

# **Occupational Tax Certificate**

## **Hapeville City Hall**

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



## WELCOME TO THE CITY OF HAPEVILLE, GEORGIA

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 purchase/lease of a space, 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 the Community Services Department at (404) 669-2120 for this information. You will need to provide the exact address and the type of business you will be applying for.

Upon verification of zoning, you will then be directed to complete an Occupational Tax Application. After the application is reviewed, the application will be sent to the Community Services Department to schedule an appointment with our Code Enforcement Officer and Fire Marshal for Code and Life Safety inspections. 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:

Secretary of State's Office  1st. Stop Business Information Center 800-656-4558 404-656-7061  Corporations: 404-656-2817 Licensing Boards: 404-656-3900  Web Site: http://www.sos.state.ga.us	Department of Administrative Services  Small & Minority Business Office  404-656-6315 800-495-0053	Georgia Department of Revenue  Forms: 404-656-4092  Registration: 404-651-8651
United States Internal Revenue Service  800-829-3676 (Form SS-4) 770-455-2360	Department of Agriculture 800-282-5852 404-656-3645  Department of Health & Wellness 404-613-5585	Of Interest:  General Info: http://www.business.gov EEOC: http://www.eeoc.gov SBA: http://www.sbaonline.sba.gov



## City of Hapeville P.O. Box 82311 Hapeville, Georgia 30354 (404) 669 – 2100 (404) 669 - 2113 – Fax

### 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 <u>all</u> 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 o 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.

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.



## Occupational Tax Certificate Application Form

City of Hapeville P.O. Box 82311 Hapeville, Georgia 30354 (404) 669 –2100 -phone (404) 669-2113 –fax

(	Office Use Only
1	NAICS Code
(	Certificate #
ļ,	Date
l I	Fee

Calendar Year \_\_\_\_\_

Please complete ALL Sections. Occupational Tax will be based on information supplied on this application.

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

	Сору	oi Driver's Licens	se/Picture ID is	requirea.	
Name of Business	3				
Check one: □ Sir	ngle Proprietor   Corpor	ration (proof required	l) 🗆 Partnership	☐ Non-Profit (proof required)	
Type of Business					
Name of Applican	t				
				Suite Number	
Mailing Address					
Local Phone Num			,-	)	
Email address:					Condidi
Federal Tax ID. N	lumber		State Tax II	D. Number	
Do You Own or Le	ease this building?				
If Leasing/Renting Property Owner (s	j: :)				
Mailing Address_					
Telephone		Cell	Phone/Pager		
□ Agriculture □ Mining □ Utilities □ Construction □ Manufacturing	y Function of Business*:    Wholesale   Retail   Transportation/Warehouse   Information   Finance/Insurance  he daily functions of the	Professional	Public Administration Other		
Gross Receipts -	- Gross Receipts from previous	s calendar year.			
Yearly Total Even D	ollar Business Receipts: \$(New	businesses, estimate 1 ye	Numbe	er of employees associated with busine	ess? nimum of 1 - one)
	s of Professions may elect to	pay <b>\$400.00 per prac</b>	titioner in lieu payin	ng a tax on gross receipts. If you are eli w and you will be charged accordingly.	,
I ELECT T	O PAY A FLAT TAX IN LIEU	OF REPORTING GRO	SS RECEIPTS AND	PAYING A TAX BASED ON GROSS	RECEIPTS.
Please indicate the r	number of practitioners next to	the appropriate type o	f professional.		
Lawyer		Optometrist		Public accour	ntant
Physician		Psychologist		Embalmer	
Osteopath		Veterinarian		Funeral Direct	
Chiropractor		Landscape arch	nitect	•	ivil, Mech., Etc.
Podiatrist		Land surveyor		Architects	
Dentist		Practitioner of p	physiotherapy	Therapist/Co	ınselors

Is business carried on under a trade name of	ther than the one shown? No □ Yes □		
Were you required to obtain a certificate in a	iny other location? No $\square$ Yes $\square$ If yes, where	9?	
Name of Business Owners/CEO & Residence		Social Socurity Number	
Name	Residence Address	Social Security Number	]
			]
affirm the information provided her considered just cause for invalidation City of Hapeville reserves the right further that it is my / our response requirements shall be adhered to. I sign permit prior to erecting or place	ein is true, complete and accurate, on of this application and any action to enforce any and all ordinances sibility to conform with said ordinagree that should I elect to have a cing the same upon the property. lication. I understand that it is a feat	ate for the City of Hapeville. I do hereby and I understand that any inaccuracies taken on this application. I understand regardless of payment of occupationa nances in full. I hereby acknowledge sign at this location, I will make applicated can read the English language and I for elony to make false statements or writing	s may be I that The II tax and E that all Ition for a reely and
	an incomplete applica		stitute
Applicant's Signature	Print Name	Date	
		Seal:	
Notary Public	Date		
CONSIDERED AS AN APPRO SAID BUSINESS MEET HAPEVILLE. FURTHER, WAIVES NOR PREVENTS	OVAL OF SAID BUSINESS US S THE ZONING OR OTHER F ISSUANCE OF AN OCCUPATI THE APPLICABILTIY OF AN	TAX CERTIFICATE IS NOT TO BE SE AND IN NO WAY CONFIRMS REQUIREMENTS OF THE CITY OF ONAL TAX CERTIFICATE NEITH Y LAW OR ORDINANCE. NOR W T OF ANY LAW OR ORDINANCE.	THAT F HER VILL
**************************************	MONEY. YOU WILL BE BILLED FO	R THE AMOUNT DUE. ***********	
For Office Use Only			
Certificate#			
Amt. Due			
Amt. Paid			
Date Paid			
Issued			
Notes:			

# Occupational Tax Certificate Application Form

### **Community Service Information**

Square footage of b YesN	building/space Will any construction be required to make the building suitable for your business?  If so, please describe the renovations you intend to make
Vhat is the estimate	ed cost for the proposed renovations?
How many paved p	arking spaces do you have on the site? Will the business operation involve customers visiting the site? Will you be sharing parking with another business? Yes No If so, give the name of the of business
lormal hours and o	lays of operation?
Prior use of this bui	lding/site?
	Business Name
Vhat other busines	s activities are operating in this building?
	siness activities other than those described above will take place?
s anyone living in a	any portion of the building? Yes No If yes, where?
-	How many persons are living in the building?
	gns displayed? Yes No If so, how many signs do you anticipate? Describe the sign(s)
	e of merchandise or other articles stored on the property? Yes No If so, what area of the property will be use
Will there be any m	erchandise or other articles displayed for advertising purposes?
	volve the use of chemicals, machinery or matter of energy that may create or cause to be created, noise, noxious odors or danger 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 th	nis affidavit under oath, as an app	plicant for a (n)	[type of public benefit], as
referenced in 0	O.C.G.A. § 50-36-1, from	name of (	government entity], the undersigned
applicant verifi	ies one of the following with resp	pect to my application for a pu	blic benefit:
1)	_ I am a United States citizen.		
2)	_ I am a legal permanent resider	nt of the United States.	
3)	_ I am a qualified alien or non-in and Nationality Act with an ali federal immigration agency.		nmigration artment of Homeland Security or other
	My alien number issued by the agency is:	·	Security or other federal immigration
_	ed applicant also hereby verifies d verifiable document, as require	-	age or older and has provided at least with this affidavit.
The secure and	d verifiable document provided w	vith this affidavit can best be c	lassified as:
false, fictitious		presentation in an affidavit sh	on who knowingly and willfully makes a all be guilty of a violation of O.C.G.A. §
Executed in		(city),	(state)
		Signature of Applicar	nt
		Printed name of App	licant
SUBSCRIBED A BEFORE ME ONDAY O			
NOTARY PUBLI My Commissio			

### 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 cl	neck only one:				
			elow-signed year, the individ more than ten (10) employees			
	*** If you select Section 1(A), please fill out Section 2 and then execute below.					
			elow-signed year, the individen (10) or fewer employees.			
Section	<u>2</u> .	• • •	kip Section 2 and execute be			
accorda undersi	ance with the app gned private em	olicable provisions an	s the federal work authorized deadlines established in Continue tits federal work authorizows:	O.C.G.A. § 36-6	60-6. The	
	Name of Private	Employer				
	Federal Work Au	thorization User Identi	ification Number			
	Date of Authoriza					
	y declare under j	penalty of perjury tha	at the foregoing is true and in	correct.		
	Signature of Au	thorized Officer or A	gent			
	Printed Name a	nd Title of Authorized	d Officer or Agent			
	RIBED AND SWOI	RN BEFORE ME Y OF, 2	20			
	Y PUBLIC mission Expires:					
-	-					

<sup>&</sup>lt;sup>1</sup> 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.



### **OCCUPATIONAL TAX PERMIT**

Establishment	Contact Person	
Address	Telephone #	
Zoning:		
C.O #:		
Special Conditions:		
The following signatures are required prior to obt	aining 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	



### **City of Hapeville Fire Marshal's**

### **Pre-Inspection Checklist**

**Note:** The following is a general reference guide for inspections; however, it is not all-inclusive and may be supplemented as needed based on specific circumstances or requirements.

This checklist pertains to new and existing business owners only. This does not apply to new construction as it follows a different set of guidelines (50%, 80%, 100%).

Please contact the Fire Marshal's Office once all remodeling, decorating, and furniture placement has been completed, and after you have thoroughly reviewed the checklist to ensure life safety compliance.

### A. Exits

- Door/aisle is not obstructed
- Means of egress shall be kept free and clear.
- Doors with panic hardware shall have no other locking devices.
- Proper lock/hardware on exit doors (No flush bolts, hasps, etc.)
- All exit doors open easily
- An exit sign should be present over the main entrance, as well as any other entry/exit doors in the business. "This door is to remain unlocked during business hours," if the door has a double-keyed deadbolt.
- Illuminated exit signs maintained in working order.
- Emergency lights are maintained in working order.
- Maximum occupancy signage shall be posted in a conspicuous location near the main entrance for assembly occupancies.

### B. Extinguishers

- A [2A40BC] extinguisher installed with the appropriate travel distance. Refer to (NFPA 10) for specific guidelines.
- Extinguishers are readily accessible and not blocked by furniture, storage, or equipment.
- Mounted properly (not on the floor or hidden behind doors).
- Operating instructions on label are legible and facing outward.
- Extinguisher is appropriate for the hazard classification (A, B, C, D, K) present in the area.

#### a. Location & Installation

- Proper mounting height
  - $\circ$  ≤ 40 lb unit  $\rightarrow$  top ≤ 5 ft above floor
  - 40 lb unit  $\rightarrow$  top  $\leq$  3½ ft above floor
  - o Bottom ≥ 4 in off floor
- Within required travel distance:
  - Class A  $\rightarrow$  ≤ 75 ft
  - Class B  $\rightarrow$  ≤ 50 ft
  - Class C → based on A or B hazard
  - Class D  $\rightarrow$  ≤ 75 ft
  - Class K  $\rightarrow$  ≤ 30 ft from cooking appliance
- Signs provided where extinguishers are not immediately visible
- Extinguishers must be maintained and serviced annually, with a new service tag

#### C. Fire Protection Equipment

- Standpipe shall be tested every 5 years.
- Sprinkler systems shall be maintained and tested annually with records kept.
- Sprinkler system internal on parts every 5 years with records kept.
- Fire alarm system is in proper working order, serviced annually and records kept.
- Hood vent extinguishing system must be maintained and serviced annually.
- Hood vent cleaning: **High-volume operations** (24-hour cooking, charbroiling, wok cooking, fried chicken, etc.) **Quarterly** (every 3 months)
- Moderate-volume operations (casual dining restaurants) Semiannually (every 6 months)
- Class K extinguisher installed within 30' of hood and duct system.
- 18" clearance between storage and sprinkler head.
- Private hydrants (painted red) maintained- flushed yearly and flows taken every 3 years.

#### D. Electrical

- No extension cords used in place of permanent wiring.
- No multi-plug adapters in use, other than approved power strips.
- There are no spliced or frayed cords/wires.
- Spacer(s) in electrical panel gap(s) provided.
- No broken or faulty switch/outs.
- Electrical panels are not overloaded/obstructed.

- Circuit breakers are labeled.
- Electrical cords do not extend through walls, ceilings, floors or under doors or floor coverings.
- No exposed wire in conduit or electrical outlets.
- No missing/broken electrical cover plate(s).
- 30" clearance maintained in front of electrical panels.

### E. Appliances/Mechanical Devices

- No propane used/stored inside building.
- All appliances are properly connected and vented.

### F. Storage/Combustible Material/Housing

- Flammable liquid properly stored.
- Oil rags in con-combustible container with lid.
- "No smoking" signs installed as required.
- No combustible material stored near ignition source.
- Maintain clear and visible access to and around fire department connections. (shrubbery, plants, trees, etc.)
- No accumulation of combustible materials.
- Compressed gas cylinders secured.
- Area around building free of combustible material (weeds, trash, boxes, etc.).
- No storage shall be kept in exit stairways.
- Fire and smoke walls shall be maintained and have no opening other than those allowed by code.
- NFPA 704 placards to be displayed on the front and back side of the building that is visible from the roadway (flammable, combustible, health, etc.).

#### **G.** Miscellaneous

- Fire lanes shall be approved by the fire department.
- Rapid key entry box (KNOX) maintained by property owner with functional key to all
  doors for fire department access after-hours in the event of an emergency w/
  contact information for the business (name, number, etc.).
- Charcoal grills, propane grills and/or other open-flame cooking devices shall not be located on combustible balconies or within 10' of combustible construction.
- Address Identification (IFC 2021/505.1):
  - Minimum height: 4 inches (for most occupancies)
  - Contrast: must contrast with the background
  - Visibility: visible from the street or fire apparatus access road