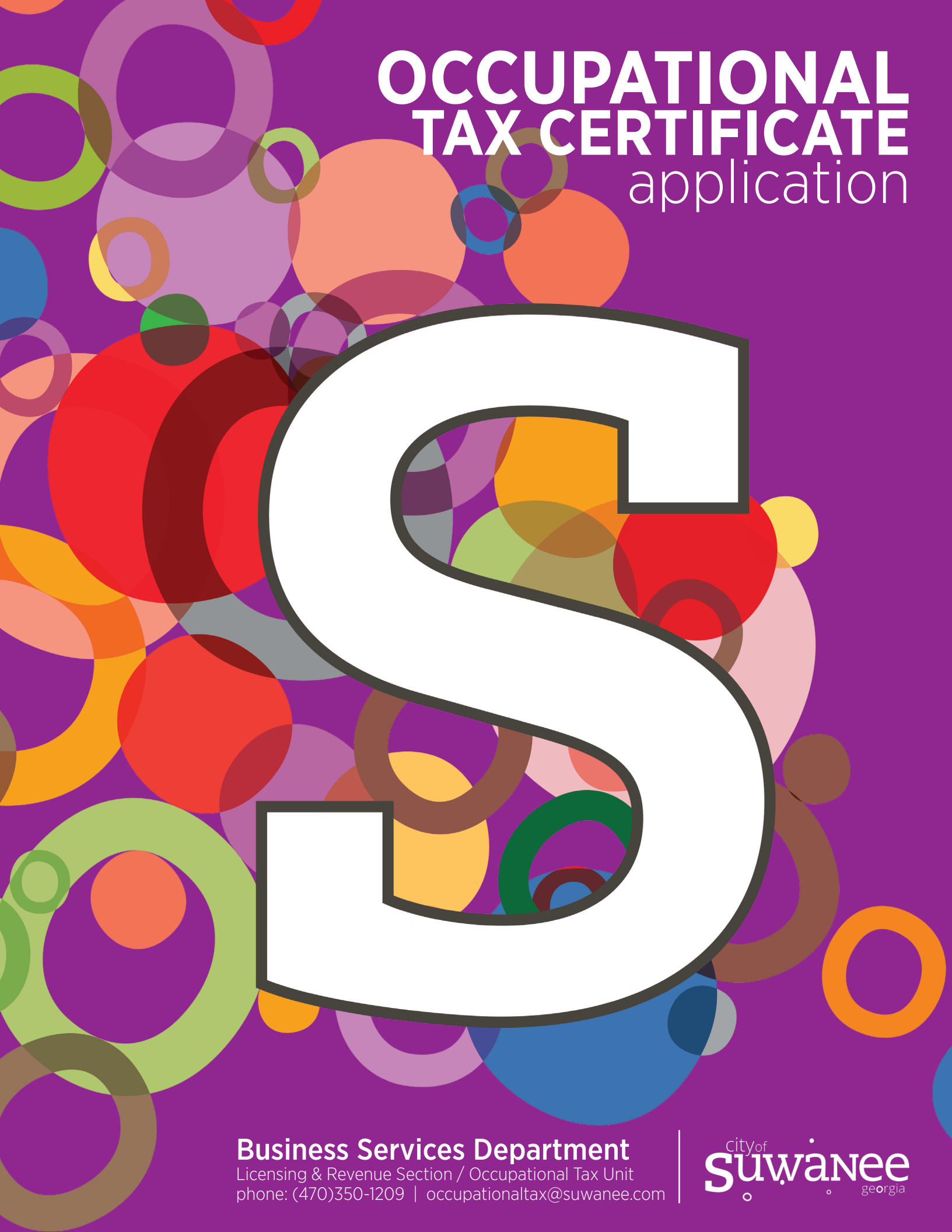
OCCUPATIONAL TAX CERTIFICATE application



Business Services Department
Licensing & Revenue Section / Occupational Tax Unit
phone: (470)350-1209 | occupationaltax@suwanee.com

city of Suwanee georgia

OCCUPATIONAL TAX CERTIFICATE application

CHECKLIST

ALL BUSINESSES

- **COPY OF SECURE AND VERIFIABLE DOCUMENT** UNDER O.C.G.A
  Such as a driver's license, passport, or other document from the list of secure and verifiable documents that are located on the Attorney General's website at **law.georgia.gov**.
- **NAICS CODE:** naics.com/search/
  Provide the code that best describes the nature of your business.
- **COPY OF THE ARTICLES OF CORPORATION INCLUDING OFFICERS** IF A CORPORATION
- **COPY OF THE FEDERAL TAX CERTIFICATE (EIN)**
- **COPY STATE SALES AND USE TAX CERTIFICATE, IF APPLICABLE**

COMMERCIAL BUSINESS

- **COPY OF GWINNETT COUNTY FIRE MARSHAL CERTIFICATE OF OCCUPANCY**
  eddspermits.gwinnettcounty.com/citizenaccess/
- **COPY OF LICENSURE** IF APPLICABLE (GEORGIA SECRETARY OF STATE LICENSES)
  (COSMETOLOGY, PHYSICIAN, MASSAGE THERAPY, ATTORNEY, CONSTRUCTION, ETC.)
- **COPY OF HEALTH INSPECTION** IF APPLICABLE (GWINNETT COUNTY HEALTH INSPECTION)

FOR HOME BUSINESSES ONLY

ZONING ORDINANCE - section 616 HOME OCCUPATIONS

(please **READ** and **SIGN** at the bottom of this page)

1. No more than 25 percent of the dwelling unit may be used for conducting the home occupation. If the home occupation is operated within an accessory building, that building shall not occupy more than 800 square feet.
2. The home occupation shall not be open to the public or receive deliveries earlier than 8:00 a.m. or later than 8:00 p.m., excluding routine residential type carriers. The home occupation shall not generate objectionable traffic.
3. Home Occupations shall be limited to a maximum of 2 business related visitors at any time. Business related visitors include but are not limited to employees, business partners, contractors, subcontractors, clients, customers, students, etc.
4. It is the responsibility of home occupation applicants to be aware of their obligations to understand and comply with all applicable federal, state, and local laws, ordinances, regulations, and/or licensing requirements that may apply to their home occupation.
5. It is the obligation of home occupation applicants to be aware of any neighborhood covenants that may apply to their home occupation. Issuance of a home occupation license by the City does not constitute an endorsement that all other regulations and/or covenants have been met.
6. A home occupation shall produce no offensive noise, vibration, smoke, dust, odors, or heat. No equipment or process shall be used in a home occupation which creates visual or audible electrical interference in any radio or television receiver off the premises or which causes fluctuations in the line voltage off premises.
7. The home occupation shall be incidental and secondary to the use of the dwelling. No additions or alternations to the dwelling unit, accessory building or lot shall be permitted that change the residential appearance of the premises. No separate driveway shall be permitted for a home occupation.
8. The home occupation shall be constructed entirely from an enclosed structure. Neither home occupations nor any storage of goods, materials, or products connected with a home occupation shall be allowed outdoors or in carports. There shall be no visible evidence of the operation of the home occupation from neighboring properties. Window displays shall not be utilized. If materials are stored in an attached garage then the door shall not be left in the open position.
9. Business related parties/gatherings may be held no more than once per month. These parties shall not be advertised to the general public.
10. Multiple home occupations may be permitted within a single residence; however, the above limitations shall apply to the combined uses.
11. Home occupations shall be limited to two visible business vehicles. No visible vehicle associated with a Home Occupation shall have more than 2 axles.

Applicant Signature: _____ Date: _____ / _____ / _____

OCCUPATIONAL TAX CERTIFICATE application

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE ALL FIELDS MUST BE COMPLETED

TYPE OF APPLICATION: (check **One** box) ☐ COMMERCIAL BUSINESS ☐ HOME BUSINESS ☐ SHARED SPACE

☐ New Business ☐ Name Change ☐ Location Change ☐ New Owner

Active Building (CONSTRUCTION) Permit? ☐ Yes ☐ No Are you a Disabled Veteran? ☐ Yes ☐ No

BUSINESS INFORMATION:

Legal Business Name: _____

DBA Name: _____ Phone Number: _____

Physical Address: _____

Mailing Address: _____
number street name suite number city state zip

Corporation Name: _____

Email Address: _____ Phone Number: _____

Address: _____
number street name suite number city state zip

Total Business Square Footage: _____ FTIN/EIN#: _____ Sales & Use #: _____

TYPE OF OWNERSHIP: (check **One** box)

☐ Sole Owner ☐ Private held Corporation ☐ Public held Corporation subject to SEC Regulations

☐ Partnership ☐ Public held Corporation ☐ LLC ☐ Other _____ explain

OWNER / PRESIDENT INFORMATION:

Full Name: _____ ☐ Owner ☐ President

Email Address: _____ Phone Number: _____

Home Address: _____
number street name suite number city state zip

ONSITE MANAGER OR LOCAL CONTACT INFORMATION

Full Name: _____ Phone Number: _____

Email: _____

CHARACTER OF BUSINESS: Be very specific about the nature of the business. Insufficient information may delay the approval of your application.

_____

_____

_____

Estimated Gross Receipts for the remainder of calendar year: $_____

Number of employees, including owner: _____ **NAICS Code:** _____ naics.com/search/

CERTIFICATION

I, _____ hereby certify that I have provided complete and accurate information above. I acknowledge that I am aware that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and / or zoning enforcement action under the Zoning Ordinance. Furthermore, it is my responsibility to apply for and maintain all required Federal and State Licenses. Failure to be properly licensed may result in substantial penalties.

Signature: _____ Date: _____

PRACTITIONERS OF PROFESSIONS

Certain Practitioners of Professions may elect to pay $400 per practitioner in lieu of 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.

_____ **Architect**	_____ **Land Surveyor**	_____ **Podiatrist**
_____ **Chiropractor**	_____ **Landscape Architect**	_____ **Practitioner of Physiotherapy**
_____ **Dentist**	_____ **Lawyer**	_____ **Psychologist**
_____ **Embalmer**	_____ **Optometrist**	_____ **Public Accountant**
_____ **Engineer: Civil, Mech., Etc.**	_____ **Osteopath**	_____ **Therapist/Counselor/Social Worker**
_____ **Funeral Director**	_____ **Physician**	_____ **Veterinarian**

OFFICE USE ONLY

PLANNING AND ZONING USE ONLY	BUILDING INSPECTION USE ONLY
Zoning:	Inspection Fee Amount:
Action:	Date:
Signature:	Signature:
Date:	Comments:
Comments:	

OCCUPATIONAL TAX CERTIFICATE application

AFFIDAVITS VERIFYING STATUS FOR CITY PUBLIC BENEFITS APPLICATION

PLEASE SIGN THE DOCUMENT ONLY IN THE PRESENCE OF THE NOTARY PUBLIC.
THIS AFFIDAVIT MUST BE EXECUTED ANNUALLY.

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, Alcohol License, or other public benefit document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), O.C.G.A. Section 50-36-1, from the CITY OF SUWANEE, the undersigned applicant representing the private employer known as:

Business Name: _____ (Must complete ALL sections below)

SECTION A (Choose one of the following)

☐ **(10 or More Employees)** On January 1st of the below signed year, the individual, firm, or corporation employed TEN (10) OR MORE employees. 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). - **uscis.gov/everify** The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below.

E-Verify: _____ **Date of Authorization:** _____

☐ **(9 or Less Employees)** On January 1st of the below signed year, the individual, firm, or corporation employed LESS THAN TEN (10) employees - **Exempt from E-Verify registration**.

SECTION B (Choose one of the following)

☐ **I am a United States citizen.**
Please submit a copy of your current Secure and Verifiable Document(s) such as: a driver's license, military id card, or passport.

☐ **I am a legal permanent resident of the United States.**
Please bring a copy of your Permanent Resident Card.

☐ **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 the O.C.G.A. §50-36-1(e)(1), with this affidavit.

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 ALLOWED BY SUCH STATUTE.

SECTION C (Must be completed with a notary)

Subscribed and sworn before me on this the

_____ day of _____, _____

_____
notary public

_____
name of applicant

_____
signature of applicant

_____ _____
city where executed state

My Commission Expires: _____

LOCAL AND STATE CONTACTS

APPLICATION PROCESS AND FORMS:
Business Services Department - City of Suwanee
330 Town Center Ave., Suwanee, GA 30024
470-350-1209 | occupationaltax@suwanee.com

FIRE MARSHAL CERTIFICATE OF OCCUPANCY:
Gwinnett County Fire Marshal
408 Hurricane Shoals Rd, Lawrenceville, GA 30026
Eddspermits.gwinnettcounty.com/citizenaccess/

HEALTH DEPARTMENT FOR RESTAURANTS:
Gwinnett, Newton & Rockdale County District Office
State of Georgia Division of Public Health
2570 Riverside Pkwy, Lawrenceville, GA 30046
770-339-4260

INSPECTION FOR FINAL CERTIFICATE OF OCCUPANCY:
Inspection Department - City of Suwanee
330 Town Center Avenue, Suwanee, GA 30024
770-945-8996 | suwanee.com (Services, Building Permit)

SIGN APPLICATION/BUILDING PERMIT:
Inspection Department - City of Suwanee
330 Town Center Avenue, Suwanee, GA 30024
770-945-8996 | permitinfo@suwanee.com

TRADE NAME REGISTRATION:
Gwinnett County Superior Court
75 Langley Drive, Lawrenceville, GA 30045
770-822-8100

SET-UP FOR CORPORATION, LIMITED LIABILITY COMPANIES AND LIMITED PARTNERSHIPS:
Georgia Secretary of State
2 MLK, Jr. Dr. Suite 313, Floyd West Tower, Atlanta, GA 30334-1530
404-656-2817 | sos.georgia.gov

EMPLOYER IDENTITY NUMBER (FTIN):
Internal Revenue Service
800-829-4933 | irs.gov

STATE TAXPAYER IDENTIFIER (STI), STATE WITHHOLDING NUMBER AND SALES TAX EXEMPTIONS:
Georgia Department of Revenue
877-423-6711 | dor.georgia.gov/registration

FARMERS & PRODUCE FOOD SUPPLY:
Georgia Department of Agriculture
19 MLK Jr. Drive SW, Atlanta, GA 30334
404-656-3600 | www.agr.georgia.gov

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SUWANEE.COM