



## Carroll County Department of Community Development

423 College Street; P.O. Box 388, Carrollton, GA 30117 ☎ 770.830.5861

### APPLICATION FOR A NEW OCCUPATIONAL TAX CERTIFICATE

**Step 1:** Have staff complete the **Parcel Information Sheet**.

**Step 2:** Complete the application below and submit it, along with the Parcel Information Sheet, Affidavit(s) and appropriate fees to Community Development for review.

#### Business Information

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Date Business was established: \_\_\_\_\_

Description of dominant business: \_\_\_\_\_

If business is a partnership or corporation, please attach a list of the names, home phone numbers, and addresses of all partners, officers, or directors.

#### Business Owner/Applicant Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

SS# or Tax I.D. # \_\_\_\_\_

State Card # \_\_\_\_\_

I (we) understand that the Occupational Tax Fee is based on the Total Gross of the business. I (we) will submit a copy of the Federal Income Tax forms for the business to the Department of Community Development to be put in our file.

\_\_\_\_\_  
Signature Position Date

Notary: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

Seal:

## OCCUPATIONAL TAX/HOME OCCUPATION ESTIMATE FORM

**Business Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Estimated Gross Receipts:** \_\_\_\_\_ **Total Fee Due** \_\_\_\_\_ *(calculated by Worksheet)*  
**Business Owners Signature:** \_\_\_\_\_ **2004 Tax Forms Enclosed** Yes No

*Calculate your payment using the following table and the information on your renewal letter/license. If you have an OTC, use Worksheet A, a Home Occupation, use Worksheet B.*

### Occupational Tax Class Table

Tax Class	Tax Rate on Gross Receipts	Rate per \$1,000 of Gross
1	0.00024	\$ 0.24
2	0.00032	\$ 0.32
3	0.00040	\$ 0.40
4	0.00048	\$ 0.48
5	0.00056	\$ 0.56
6	0.00064	\$ 0.64

**Example:**

If your business total gross estimate is \$2,000,000.00 and the tax class is 1:

\$2,000,000.00	(Total Gross estimated for 2010)
x .00024	(multiplied by the tax class )
480.0	(License Fee)

Add the administration fee of \$25.00

Your O.T. total = \$505.00

If your Business has a sign\* add \$25.00 = \$530.00

**\*\*\* Adjustment \*\*\***

**After receiving your 2010 Tax Forms, you may be notified of an adjustment (refund/payment due) to your 2010 License Fee.**

Staff will verify that you have applied the correct license fee before issuing a new license.

*\*This is for existing signage only. New signage will require the submittal of a sign permit application.*

Worksheet A. Occupational Tax Certificate	Worksheet B. Home Occupation
_____ Total Gross Estimate 2010 x _____ Tax Rate on Gross Receipts = _____ License Fee + \$25 Administration Fee + \$25 for Sign Renewal (if Business has signage) = _____ Total Amount Due	_____ Total Gross Estimate 2010 x _____ Tax Rate on Gross Receipts = _____ License Fee + \$25 Administration Fee + \$125 Application Fee = _____ Total Amount Due

### 2009 Tax Extension Request

I, \_\_\_\_\_, would like to request an extension on my 2009 Occupational Tax Adjustments. I understand that I will be required to submit a copy of my 2009 Federal Income Tax return as soon as it is completed and filed. I also understand that I am to provide the Department of Community Development with this information no later than December 1, 2010.

**Note: If an extension has been requested, we require a copy of the Request that was sent to the Federal Income Tax Division.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*According to Georgia Dept. of Revenue Tax Guide all taxpayers must file a return for each period even if their business did not operate or there were no taxable sales.

Home Occupation &  
Occupational Tax Certificate  
Affidavit

I hereby do certify that the information provided in this document has been explained to me. I understand the following are requirements for renewal of the Carroll County Home Occupation and the Occupational Tax Certificate (Business License).

- ❑ The Carroll County *Home Occupation* expires on December 31<sup>st</sup> of each year.
- ❑ The Carroll County *Home Occupation* must be renewed between January 1<sup>st</sup> and April 15<sup>th</sup> of the following year.
- ❑ The renewal fee for the Carroll County *Home Occupation* is \$125.00 annually.
- ❑ The *Occupational Tax Certificate* (Business License) expires on December 31<sup>st</sup> of each year.
- ❑ The *Occupational Tax Certificate* must be renewed between January 1<sup>st</sup> and April 15<sup>th</sup> of the following year.
- ❑ When you renew your *Occupational Tax Certificate* you are required to bring a copy of your IRS form 1040 showing the gross receipts that were generated by your company during the previous year or the Georgia Department of Revenue form ST-3 that reflects the Sales and Use Tax for the previous year.
- ❑ If your company files an extension with the IRS you are still required to bring a copy of the extension to be placed on file until your taxes are completed and filed. Then you will need to follow the above stated regulation for reporting revenues.

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Applicant's Signature

Date

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Director of the Department of Codes Enforcement or his designee

Date

STATE OF GEORGIA  
COUNTY OF CARROLL



**AFFIDAVIT FOR A \_\_\_\_\_**

\_\_\_\_\_, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a \_\_\_\_\_ under the Ordinances of Carroll County:

*The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.*

*On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.*

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
AFFIANT (signature)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed  
before me this \_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

If Affiant is authorized to sign on behalf of a  
partnership, corporation, or other organization or entity,  
please set forth the entity and address

\_\_\_\_\_  
**Notary Public**

My Commission Expires:

Entity: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PARCEL INFORMATION SHEET & APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

*To be completed by Map Room Personnel in Room #414*

**MAP ROOM OFFICAL:** \_\_\_\_\_

**MAP:** \_\_\_\_\_ **LAND LOT:** \_\_\_\_\_

**PARCEL:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

**CURRENT PROPERTY OWNER:** \_\_\_\_\_

**PROPERTY OWNER AS OF JANUARY 1<sup>ST</sup>:** \_\_\_\_\_

**APPLICANT (IF DIFFERENT FROM OWNER):** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**SUBDIVISION:** \_\_\_\_\_ **LOT #:** \_\_\_\_\_

**ACREAGE:** \_\_\_\_\_ **PARCEL SPLIT FROM:** \_\_\_\_\_

<b>CURRENT ZONING CLASSIFICATION</b>		
<b>REQUIRED SETBACKS</b>	FRONT	
	SIDE	
	REAR	
<b>CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST</b>		
<input type="checkbox"/> Owner(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities <input type="checkbox"/> Applicant's Certification		
<b>Signature of Zoning Administrator or Designee:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____		
CDP COMPLIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Signature of CDP Administrator or Designee:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____
PLAT APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Signature of County Engineer or Designee:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____
APPROVED FOR NEW ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Signature of Zoning Administrator or Designee:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____