust that is offensive or that creates a nuisance. There shall be no exterior lighting of the building or property that is not in character with a residential neighborhood. No equipment that interferes with radio and/or television reception shall be allowed. Home occupations must exclude the use of machinery or equipment that emits sound (e.g., saws, drills, musical instruments, etc.) that is detectable beyond the property. Chemical, electrical, or mechanical equipment that is not normally a part of domestic or household equipment and which is used primarily for commercial purposes shall not be permitted if it is detectable in terms of sight, hearing, or smell from a property line.

- (g) Signs. There shall be no signs permitted in conjunction with a home occupation, whether placed on the premises or on a vehicle parked on the premises. This Section shall not be construed as limiting a property owner from erecting signs permitted on the lot pursuant to Article 24 of this Zoning Ordinance.
- (h) Employees. Only occupants of the dwelling shall be authorized to work on the premises in connection with a home occupation.
- (i) Licenses. Any occupational licenses, including business registrations, required by state and/or city regulations must be obtained. Proof of state registration, if required for the home occupation, shall be submitted prior to the issuance of a business registration.
- (j) Storage and Display. Outdoor storage of materials of any kind associated with a home occupation is prohibited. There shall be no display of merchandise or materials in connection with a home occupation.
- (k) Approval. All home occupations shall be subject to the Zoning Administrator's approval. The applicant for a home occupation shall file for approval from the Zoning Administrator on forms provided by the Zoning Administrator. Information required by the Zoning Administrator to approve a home occupation shall be as established in a home occupation application and may include but shall not be limited to the following: (1) Address and reference to recorded plat; (2) A site plan of the lot on which a home occupation is proposed, showing the location of the principal building, accessory building if proposed to be used in conjunction with the home occupation, and parking areas. The Zoning Administrator may require the site plan to be based on a boundary survey or on an engineering scaled plat; (3) Written narrative which shall at minimum describes the home occupation (use) and how the home occupation complies with the regulations in this Section; (4) If home occupation occurs in a subdivision that has a home homeowner's association written approval from that entity is required.
- (l) Modification by Conditional Use. Where an application for home occupation does not meet the strict terms of this Section, the provisions of this Section may be modified or varied by application filed by the property owner and approved by the City Council for a conditional use, according to procedures specified in Article 34 of this Zoning Ordinance. The Zoning Administrator may provide a recommendation whether or not the City Council should approve the application, and what if any conditions of approval are recommended.

I hereby certify that I have read the above conditions and agree to comply with each requirement as long as the business is conducted at this location:

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Issued by

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

## CITY OF FLOWERY BRANCH

### AFFIDAVITS VERIFYING STATUS FOR CITY PUBLIC BENEFITS APPLICATION

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a Occupational Tax Certificate, Alcohol License or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d): For more information please visit [www.e-verify.gov](http://www.e-verify.gov).

Name of Business: \_\_\_\_\_

#### SECTION A (Choose one of the following)

(A) \_\_\_\_\_ (10 or More Employees) On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed Ten (10) or more. 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:

E-Verify Number: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

(B) \_\_\_\_\_ (9 or Less Employees) On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed less than Ten (10) or fewer employees. (Exempt from E-Verify Registration)

#### SECTION B (Choose one of the following)

(A) \_\_\_\_\_ I am a United States Citizen

Please submit a copy of your Secure and Verifiable Document such as (driver's license or passport.)

(B) \_\_\_\_\_ I am a legal permanent resident, or 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. Please bring copy of your Permanent Resident Card.

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 verifiable document, as required by the O.C.G.A. 50-36-1 (e) (1) with this affidavit.

In making the above representative under oath, I understand that any person who knowingly and willfully makes 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.

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

Executed on the \_\_\_\_ date of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

Subscribed and sworn before me on this the  
\_\_\_\_\_ day \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Printed Name of Applicant

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

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



## ***Checklist for Occupational / Business License Application***

### **For Owners:**

- ☐ Signed, completed application. Incomplete applications will be returned.
- ☐ Photo identification.
- ☐ Completed Affidavit Verifying Status for City Public Benefits (SAVE)
- ☐ If you are not an American citizen, attach a copy of legal Permanent Resident Card or Employment Authorization Card, or other authorizing documentation to be verified by Homeland Security.
- ☐ If you are required by the State to hold a professional license, attach a copy of license to application.
- ☐ Payment – based on number of Employees, \$5.00 Administrative fee & Postage fee \$1.25
- ☐ Completed Private Employer Affidavit (E-Verify).
- ☐ EIN # (Federal Employer Identification Number) Internal Revenue Service 1-800-829-4933
- ☐ State Taxpayer Identifier (State Sales Tax #) Georgia Department of Revenue 1-877-423-6711
- ☐ Corporation Set-up LLC and LP (404-656-2817) Trade Name Registration (770-531-7025)

### **For Business Location:**

- ☐ Copy of the Certificate of Occupancy from City of Flowery Branch 770-967-6378 (if required)
- ☐ Copy of the Fire Marshal Inspection - Hall County Fire Marshal at 770-531-6838
- ☐ Copy of the health permit from Hall County Environmental Services at 770-531-3973 (if required)
- ☐ Georgia Department of Agriculture 770-535-5955 (if required)
- ☐ If there are renovations, remodeling, change in use, a building permit may be required.

Please call the City of Flowery Branch Planning & Zoning Department at 770-967-6378.

### **Additional Requirements - for Home Based Business**

- ☐ Customary Home Occupation Affidavit
- ☐ Approval Letter from leasing office if living in apartment complex.
- ☐ Check with your HOA. Approval HOA letter is required in some Subdivisions.