



Carroll County Department of Community Development

423 College Street
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

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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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)

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

Address: _____

Notary Public

My Commission Expires:

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

Entity: _____
Address: _____



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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:

E-VERIFY EXEMPTION

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



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PRIVATE EMPLOYER AFFIDAVIT

(more than 10 employees)

(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 (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. 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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PRIVATE EMPLOYER AFFIDAVIT (10 or fewer employees)

(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 **ten (10) or fewer 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: _____	