Home Occupation

Hapeville City Hall

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

Revised 2/2018

Home Occupation
Application Procedures

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.

Once an application has been completed through the Community Services Department, 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.

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: www.sos.georgia.gov	**Department of Administrative Services** Small & Minority Business Office 800-495-0053 404-656-6315 www.doas.georgia.gov	**Georgia Department of Revenue** Forms: 404-656-4092 Registration: 404-651-8651 www.georgia.gov
United States I.R.S. 800-829-3676 (Form 85-4) 770-455-2360 www.irs.gov	**Department of Agriculture** 800-282-5852 404-656-3600 www.agr.georgia.gov	**General Information** SBA: www.sba.gov EEOC: www.eeocoffice.com/georgia-eeoc-offices

Home Occupation Application Form

Calendar Year _____

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

Office Use Only
NAICS Code_____
Certificate #_____
Date _____
Fee _____

HOME OCCUPATION

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 _____

Mailing Address _____

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

Email address: _____ Web Site: _____

State Sales Tax I.D. Number _____ **Driver's License Number** _____

Do You Own or Lease this Property? _____

****If renting or leasing, you must provide a notarized authorization letter from the property owner granting permission to operate the business at the location provided.****

If Leasing/Renting:
Property Owner (s) _____

Mailing Address _____

Telephone _____ Cell Phone _____

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 _____

Gross Receipts – Gross Receipts from previous calendar year.

Yearly Total Even Dollar Business Receipts: $_____ Number of employees associated with business? _____
(New businesses, estimate 1 year total) (Minimum of 1 – one)

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

Have you obtained a certificate in any other location? No ☐ Yes ☐ If yes, where? _____

Name of Business Owners/CEO & Residence Address:

Name	Residence Address	Social Security Number

Home Occupation
Description of Business

Name of Applicant: _____

Name of Business: _____

Address of Property: _____

Mailing Address: _____

Contact Number: _____

Property Owner(s): _____

Mailing Address: _____

Contact Number: _____

Describe the Primary Function of the Business:

_____

_____

_____

What is the square footage of the dwelling? _____

What percentage of the ground floor area will be used for the business? _____

Will there be group instruction on the premises? Yes _____ No _____

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

_____

Will the business require an additional source of power other than that currently used in the home? Yes _____ No _____

Will there be any signs displayed? Yes _____ No _____ If so, describe the sign 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 there be any assistants other than family members employed in the business? Yes __ No __

Will there be any purchase or sale of economic goods of the type customarily sold in stores arid business establishments? Yes ___ No ___ If so, describe what will be sold: _____

_____

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 _____

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.

Applicant's Signature	Print Name	Date

Notary Public	Date	Seal:

THE ISSUANCE OF A HOME 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 APPLICABILTIY 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: _____

_____

_____

_____

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[1].

*** 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: _____

[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.

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:

_____

Home Occupation
Zoning Information

City of Hapeville Zoning Ordinance
Section 93-2-25

Home Occupations are defined as the following:

> "*Home occupation.* Any accessory use of a commercial service character customarily conducted within a dwelling by a resident thereof, which use is secondary to the use of the dwelling for living purposes and does not change the character thereof. The types of businesses meeting the definition of a Home Occupation include, but are not limited to, the office of a physician, surgeon, dentist, chiropractor, lawyer, engineer, architect, accountant or other professional person, within a dwelling occupied by the same for consultation or emergency treatment, but not for the general practice of his profession and where no assistants are employed."

Sec. 93-2-25. – Home occupations; special provisions.

Notwithstanding any other provision of this chapter, all Home Occupations shall comply with the following restrictions and limitations:

(1) No Home Occupation shall be established, maintained or operated that provides or offers any group instruction, any group assembly or any group activity. The offering of individual lessons (including, but limited to, art, music, dance, language or cultural lessons) is permitted where each session is limited to no more than two (2) pupils.
(2) No Home Occupation shall be established, maintained or operated which has a separate source of, or separate account for, electrical power other than that provided to the dwelling in which the Home Occupation is conducted.
(3) Except as may be allowed by Section 93-3.3-13 or Section 93-3.3-17, there shall be no evidence of a Home Occupation on the exterior of the dwelling in which the Home Occupation is conducted.
(4) No equipment used in the operation of a Home Occupation may be stored on the exterior of the dwelling in which the Home Occupation is conducted
(5) No merchandise or goods sold in the operation of a Home Occupation may be displayed or offered for sale in a manner that is visible from the exterior of the dwelling in which the Home Occupation is conducted.
(6) No Home Occupation shall employ more than one person other than the applicant at the site in which the Home Occupation is conducted.
(7) The operation of a Home Occupation shall not use more than twenty-five percent (25%) of the ground floor area of the dwelling in which the Home Occupation is conducted.
(8) The operation of a Home Occupation shall not involve the use of chemicals, machinery or electrical power that creates noise, noxious odors or hazards that endanger the health, safety or welfare of residents of the City or that are otherwise disruptive to the residents of the City.
(9) Only motor vehicles used primarily as passenger vehicles may be used in connection with the operation of a Home Occupation. On-street parking of such motor vehicles is permitted. The use of other types of motor vehicles (included, but not limited to, trucks) in connection with the operation of a Home Occupation and on-street parking of such motor vehicles is prohibited.

I do hereby certify that the information provided herein is both accurate to the best of my knowledge, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I hereby acknowledge that I have read and understood the zoning requirements for the operation of the business I am hereby applying for and further that all requirements shall be adhered to. Further, I understand that should I elect to have a sign at this location, I will make application for a sign permit prior to erecting or placing one upon the property.

Applicant's Signature _____ Date _____

The application as submitted is _____ Approved _____ Denied

City Planner: _____ Date _____