



Carroll County Department of Community Development

997 Newnan Rd
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

APPLICATION FOR NEW OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE)

Step 1: Have staff complete the Parcel Information Sheet.

Step 2: Complete the application below and submit it, along with the Parcel Information Sheet, Affidavit (s) and appropriate fees to Community Development for review.

Business Information

Business Name: _____

Business Location: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ Business Phone: (____) _____

Number of Employees: _____ E-Verify Number: _____ Business Type: _____

Description of Dominant Business: _____

If the business is a partnership or corporation, please attach a list of the names, home phone numbers, and addresses of all partners, officers, or directors.

BUSINESS owner/ applicant information

Name: _____

Phone: _____ Applicant E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Driver's License # or State ID#: _____
(must provide photo I.D.)

I (we) understand that the Occupational Tax Fee is based on the Total Gross of the business. I (we) will submit a copy of the Federal Income Tax forms for the business to Carroll County Community Development to be placed in our file.

Signature: _____ Position: _____ Date: _____

Notary
Seal:

My commission expires on: _____



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STATE OF GEORGIA
COUNTY OF CARROLL

AFFIDAVIT FOR AN OCCUPATIONAL TAX CERTIFICATE

_____, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for an Occupational Tax Certificate under the Ordinances of Carroll County:

The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This _____ day of _____

AFFIANT (signature)

Personal

Address: _____

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity name and address: Entity:

Address: _____

Sworn to and subscribed before me on this day of _____

Signature: _____

My Commission Expires: _____

Seal:

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 1 of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees .

*** If you select Section I (A), please fill out Section 2 and then execute below.

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

*** If you select Section I(B), please skip Section 2 and execute below.

Section 2.

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

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, _____, 202 in. _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
DAY OF _____, 202 .

NOTARY PUBLIC

My Commission Expires:

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

PARCEL INFORMATION SHEET
APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

To be filled out by Map Room Personnel in Room #414

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY ^{ST.}			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
REQUIRED SETBACKS		FRONT	
		SIDE	
		REAR	
CERTIFICATE OF ZONING COMPLIANCE - CHECKLIST <input type="checkbox"/> C] Omer(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities Applicant's <input type="checkbox"/> Certification			
Signature of County Planner or Designee: _____ Date: _____ Comments: _____			
CDP COMPLIANCE	YES	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____	
PLAT APPROVED	YES	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____	
<u>APPROVED FOR NEW ADDRESS</u>	<u>YES</u>	Signature of County Planner or Designee: _____ Date: _____ Comments: _____	

Revision Date; 3-6-2020



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AFFIDAVIT VERIFYING STATUS FOR A CARROLL COUNTY PUBLIC BENEFIT

By executing this affidavit under oath, as an applicant for an OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE) 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 an OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE) or other public benefit for [PRINT NAME]. [Name of natural person applying on behalf of individual, business, corporation, or other private entity]

CHECK ONE OF THE FOLLOWING:

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.

Printed Name: _____

Signature of Applicant: _____ Date: _____

*Alien Registration Number for Non-Citizens: _____

*Note: O.C.G.A. 50-36-1 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 below:

Notary

Sworn to and subscribed before me on this _____ day of _____, _____.

Signature: _____
My Commission Expires: _____
Notary

Seal:



Sworn to and subscribed before me on this _____ day of _____

Signature: _____
My Commission Expires: _____



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Community Development

Home Occupation & Occupational Tax Certificate Affidavit

I hereby do certify that the information provided in this document has been explained to me. I understand the following are requirements for renewal of the Carroll County Home Occupation and the Occupational Tax Certificate (Business License).

Please initial.

_____ The Carroll County Home Occupation expires on December 31st of each year.

_____ The Carroll County Home Occupation must be renewed between January 1st and April 15th of the following year.

_____ The renewal fee for the Carroll County Home Occupation is \$125.00 annually.

_____ The Occupational Tax Certificate (Business License) expires on December 31st of each year.

_____ The Occupational Tax Certificate must be renewed between January 1st and April 15th of the following year.

_____ When you renew your Occupational Tax Certificate you are required to bring a copy of your IRS form 1040 showing the gross receipts that were generated by your company during the previous year or the Georgia Department of Revenue form ST-3 that reflects the Sales and Use Tax for the previous year. _____ If your company files an extension with the IRS you are still required to bring a copy of the extension to be placed on file until your taxes are completed and filed. Then you will need to follow the above stated regulation for reporting revenues.

Applicant's Signature

Date

Director of the Department of Codes Enforcement or his designee

Date



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Carroll County Fire Rescue Plan Review

Name of Business: _____

Address of Business: _____

Owner Name
and Phone #: _____

Builder Name
and Phone # _____

What type of
Business or Activities
will be taking place: _____

If a Church,
Number of seats: _____

If a Church, will
there be any type
of school or Pre-K
activities: _____

If serving Alcohol
Number of seats: _____



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BUILDING AND FIRE PLAN REVIEW

Date: _____

Business/Building Name: _____

Address: _____

Business Phone: (____) _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Applicant Name: _____

Applicant Phone: (____) _____

Type of Business/Activity: _____

Alcohol Served: _____

Number of Seats: _____ Fixed Moveable

Number of Stories: _____ Above Grade: _____ Below Grade: _____

The following require approval from the State of Georgia Fire Safety Commissioners Office prior to Carroll County Approval. Please submit documentation with application.

- Buildings or structures 4 or more stories in height
- Buildings 3 or more stories in height used by 3 or more families as residences
- Buildings with more than 15 sleeping accommodations for hire
- Personal Care Homes with more than 7 beds for non-family adults and subject to D.C.H. Licensure
- Schools of grade 1-12 having more than 15 students in attendance at any given time
- All State funded kindergarten programs
- Academic, Administrative, and public assembly buildings of Colleges, Universities, and Vocational/Technical schools
- Health care centers, orphanages, convalescent, and old age homes
- Racetracks, stadiums, and grandstands
- Places of Assembly (occupant load of more than 300 or more than 100 serving alcohol)
- Places of worship with an occupant load of 500 or more in a common area or 1000 or more total occupant load
- Department stores and/or retail mercantile establishments having gross floor area of 25,000 square feet or having 3 or more floors open to the public
- Group day-care and/or day care facilities licensed by D.H.R. as follows:
 - Group day care having 7 to 12 children
 - Day care having more than 12 children
- Hospitals, jails, penal institutions, reformatories, mental health institutions, and nursing homes

COMMUNITY DEVELOPMENT USE ONLY

Date: _____ Application/ Permit Number: _____

CDP Project: YES NO CDP Staff Approval: _____

State Fire Review Attached: YES NO If no, date received: _____

Local Fire Official Consultation Required: YES NO Local Fire Official approval: _____