City of Hampton
Community Development Department
17 East Main Street South, Hampton, GA 30228
Office: (770) 946-4306
https://hamptonga.gov/409/Community-Development

Occupational Tax Certificate Application

Step 1: Application Submittal/Supporting Documents

- Businesses operating as a corporation must attach a copy of the Secretary of State Sealed Certificate and Articles of Organization to the application
- All state-required licensures must attach a state license(s) to this application

Step 2: Zoning Review

- All businesses must receive zoning approval to operate a business

Step 3: Fire Marshal Inspection

- The City of Hampton Fire Marshal will perform a fire inspection for all commercial business license applicants
- Fire Marshal inspection fee: $100.

Step 4: Permit

- If any work needs to be done inside the proposed business location, a permit is required to complete the work
- A building inspection will be conducted after the work is completed by the contractor or responsible representative of the assigned permit

Step 5: Occupational Tax Office Review

- Business License: issued when all inspections are approved
- Certificate of Occupancy; issued when all inspections are approved

Additional Information:

- All licenses shall be issued for a period of **one year** or until **December 31** of the year the application is made, whichever date is earlier. (Reference: Chapter 22, Article IX, Sec. 22-359)
- New Businesses **shall not** operate until a certificate of occupancy and business license are issued
- Business operating as partnership – all parties **MUST** sign the business application and provide a valid government issued ID
- Businesses operating without a proper business license will be charged an additional **1.5% interest** for each month the business operated without a license
- Home Occupational License Issue Time Frame: **1-2 Business Days**
- Commercial Business License Issue Time: **5-10 Business Days**, depending on the results of the Fire Marshal and/or Building Inspection report

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Business Information

[Shaded areas for office use only]

Parcel Number:	**Zoning:**	**Land Lot/ District:**		**Date Processed:**	
Business Name:				**Verified by:**	
Business Location Address:		**City**	**State**	**Zip**	**Unit/Suite#**	**Phone #:**
Business Mailing Address:		**City**	**State**	**Zip**	**Unit/Suite#**	**Apt No.**

Commercial Business ☐ Yes ☐ No	**Home Occupation Business** ☐ Yes ☐ No	**Out of State Business** ☐ Yes ☐ No	
Business Details	Total Floor Area _____SF	**Home Occupation Only**: Percentage of home being used: _____	**If seating is applicable, how many?** _____
	Number of Employees: _____ *Business owners are not considered an employee.*	0-3 Employees = $100 3-8 Employees = $ 150 8 or Moore Employees = $200	**Will you be storing equipment or products?** ☐ Yes ☐ No **Where will the equipment or products be stored?**
	Date Open for Business _____/_____/_____	**NAIC Code:**	
Business Ownership Type: Sole Proprietorship Partnership Corporation Nonprofit Other, explain		**Describe in detail the business you propose to operate, or describe the changes to the existing business:**	
State Licensures Only: **Does your business require you to have a State issued license to operate your business?** Yes No Please attach state license to application.		**Home Occupation Only:** **If you are using a commercial vehicle, other than a private passenger vehicle for your business, where will the vehicle be located/stored? Gross Vehicle Weight Rating must be less than 26,000 lbs.**	

Owner/Applicant Information

Related Party (co-owner or corporate officer)

Owner/Applicant Name			**Related Party/ Partner Name**		
Address			**Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**
Tel#	**Mobile #**		**Tel#**	**Mobile #**	
Email			**Email**		

I_____ solemnly swear that the organization named in this application authorized me to file this application. To obtain this Occupational Tax Certificate, I certify that this application contains no erroneous or fraudulent information.

NOTICE: Before granting a commercial business license, zoning and business-space inspections are required. Without making the necessary amendments to the application and/or supporting papers, you will forfeit the business license application cost. Some home-based businesses may be inspected under Georgia State Code. By signing, I acknowledge obtaining Hampton's Section 4-2 - Home Occupation Ordinance.

I _____, acknowledge and understand the above notice. Should my application and supporting documents be disapproved and I do not make the required revisions, I will not be issued a refund of my business license application fees.

Signature: _____ Date: _____ Title: _____

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Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) Business License [*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from the City of Hampton, GA. the undersigned applicant representing the private employer known as _____ verify one of the following with respect to my application for the above-mentioned document:

1. **Fill out this section if the current date is after July 1, 2013.**
   (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
   (b)_____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 1(a), please fill out Section 2 below.

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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

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, O.C.G.A. 50-36-1(e)(2) and face criminal penalties allowed by such statute.

Executed on the ___date of _____, 20__ in _____ (city), _____(state)

_____

Signature of Authorized Officer or Agent

_____
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20___.

_____

NOTARY PUBLIC
My Commission Expires:

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O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit

By executing this affidavit under oath, as an applicant for a(n) Business License, as referenced in O.C.G.A. § 50-36-1, from the City of Hampton, GA., 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, O.C.G.A. 50-36-1(e)(2), 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:

Sec. 4-2. - Home Occupations.

Where permitted, a home occupation as defined by this Appendix is subject to the following requirements:

A. Only the residents of the dwelling may be engaged in the home occupation. No nonresident employees will be allowed in the dwelling for business purposes.

B. The home occupation shall be clearly incidental to the residential use of the dwelling and shall not change the residential character of the building.

C. No display of products or signs shall be visible from the public street, except for agricultural products grown on the premises in the RA Residential-Agricultural zoning district.

D. Use of a dwelling for a home occupation shall be limited to one floor and shall not exceed 25 percent of the area of that floor.

E. No internal or external alterations inconsistent with the residential use of the building are permitted.

F. The home occupation shall not constitute a nuisance.

G. No outside storage of materials to be used in connection with a home occupation is permitted.

H. Where accessory buildings are allowed to be used for home occupations, they shall comply with the following conditions:

1. The accessory building shall maintain a residential appearance.
2. No business shall be conducted between the hours of 7:30 p.m. and 7:30 a.m.
3. No automotive painting, body work, salvage, or major automotive or heavy equipment repairs are to be conducted.
4. No machinery or equipment shall be used which generates noise detectable outside the accessory structure.

I. Instruction in music and similar subjects shall be limited to two students at a time.

J. The home occupation shall not attract more than one vehicle at any given time.

K. Beauty shops, barber shops, manicurists, and similar services conducted as home occupations shall be limited to two chairs (stations) and one shampoo chair (station).

L. The following and similar uses shall be considered home occupations, provided they follow the minimum standards described in this section: attorney, addressing service, art instruction, beauty and barber shop, day care for six or fewer children, dentist, doctor, drafting and surveying, dress making, insurance agent, manufacturers' representative, music teacher, notary public, photographer, real estate agent, and consultant.

M. All home occupations shall obtain a business license from the City.

N. Agricultural activities associated with the raising of crops and farm animals on properties zoned RA Residential-Agricultural and over three acres in size shall not be subject to the requirements for home occupations.

(Ord. No. 457 , § 1, 8-14-18)