Occupational Tax Certificate

Hapeville City Hall
3468 North Fulton Avenue
Hapeville, Georgia  30354
(404) 669 - 2100

Revised 5/01/18
Thank you for considering the City of Hapeville as your new home for your future business. This packet contains information that will help guide you in obtaining licenses, permits, receipts and certificates from the City of Hapeville. **Please DO NOT START YOUR BUSINESS until you have completed all the steps necessary for your licenses, etc.** Many businesses will require several steps in this process, while others may not.

Before you complete the following application, it is necessary to verify that your potential business location is found properly zoned for the type of business you wish to open. You may contact our Community Services Department at (404) 669-2120 for this information. You will need to have your exact address and the type of business you will be applying for available.

Upon verification of zoning, you will then be directed to City Hall to complete an application. All businesses, excluding Home Occupation businesses, will be referred to the Downtown Manager for a review of your application. After the application is reviewed, the application will then be sent to our Community Services Department to schedule an appointment with our Code Enforcement Officer and Fire Marshal for the building inspection. They will inform you of all the remaining necessary steps that must be taken before your application can be processed for payment.

Once an application Checklist form has been completed, the application is then turned in to City Hall for payment processing. You will then be sent a bill for your tax permit. Once payment has been received in City Hall, you will then be issued your Occupational Tax Certificate. Following the steps outlined above will help to eliminate future problems with licensing and zoning.

We look forward to working with you as you begin your new business.

### Additional Agency Information:

<table>
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<tr>
<th>Secretary of State’s Office</th>
<th>Department of Administrative Services</th>
<th>Georgia Department of Revenue</th>
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<tr>
<td>1st. Stop Business Information Center</td>
<td>Small &amp; Minority Business Office</td>
<td>Forms: 404-656-4092</td>
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<tr>
<td>800-656-4558</td>
<td>404-656-615</td>
<td>Registration: 404-651-8651</td>
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<tr>
<td>404-656-7061</td>
<td>800-495-0053</td>
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<tr>
<td>Corporations: 404-656-2817</td>
<td>Licensing Boards: 404-656-3900</td>
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<tr>
<td>Web Site: <a href="http://www.sos.state.ga.us">http://www.sos.state.ga.us</a></td>
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<tr>
<th>United States Internal Revenue Service</th>
<th>Department of Agriculture</th>
<th>Department of Health &amp; Wellness</th>
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<tr>
<td>800-829-3676 (Form SS-4) 770-455-2360</td>
<td>800-282-5852 404-656-3645</td>
<td>404-613-5585</td>
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<th>Of Interest:</th>
<th>General Info:</th>
<th>EEOC:</th>
<th>SBA:</th>
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CHECKLIST for Occupation Tax Certificate
Please read before completing application

- File Application for an Occupational Tax Certificate.

- Schedule Appointment with the Code Enforcement Coordinator:
  - Zoning Approval - will be granted if business location is appropriately zoned for the proposed business and in addition thereto meets the minimum requirements for the zone for parking, setbacks and landscaping.
  - Planning Permission Approval/or Recommendation is necessary for:
    - Site Plan Approval for New Structures, Expansion or Enlargement of existing Commercial Buildings
    - Conditional Use Permits
    - Temporary Use Permits
    - New Buildings
    - Rezoning of the Property

- Board of Appeals Approval is necessary for:
  - Variances and Modification of the Zoning Requirements

- City Council Approval is necessary for:
  - Temporary Use Permits
  - Conditional Use Permits
  - Rezoning of the Property

- Approval is necessary for all signs placed on property within the City limits of Hapeville. A Temporary sign may be permitted for 30 days with approval from the Community Services Department. No sign is to be erected or placed on the property without prior approval.

- Fulton County Health Department Approval is necessary for all food establishments. A copy of the approved plans and inspection must be submitted to the City before business opens. Please contact Fulton County Environmental Health Services at 404-613-5585 to inquire about plan submittal and inspections.

- Department of Agricultural Approval is required for all grocery stores. A copy of which must be submitted to City at time of application or before business opens.

- City of Hapeville Police Department Approval is necessary for all businesses where alcoholic beverages are involved (separate application necessary).

- All buildings/ space must be inspected by and receive approval from the City of Hapeville Fire Department.
All buildings/ space must be inspected by and receive approval from the Community Services Department Building Inspector prior to commencement of business. A Building Permit may be required for any alterations, or enlargements to the structure. Please check with the Community Services Department to determine if a Building Permit will be applicable prior to any alterations to the structure.

If your property is located in the Downtown Business District or along the Dogwood Drive Corridor, consult with the Office of the Downtown Manager at City Hall prior to making any changes to the exterior of the building.

A Certificate of Occupancy Permit (CO) is then issued by the Community Services Department.

Once all necessary steps are completed accordingly, application is set to City Hall for generation of bill and payment processing.

Once Tax is paid, an Occupational Tax Certificate is then issued by City Hall.
Please complete ALL Sections. Occupational Tax will be based on information supplied on this application.

Copy of Driver’s License/Picture ID is required.

Name of Business ________________________________________________________________________________________

Check one:
- Single Proprietor
- Corporation (proof required)
- Partnership
- Non-Profit (proof required)

Type of Business ___________________________________________ _____________________________________________

Name of Applicant __________________________________________________________________________________________

Business Location _______________________________________________________Suite Number _____________________

Mailing Address ____________________________________________________________________________________________

Local Phone Numbers: (____)_______________________    Business (____) _______________________     Fax (____) _______________________  Residence (____) _______________________     Cellular (____) _______________________ 

Federal Tax ID. Number_______________________________        State Tax ID. Number _____________________________

Do You Own or Lease this building? ______________

If Leasing/Renting:
- Property Owner (s) __________________________________________________________________________________________

Mailing Address ____________________________________________________________________________________________

Telephone ___________________     Cell Phone/Pager ________________________________________________

Describe the Primary Function of Business*:  
- Agriculture
- Wholesale
- Real Estate
- Health Care
- Mining
- Retail
- Professional
- Arts/Entertainment
- Utilities
- Transportation/Warehouse
- Management Co.
- Accommodation/Foods
- Construction
- Information
- Administrative
- Public Administration
- Manufacturing
- Finance/Insurance
- Educational
- Other ____________________________________________________________________________________________

*Please explain the daily functions of the business as indicated above: ______________________________________________

Gross Receipts – Gross Receipts from previous calendar year.

Yearly Total Even Dollar Business Receipts: $_________________ Number of employees associated with business?: (Minimum of 1 - one)

New businesses, estimate 1 year total)

Certain Practitioners of Professions may elect to pay $300.00 per practitioner in lieu 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.

______ Lawyer  ______ Optometrist  ______ Public accountant
______ Physician  ______ Psychologist  ______ Embalmer
______ Osteopath  ______ Veterinarian  ______ Funeral Director
______ Chiropractor  ______ Landscape architect  ______ Engineers, Civil, Mech., Etc.
______ Podiatrist  ______ Land surveyor  ______ Architects
______ Dentist  ______ Practitioner of physiotherapy  ______ Therapist/Counselors

Office Use Only

NAICS Code___________________
Certificate #___________________
Date ________________________
Fee _________________________

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Is business carried on under a trade name other than the one shown? No □ Yes □

Were you required to obtain a certificate in any other location? No □ Yes □ If yes, where?

Name of Business Owners/CEO & Residence Address:

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<th>Name</th>
<th>Residence Address</th>
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I hereby make application for a renewal of an Occupational Tax Certificate for the City of Hapeville. I do hereby swear or affirm the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I understand that The City of Hapeville reserves the right to enforce any and all ordinances regardless of payment of occupational tax and further that it is my / our responsibility to conform with said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I agree that should I elect to have a sign at this location, I will make application for a sign permit prior to erecting or placing the same upon the property. I can read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of Hapeville pursuant to O.C.G.A. 16-10-20

Please verify ALL SECTIONS ARE COMPLETE - any missing information will constitute an incomplete application.

____________________________________ __________________ Seal:
Notary Public Date

THE ISSUANCE OF A BUSINESS OCCUPATIONAL TAX CERTIFICATE IS NOT TO BE CONSIDERED AS AN APPROVAL OF SAID BUSINESS USE AND IN NO WAY CONFIRMS THAT SAID BUSINESS MEETS THE ZONING OR OTHER REQUIREMENTS OF THE CITY OF HAPEVILLE. FURTHER, ISSUANCE OF AN OCCUPATIONAL TAX CERTIFICATE NEITHER WAIVES NOR PREVENTS THE APPLICABILITY OF ANY LAW OR ORDINANCE. NOR WILL SUCH CERTIFICATE PREVENT THE ENFORCEMENT OF ANY LAW OR ORDINANCE.

***************SEND NO MONEY. YOU WILL BE BILLED FOR THE AMOUNT DUE. ***************

For Office Use Only

Certificate# ____________________
Amt. Due ____________________
Amt. Paid ____________________
Date Paid ____________________
Issued ______________________
Notes: _______________________
_____________________________
_____________________________
_____________________________
Will this business occupy an existing building/space? Yes_____ No_____  

Square footage of building/space ____________________  

Will any construction be required to make the building suitable for your business? Yes__________ No____________  

If so, please describe the renovations you intend to make_________________________________________  

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

What is the estimated cost for the proposed renovations? __________________________________

Will the business operation involve customers visiting the site? Yes_______ No________  

If so, how many paved parking spaces do you have on the site? ____________  

Will you be sharing parking with another business? Yes_______ No________  

If so, give the name of the business and type of business___________________________________________________________________________________________

Normal hours and days of operation? ________________________________________________

Prior use of this building/site? __________________________________________________________

Business Name________________________________________  

What other business activities are operating in this building?__________________________________________________________________

What additional business activities other than those described above will take place?___________________________________________________________________________________________

Is anyone living in any portion of the building? Yes ____ No ____  

If yes, where? __________________________________________________________  

How many persons are living in the building? _____________________________

Will there be any signs displayed? Yes_____ No_____  

If so, how many signs do you anticipate? _____________  

Describe the sign(s) by square footage? _____________________________________________________________________________________________________

Will there be storage of merchandise or other articles stored on the property? Yes_____ No_____  

If so, what area of the property will be used for storage? ________________________________________________

Will there be any merchandise or other articles displayed for advertising purposes?  

Yes_____ No_____  

Will any activities involve the use of chemicals, machinery or matter of energy that may create or cause to be created, noise, noxious odors or hazards that will endanger the health, safety or welfare of the community?  

Yes_____ No_____
CITY OF HAPEVILLE

EMERGENCY CONTACT FORM

Name of Business ____________________________________________

Business Address____________________________________________

Business Phone______________________________________________

Business Owner(s)__________________________________________

Owner’s Phone______________________________________________

Building Owner____________________________________________

Building Owner Phone_______________________________________

Emergency Contacts

Someone (not including owner of business) who can gain access to the business after normal business hours in case of:
   Fire, Burglar Alarm or other Emergency

1. Name___________________________________
   Phone#__________________________________

2. Name___________________________________
   Phone#_________________________________

3. Name___________________________________
   Phone#_________________________________
O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a (n) ______________________ [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from ______________________ [name of government entity], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _________ I am a United States citizen.

2) _________ I am a legal permanent resident of the United States.

3) _________ 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.

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

______________________________

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 ____________________________(city), ____________________________(state)

____________________________________
Signature of Applicant

____________________________________
Printed name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_______DAY OF ______________, 20____

____________________________________
NOTARY PUBLIC
My Commission Expires:
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 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.  
*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) ________ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.  
*** If you select Section 1(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 _____, ___, 20___ 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 ______________, 20__.

_______________________________
NOTARY PUBLIC
My Commission Expires: __________________________

1To 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.
OCCUPATIONAL TAX PERMIT

Establishment __________________________________________ Contact Person ______________________________________

Address ______________________________________________ Telephone # ______________________________

Zoning: ____________________________ Issue Date: ____________________________

C.O #:______________________________

Special Conditions: ____________________________________________________________

The following signatures are required prior to obtaining a license

Planning & Zoning Manager 404-669-2120 ____________
Fire Department 404-766-4399 ____________
Building Inspector 404-669-2120 ____________
Permits, Inspections & Certificate of Occupancy 404-669-2120 ____________
Occupation Tax Clerk 404-669-2104 ____________
Code Enforcement 404-669-2123 ____________
Police Department 404-669-2153 ____________