



# Occupational License Application

Community Development Department

Will Martin, PE, CFM, Director

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)

NUMBER OF EMPLOYEES	TAX LIABILITY
0-1	\$120
2-5	\$210
6-10	\$270
11-50	\$365
51-100	\$435
101-200	\$705
201-500	\$1045
501-1000	\$1715
1001 OR MORE	\$3030
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 Marshal: \_\_\_\_\_ 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.)*

New Tenant LESS than 5,000 square ft.	\$25.00
New Tenant 5,000 sq. ft. to 15,000 sq. ft.	\$50.00
New Tenant over 15,000 square ft.	\$100.00

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 \_\_\_\_\_, \_\_\_\_\_, 201\_\_\_\_, 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: \_\_\_\_\_



