Occupational License Application
Community Development Department

This application must be filled out completely to obtain an occupational license. Please print legibly with ink or type. Payment must be filed with the application. ALL licenses expire one year from the date of issuance. The type of license you are applying for will determine which documents are required. If you have any questions, please contact our office at 770-387-5067.

The following list of document(s) may be required with your application:

- Government issued driver's license or photo I.D. of all applicants and one other secure and verifiable document. (i.e., social security card, birth certificate, passport, permanent resident card, work visa or other immigration naturalization document)
- Home-Based businesses may be required to provide proof of residence (i.e. – 2 utility bills, lease or rental agreement)
- Commercial applications will need to provide a copy of your lease agreement and/or business ownership documents.
- Copy of Trade Name, LLC or Corporation formation from the Secretary of State and/or County Clerk’s Office showing proof of name registration
- State License regarding business (if applicable)

<table>
<thead>
<tr>
<th>NUMBER OF EMPLOYEES</th>
<th>TAX LIABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>$120</td>
</tr>
<tr>
<td>2-5</td>
<td>$210</td>
</tr>
<tr>
<td>6-10</td>
<td>$270</td>
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<tr>
<td>11-50</td>
<td>$365</td>
</tr>
<tr>
<td>51-100</td>
<td>$435</td>
</tr>
<tr>
<td>101-200</td>
<td>$705</td>
</tr>
<tr>
<td>201-500</td>
<td>$1045</td>
</tr>
<tr>
<td>501-1000</td>
<td>$1715</td>
</tr>
<tr>
<td>1001 OR MORE</td>
<td>$3030</td>
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</tbody>
</table>

Transfer of license to a new owner or location for same said business is $10.00. Additional fees may apply. Contact our office for more details.
For Office Use Only:

OCCUPATIONAL TAX LICENSE #: ____________________ NAICS #: ____________________

Issued by: ____________________ DATE: ____________________

This application is being made for ( ) New Business ( ) Renewal of existing license # ____________________
( ) Address change for license # ____________________ ( ) Ownership change for license # ____________________
Date of Address change: ____________________ Date of Ownership change: ____________________

Name of Corporation or LLC: ________________________________________________________________

Trade Name or DBA: ______________________________________ Business Phone #: ____________________

Business Address: ________________________________________________________________

Mailing Address: ________________________________________________________________

Business Email Address: ________________________________________________________________

Owner(s) Name: ______________________________________ DOB: ____________________

Owners’ Address: ________________________________________________________________

Owners’ Phone #: ____________________ Secondary Phone #: ____________________

List All Partners’ Names & DOB: ________________________________________________________________

Full description of Business: ________________________________________________________________

Is the proposed business a pawnshop, secondhand dealer or precious metals dealer? ____________________
(If yes, additional permits must be obtained from the Sheriff’s Office for the owner and all employees.)

Date Business is to begin/began in Bartow County: ____________________ # of Employees: ________
(Number of employees means the number of persons employed on a fulltime position basis or full-time position equivalent basis, provided that for the purposes of this computation an employee who works 40 hours or more weekly shall be considered full-time employee and that the average weekly hours of employees who work less than 40 hours weekly shall be added and such sum shall be divided by 40 to produce full-time position equivalents.)
Parcel ID #: __________________________________________ Current Zoning: __________________

Approved By: __________________________________________ (Zoning Dept. Approval)

For HOME BASED OCCUPATIONS:

A Home Occupation is defined as any use customarily conducted within the principal dwelling and carried on solely by the occupant thereof. Home Occupations are permitted in zoning districts as listed in the Bartow County Zoning Ordinance. No home occupation shall occupy more than thirty (30) percent of the heated floor space of the principal use. No separate building or structure may be constructed to house a home occupation. A home occupation must be a use that is clearly incidental and secondary to the use of the dwelling as a residence. A home occupation does not change the character thereof or reveal from the exterior that the dwelling is being used in part for other than a residence. There shall be no display, stock in trade, or commodity sold on the premises, and no mechanical equipment used except such as is commonly used for purely domestic household purposes. Such permissible occupations include, in general, such personal services such as are furnished by a musician, artist, seamstress, cook, or laundress, consultant, telecommuter, or other which does not generate non-residential traffic nor has non-occupant employees, but shall not include such uses as barbershops, beauty parlors, tea rooms, animal hospitals, animal grooming, professional offices, or a wholesale, retail or manufacturing business. No signs related to the home occupation are allowed. No more than two (2) commercial vehicles (trailers counted separately if separated from a tractor) shall be parked on one lot. A commercial vehicle is a duly licensed and registered vehicle used to transport passengers or property to further a commercial enterprise. A commercial vehicle must not be used as an office nor have customer entry for a retail transaction.

Under no circumstances shall employees report to a residential structure on a daily basis to pick up commercial vehicles for the company’s operation. Commercial vehicles parked in any residential zone or residentially-used area shall not be permitted to be parked in any required set-back or buffer area, nor in any front yard area. Commercial vehicles on residential property shall only be parked in the side or rear yard, within setbacks.

I hereby certify and attest that I have read and understand these standards for a home occupation. I hereby certify that my home occupation shall comply with these required standards. Failure to comply with said standards may result in revocation of my license and possible enforcement action(s).

Signature: ___________________________ Date: ___________________
For NON-RESIDENTIAL BASED OCCUPATION LICENSE APPLICATIONS:

Parcel ID #: ___________________________ Current Zoning: ___________________

Zoning Approval: ___________________________ Date: __________________

Engineering Approval: ___________________________ Date: __________________

Tax Commissioner: ___________________________ Date: __________________

Building Inspections: ___________________________ Date: __________________

(There is an inspection fee of $50.00 and this must be paid prior to scheduling the inspection.)

Fire Marshall: ___________________________ Date: __________________

(There is an inspection fee based on the square footage of the building, this is to be paid prior to scheduling the inspection and paid at the Community Development Office. Payable by cash, check or credit card; checks should be made payable to Bartow County.)

<table>
<thead>
<tr>
<th>Tenant Size</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Tenant LESS than 5,000 sq. ft.</td>
<td>$25.00</td>
</tr>
<tr>
<td>New Tenant 5,000 sq. ft. to 15,000 sq. ft.</td>
<td>$50.00</td>
</tr>
<tr>
<td>New Tenant over 15,000 square ft.</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Sheriff’s Department: ___________________________ Date: __________________

(Required for pawn shops, second hand dealers and precious metals dealers.)

Bartow County Health Dept.: ___________________________ Date: __________________

(Required for Food Services, Restaurants, Food Trucks, etc.)

Occupational tax certificates are issued pursuant to the Bartow County Occupation Tax Ordinance, as amended, and under the authority of Chapter 13 of Title 48 of the Code of Georgia. An occupational tax certificate is not certification that a business is lawful under other applicable County ordinances, and issuance of an occupational tax certificate shall not vest the holder with any rights or waive any duties of the County to enforce applicable laws and ordinances. Furthermore, an occupational tax certificate shall not authorize violation of recorded covenants or deed restrictions.

I will comply with all restrictions as outlined in the above applicable ordinance. Please see the appropriate office(s) to obtain a copy of such ordinances.

Signature: ___________________________ Date: __________________

*The Building Inspection & Fire Marshal Inspections can be scheduled once the inspection fees are paid. Fees are paid at the Bartow County Community Development Dept. Building Inspections 770-387-5067; Fire Marshal 678-721-5495.*
For ALL LICENSES:

Person Completing the Application: _______________________________ Title: __________________________

Have you, the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? __________

If yes, please list all dates and locations of the offenses and disposition of charges: ______________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFICATION OF ANY PART OF THIS APPLICATION COULD CAUSE DENIAL OR REVOCATION OF THE LICENSE. I UNDERSTAND THAT AN OCCUPATIONAL TAX CERTIFICATE DOES NOT EXUSE COMPLIANCE WITH ANY OTHER APPLICABLE COUNTY ORDINANCE, DOES NOT VEST RIGHTS TO THE OPERATION OF A BUSINESS, AND MAY BE REVOKED UNDER THE TERMS OF THE BARTOW COUNTY OCCUPATIONAL TAX ORDINANCE, OR FOR VIOLATIONS OF OTHER COUNTY ORDINANCES OR APPLICABLE LAWS, OR IF THE BUSINESS IS PROHIBITED UNDER OTHER APPLICABLE ORDINANCES OR LAWS.

Signature of Applicant: ______________________________________________ Date: _____________________
( ) Owner   ( ) Manager   ( ) Other
SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENT AFFIDAVIT
O.C.G.A. § 50-36-1(e)(2)

Form A: ALL LICENSE HOLDERS (each applicant/responsible resident MUST complete a separate affidavit)

By executing this affidavit under oath, as an applicant for a(n) _________________________, as referenced in O.C.G.A. § 50-36-1, from Bartow County Government, 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 may face criminal penalties as allowed by such criminal statute.

Executed on ______, ____________, ______, in _______________ (city), _____ (state).

____________________  ______________________
Printed Name of Applicant       Signature of Applicant

____________________
Business Name

Sworn to and subscribed before me this
_______ day of ________________, _____.

~SEAL~

____________________
Notary Public

____________________ Date my Commission Expires
Bartow County Occupational License

Private Employer Affidavit of Compliance with the Federal Work Authorization Program Pursuant to O.C.G.A. § 36-60-6(d)

Form B: Less than 10 employees

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs 10 or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A § 36-60-6.

I hereby declare this statement to be true and correct under penalty of perjury.

Executed on ______, ________________, 201__, in ____________________ (city), ____ (state).

_______________________________________________________
Printed Name of Exempt Private Employer

_______________________________________________________
Signature of Authorized Officer or Agent

_______________________________________________________
Printed Name and Title of Person Executing Affidavit

For Notary Use Only

Sworn to and subscribed before me this ______ day of ________________, ________.

_______________________________________________________
Notary Signature ~SEAL~

My Commission Expires: ____________________
Bartow County Occupational License

Private Employer Affidavit of Compliance with the Federal Work Authorization Program Pursuant to O.C.G.A. § 36-60-6(d)

Form C: More than 10 employees

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation named herein employs more than 10 employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

I hereby declare this statement to be true and correct under penalty of perjury.

Executed on ______, _________________, 20___, in ____________________ (city), ____ (state).

_______________________________________________________
Federal Work Authorization User Identification Number

_______________________________________________________
Signature of authorized officer or agent

_______________________________________________________
Date of Authorization

_______________________________________________________
Name of Private Employer/Company

For Notary Use Only

Sworn to and subscribed before me this ______ day of ________________, ________.  

_______________________________________________________
Notary Signature ~SEAL~

My Commission Expires: ___________________