



Carroll County Department of Community Development

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

APPLICATION FOR THE RENEWAL OF OCCUPATIONAL TAX CERTIFICATE OR HOME OCCUPATION

Fill out the application below and submit with appropriate fees. No Parcel Information Sheet is required.

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: _____ **2009 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.

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: _____

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: _____

