



Carroll County Department of Community Development

423 College Street
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

APPLICATION FOR A NEW HOME OCCUPATION

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

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

I: Owner Information

Applicant: _____	Phone: _____		
Address: _____	City: _____	State: _____	ZIP: _____
Primary Business activity that will be conducted at the home: _____			
Secondary activities (if applicable): _____			
Business Name: _____			

The following stipulations are required for the administrative approval of a Home Occupation Permit. Requests that are denied because they do not meet the stated requirements, as determined by the Director of Community Development, or their designee, may be appealed to the Carroll County Board of Commissioners.

1. The applicant or operators of the proposed home occupations are full-time residents of the address listed.
2. The proposed home occupation may not generate more than ten (10) clients or customers within any twenty-four (24) hour period
3. The total floor space of the home dedicated to the proposed home occupation may not exceed twenty-five percent (25%) of the heated floor area of the home.
4. The applicant may not use outside storage. (Equipment such as lawn tractors etc. may be kept in an enclosed building so that it is not visible from the road)
5. The applicant must have sufficient off-street parking. No clients or employees of the proposed home occupation are allowed to park on the street, or anywhere on the property that will adversely affect traffic safety.
6. No external or internal changes that would be inconsistent with the primary residential character of the home will be allowed
7. Only passenger vehicles (cars, small trucks, and vans) will be permitted for the conduction of the home occupation
8. No machinery or equipment that will cause noise or interference with television or radio reception, or other similar equipment will be allowed
9. No chemical, electrical, or mechanical equipment that is not normally related to domestic, household use is allowed
10. Signs are not allowed to be placed at the home site where the home occupation is based.
11. Any employee that is not a resident of the home must work off-site and not at the primary business location.

Approval or denial of the application shall be made within thirty (30) days of the receipt of a completed application. The applicant shall be notified in writing/by telephone of the approval or denial of the application.



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APPLICATION FOR NEW OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE)

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 Mailing Address: _____

City: _____ State: _____ Zip: _____ Business Phone: (____) _____

Number of Employees: _____ E-Verify Number: _____ Business Type: _____

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 E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Driver's License # or State ID#: _____
(must provide photo I.D.)

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 Carroll County Community Development to be placed in our file.

Signature: _____ Position: _____ Date: _____

Notary : _____

My commission expires on : _____

Seal:



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OCCUPATIONAL TAX/HOME OCCUPATION ESTIMATE FORM

Business Name: _____ **Date:** _____
Estimated Gross Receipts: _____ **Total Fee Due** _____ *(calculated by Worksheet)*
Business Owners Signature: _____ **2019 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 2005)
 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 2019 Tax Forms, you may be notified of an adjustment (refund/payment due) to your 2020 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 _____ Total Gross Estimate 2013 x _____ Tax Rate on Gross Receipts = _____ License Fee + \$25 Administration Fee + \$25 for Sign Renewal (if Business has signage) = _____ Total Amount Due	Worksheet B. Home Occupation _____ Total Gross Estimate 2013 x _____ Tax Rate on Gross Receipts = _____ License Fee + \$25 Administration Fee + \$125 Application Fee = _____ Total Amount Due
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2020 Tax Extension Request

I, _____, would like to request an extension on my 2020 Occupational Tax Adjustments. I understand that I will be required to submit a copy of my 2019 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, 2020.

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.



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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).

Please initial:

- _____ The Carroll County *Home Occupation* expires on December 31st of each year.
- _____ The Carroll County *Home Occupation* must be renewed between January 1st and April 15th 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 31st of each year.
- _____ The *Occupational Tax Certificate* must be renewed between January 1st and April 15th 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.

Applicant's Signature

Date

Director of the Department of Codes Enforcement or his designee

Date



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STATE OF GEORGIA
COUNTY OF CARROLL

AFFIDAVIT FOR AN OCCUPATIONAL TAX CERTIFICATE

_____, 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 an Occupational Tax Certificate 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

Entity:
Address: _____

My Commission Expires:



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AFFIDAVIT VERIFYING STATUS FOR A CARROLL COUNTY PUBLIC BENEFIT

By executing this affidavit under oath, as an applicant for an **OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE)** or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for an **OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE)** or other public benefit for _____ [PRINT NAME].
[Name of natural person applying on behalf of individual, business, corporation, or other private entity]

CHECK ONE OF THE FOLLOWING:

1. _____ I AM A UNITED STATES CITIZEN
-OR-
2. _____ I AM A LEGAL PERMANENT RESIDENT 18 YEARS OF AGE OR OLDER OR I AM AN OTHERWISE QUALIFIED ALIEN OR NON-IMMIGRANT UNDER THE FEDERAL IMMIGRATION AND NATIONALITY ACT 18 YEARS OF AGE OR OLDER AND LAWFULLY PRESENT IN THE UNITED STATES.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Printed Name: _____

Signature of Applicant: _____ Date: _____

*Alien Registration Number for Non-Citizens: _____

***Note:** O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Notary

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

Signature: _____

My Commission Expires: _____

Seal:



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E-VERIFY EXEMPTION

JULY 2013: PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-6(d)

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 as of **January 1, 2020**, the individual, firm, or corporation employs **fewer than ten (10)** employees and therefore, 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. 13-10-90.

IF THE BUSINESS HAS LESS THAN 10 EMPLOYEES SIGN BELOW:

Name of **Exempt** Private Employer:

Signature of **Exempt** Private Employee/Agent:

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, _____ in _____, _____
[MONTH] [DAY] [YEAR] [CITY] [STATE]

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

**This affidavit is for use from JULY 1, 2013.

Notary

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

Signature: _____

My Commission Expires: _____

Seal:





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PRIVATE EMPLOYER AFFIDAVIT

(pursuant to O.C.G.A. Section 36-60-6(d))

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. Section 36-60-6, stating affirmatively that as of **January 1, 2020**, the individual, firm, or corporation employs **more than ten (1) 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. Section 13-10-90.

Furthermore, the undersigned private employers hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer Federal Work Authorization User Identification Number Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, _____ in _____, _____
 [MONTH] [DAY] [YEAR] [CITY] [STATE]

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

**This affidavit is for use from JULY 1, 2013.

Notary

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

Signature: _____

My Commission Expires: _____

Seal:



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PARCEL INFORMATION SHEET
APPLICATION FOR ZONING COMPLIANCE CERTIFICATE
To be filled out by Map Room Personnel in Room #414

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 ST :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
REQUIRED SETBACKS		FRONT	
		SIDE	
		REAR	
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST <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			
Signature of County Planner or Designee: _____ Date: _____			
Comments: _____			
CDP COMPLIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____	
PLAT APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____	
APPROVED FOR NEW ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Planner or Designee: _____ Date: _____ Comments: _____	



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SKETCH OF PROPERTY

Please check:

CONVENTIONAL

MANUFACTURED HOME

COMMERCIAL

ACCESSORY BUILDING OR ADDITIONS

OTHER: _____

- Provide a sketch of the proposed building location, driveway, septic tank location, and all other structures.
- Show the **dimensions** of the lot and all setbacks from the house and other structures to all property lines.
- The front setback shall always be measured from the centerline of the frontage road(s).
- Show location of any wells, trash pits, and all easements (drainage or utility) located on the property.
- Show distance to nearest stream or lake on property. If not within 200 feet of a stream or lake, please note.

Provide a complete listing of all existing structures that are now on the property: _____

Describe the type of structure that you plan to build: _____

Is this a multiple road frontage lot? _____

Sketch of Property