



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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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)

Personal _____

Address: _____

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

Entity: _____

Address: _____

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

Signature: _____

My Commission Expires: _____

Seal:

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 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. The undersigned private employer also 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 _____, __, 202__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC
My Commission Expires: _____

¹ 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.



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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	Signature of CDP Administrator or Designee: _____ Date: _____	
	<input type="checkbox"/> NO		
PLAT APPROVED	<input type="checkbox"/> YES	Signature of County Engineer or Designee: _____ Date: _____	
	<input type="checkbox"/> NO		
APPROVED FOR NEW ADDRESS	<input type="checkbox"/> YES	Signature of County Planner or Designee: _____ Date: _____	
	<input type="checkbox"/> NO		