

Occupational tax certificate application



Business Services Department
Licensing & Revenue Section / Occupational Tax Unit
phone: 770.904.3383

city of
suwanee
georgia

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: ____ / ____ / ____

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

COMMERCIAL BUSINESS or **HOME BUSINESS** (check **One**)

TYPE OF APPLICATION: (check **One** box) New Business Name Change Location Change New Owner

1st Date of Operation: _____ Previous Name: _____

Previous Location: _____

Shared Space? Yes No Active Building Permit? Yes No Are you a Disabled Veteran? Yes No

BUSINESS / OWNER INFORMATION:

Legal Business Name: _____

DBA Name: _____ Phone Number: _____

Physical address: _____

Mailing Address: _____

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

TYPE OF OWNERSHIP: (check **One** box) Sole Owner Private held Corporation Public held Corporation subject to SEC Regulations

Partnership Public held Corporation Other _____ explain

OWNER OR PRESIDENT / ON-SITE MANAGER: Indicate if owner and president / on site manager are different

Full Name: _____ Phone Number: _____

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

Email Address: _____

Owner or President / On-Site Manager: _____

Local Contact: _____ Phone Number: _____

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

Estimated Annual Gross Receipts: \$ _____ Number of employees, including owner: _____

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.

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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Land Surveyor | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Practitioner of Physiotherapy |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Embalmer | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Public Accountant |
| <input type="checkbox"/> Engineer: Civil, Mech., Etc. | <input type="checkbox"/> Osteopath | <input type="checkbox"/> Therapist/Counselor/Social Worker |
| <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Physician | <input type="checkbox"/> Veterinarian |

OFFICE USE ONLY

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

NAICS CODE: _____



EMERGENCY BUSINESS CONTACT INFORMATION (For commercial business only)

Dear Business Owner/ Manager,

This information below is required annually so that the Suwanee Police Department can contact you after normal business hours should an emergency situation arise. This information is **CONFIDENTIAL** and for this **OFFICIAL USE ONLY**. To help us serve you better, please update this information when necessary and return to the Business Services Department.

PLEASE FILL OUT ALL INFORMATION. IF A SECTION DOES NOT APPLY, MARK N/A.

Business Name (Name Displayed on Building): _____

Name of Shopping Center/Professional Park, etc.: _____

Parent Company: _____

legal business name

Physical Address: _____

number street name suite number city state zip

Building #: _____ **Suite #:** _____

Type of Business: _____ **Days/Hours of Operation:** _____

Alarm Company: _____ **Phone:** _____

Special Hazards: _____

Name of Building/Property Owner: _____

Address: _____

number street name suite number city state zip

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

CONTACT 1: _____ **Affiliation with Business:** _____

24 hour full name

Address: _____

number street name suite number city state zip

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

CONTACT 2: _____ **Affiliation with Business:** _____

24 hour full name

Address: _____

number street name suite number city state zip

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Other Information: _____

Information Provided By: _____ **Date:** _____

signature & title

Suwanee Police Department
373 Highway 23 NW
Suwanee, GA 30024-2267



Chief Michael S. Jones
(770) 945-8995
(770) 945-2985

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT 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 a City of Suwanee, Georgia Occupational Tax Certificate, Alcohol License, or other public benefit as referred in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a public benefit: **Occupational Tax Certificate**

Business Name: _____

Choose one of the following:



I am a United States citizen.



I am a legal permanent resident of the United States.



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.

Subscribed and sworn before me on this the

_____ day of _____, _____
year

name of applicant

notary public

signature of applicant

seal

My Commission Expires: _____



PRIVATE EMPLOYER AFFIDAVIT

Under Georgia Law, employers must now register and utilize the **FEDERAL WORK AUTHORIZATION PROGRAM** in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit uscis.gov/everify. The City of Suwanee will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

BY EXECUTING THIS AFFIDAVIT UNDER OATH, as an applicant for a(n) Occupational Tax Certificate as referenced in O.C.G.A. § 36-60-6(d), from the City of Suwanee, the undersigned applicant representing the private employer known as _____ verifies one of the following with respect to my application for the

Printed Name of Private Employer – Individual, Firm or Corporation

above mentioned business document:

1. Choose one of the following:

- (a) On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10) employees**. **If the employer selected (a) please fill out section 2 below.**
- (b) On January 1st of the below signed year the individual, firm, or corporation employed **less than ten (10) employees**.

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
THIS IS NOT AN EIN OR FEDERAL EMPLOYER ID NUMBER

_____, _____, _____
Date of Authorization

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.

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.

Subscribed and sworn before me on this the

_____ day of _____, _____
year

name of applicant

notary public

signature of applicant

seal

My Commission Expires: _____

CONTACT INFORMATION FOR OCCUPATIONAL TAX CERTIFICATE

LOCAL AND STATE CONTACTS

Application process and forms:

Stacy Capps

Business Services Department
770-904-3383

Fire Marshal Certificate of Occupancy:

Gwinnett County Fire Marshal

446 West Crogan Street, Suite 150 (Planning and Development), Lawrenceville, GA 30046
678-518-6000

Health Inspection for restaurants:

Environmental Health Services – East Metro District

State of Georgia Division of Public Health
455 Grayson Highway, Suite 600, Lawrenceville, GA 30046
770-963-5132

Inspection for Final Certificate of Occupancy:

Inspection Department

770-945-8996
Monday-Friday 8am - 5pm

Sign application:

Inspection Department

770-945-8996

Trade name registration:

Gwinnet 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 - sos.georgia.gov

2 MLK, Jr. Dr. Suite 313, Floyd West Tower, Atlanta, GA 30334-1530
404-656-2817

Employer Identity Number (FTIN):

Internal Revenue Service - irs.gov

800-829-4933

State Taxpayer Identifier (STI), State withholding number and Sales tax exemptions:

Georgia Department of Revenue - dor.georgia.gov/registration

877-423-6711



City of Suwanee

330 Town Center Ave
Suwanee, GA 30024