



Bryan County, Georgia

Occupational Tax Certificate Application

P.O. Box 1071
Pembroke, GA 31321
912-653-3893
or
66 Captain Matthew
Freeman Drive
Richmond Hill, GA 31324

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

This application must be filled out completely to obtain a business license. Please print legibly with ink or type.

Note: Any information and/or documents provided in this application that are exempt from disclosure to third parties under O.C.G.A. 50-18-72 will be held confidential.

This business is: () NEW () CHANGE OF OWNERSHIP () CHANGE OF NAME OR ADDRESS

BUSINESS INFORMATION

Is this business located in your home? Yes _____ No _____ (please check the appropriate box)

Is this application for a Home Business Office (HBO) or a Home Occupation Permit (HOP)? HBO _____ HOP _____

(see page ___ of packet for description of HBO and HOP to determine which category is applicable to your business)

Business Name (Doing Business As): _____

Physical Address: _____

Mailing Address (if different) _____

Describe in detail the nature of the business: _____

Number of Employees at this location _____ Years in Business _____

Sales Tax ID Number _____ State License Number _____ *(please attach copy)*

BUSINESS OWNER INFORMATION

Business Owner's Name _____ Phone Number _____

Business Owner's Email Address _____

Mailing Address (if different) _____

Name of any Manager, Other than Applicant _____

PROPERTY INFORMATION

What is the Property Zoned _____ PIN# _____

Name of Owner of the Property where the business is located _____

Do you own or rent the property of location? Own _____ Rent _____ *(if applicable please attach a copy of the lease or rental agreement)*

DISCLAIMER AND SIGNATURE

I certify that the facts stated by me are true and correct. I understand any misrepresentation or fraudulent information is grounds for automatic dismissal of this application and or revocation of the license. I understand that all signs displayed on my premise must be approved and permitted by the Bryan County, Planning and Zoning Department. I also understand that my business must be operated in compliance with all applicable state, federal and local law, ordinances, and regulations; and that the granting of this license or payment of this occupation tax does not waive any rights of any state, federal, or local entity to regulate, and enforce such laws, ordinances, and regulations. In addition I understand my business location must conform to all zoning rules and regulations.

Signature: X _____ Date: _____

Print Name & Title: _____

Amount Due: Home Business Fee _____ + Business License Fee _____ = Total _____



RESIDENTIAL PROPERTY- HOME BUSINESS OFFICE AFFIDAVIT

By affixing my signature, I (Print) _____ hereby acknowledge and affirm that I have been provided a copy of the Bryan County zoning standards as they apply to home occupational permits. I hereby agree to fully comply with said standards (as established in Bryan County Zoning Ordinance)

Business Address: _____

Phone #: _____

Email Address: _____

- This property is zoned residential.
- There are to be no clients, employees, sales, meetings, or deliveries or any other commercial activity that is beyond the customary traffic or activity for a residential dwelling.
- Storage of inventory or equipment is not allowed on the premises.
- Only one commercial vehicle not to exceed manufacturer's towing and/or carrying capacity rating of less than one and one-half tons, used exclusively by the resident/ occupant may be parked at the residence.

Zoning Department approval is required -This form must be notarized

Bryan County Code - Home Occupations: Those occupations which are customarily performed in a small area of a residence due to the low intensity nature of such uses subject to the following requirements:

- (a) There shall be no exterior evidence of the home occupation, including but not limited to, any type of identifying signs.
- (b) No article, product, or service used or sold in connection with such activity shall be other than those found on the premises.
- (c) No mechanical equipment shall be used for such occupation except such equipment as is customary for purely household and hobby purposes.
- (d) Such use shall be conducted entirely within the dwelling unit and only persons living in the dwelling unit shall be employed in such occupation.
- (e) No more than 25 percent of the dwelling unit may be used for the operation.
- (f) No materials, equipment, or business vehicles may be stored or parked on the premises except that one business vehicle (with a manufacturer's towing and/or carrying capacity rating of less than one and one-half tons) used exclusively by the resident. The vehicle may be parked in a carport, garage, or rear or side yard. The off-site employees of the resident shall not congregate on the premises for any purpose concerning the business of the home occupation.
- (g) The limited home occupation shall not create a nuisance.

Detailed Description of Services and type of Business activities to be conducted at the above location:

Homeowner () _____ Renter () **Attach copy of Lease Agreement (Notarized letter from property owner needed for private property)

Signature of Business Owner: **X** _____ Date: _____

I understand that this is a residential location and agree to abide by the restrictions of a home occupation

Notary Public _____ Seal:

Office Use Only: **Zoning - Approved by:** _____ **Zoning District:** _____



RESIDENTIAL PROPERTY- HOME OCCUPATION AFFIDAVIT

By affixing my signature, I (Print) _____ hereby acknowledge and affirm that I have been provided a copy of the Bryan County zoning standards as they apply to home occupational permits. I hereby agree to fully comply with said standards (as established by the Bryan County Zoning Ordinance)

Business Address: _____

Phone #: _____

Email Address: _____

- Your home must be in one of the following Zoning Districts: A-5, AR-2.5, AR-1.5 , and AR-1. Please note that Home Occupation Permits are not allowed in an R-1, an R- 30 or a PUD unless granted a conditional use

Zoning Department approval is required -This form must be notarized

- (a) The home occupation shall not create a nuisance.
- (b) Only one sign shall be permitted on the parcel and it shall not be illuminated nor be more than two square feet in size;
- (c) Only one passenger vehicle and one commercial vehicle used in the business, may be parked on the premises. Any vehicle or trailer larger than 10,000 lbs. gross vehicle weight must be parked in an enclosed area;
- (d) If signage on the vehicle exceeds the total signage area of driver and passenger front doors, then said vehicle shall be parked in an enclosed area;
- (e) No chemical, mechanical, or electrical equipment and machinery over 20 horsepower that is not normally found in a residential dwelling may be used for a Home Occupation Permit;
- (f) Accessory structures may be used in an A-5, AR-2 .5, AR-1.5 and AR-1 Zoning District;
- (g) The Home Occupation Permit may occupy no more than twenty-five percent of the floor area of the Principal Structure;
- (h) Only residents of the dwelling and one nonresident may engage in work at the Home Occupation Permit;
- (i) No display of products shall be visible from a Road and only products made on the Premises may be sold on the Premises;
- (j) The number of vehicles parked by clients, patrons, employees or business related visitors at the site of a Home Occupation shall be limited to three at any given time.

Detailed Description of Services and type of Business activities to be conducted at the above location:

Homeowner () _____ Renter () ****Attach copy of Lease Agreement (Notarized letter from property owner needed for private property)**

Signature of Business Owner: **X** _____ Date: _____

I understand that this is a residential location and agree to abide by the restrictions of a home occupation

Notary Public _____ Seal: _____

Office Use Only: **Zoning - Approved by:** _____ **Zoning District:** _____

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document such as driver's license or passport to Bryan County with your application.

Printed Name of Applicant: _____

APPLICANT AFFIDAVIT:

By executing this affidavit under oath, as an applicant for a(n) business license, occupational tax certificate, alcohol license, taxi permit or other public benefit, as referenced in O.C.G.A. § 50-36-1, from Bryan County, the undersigned applicant verifies one of the following with respect to my application for a public benefit (check one):

1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document (s) such as a driver's license, passport, or document indicated on the Attorney General's website.**

2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

X _____
Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:

FILL THIS FORM OUT IF YOU HAVE TEN (10) OR FEWER EMPLOYEES



Bryan County, Georgia

Business Name _____

Private Employer Exemption 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 the individual, firm, or corporation employs ten (10) or fewer employees and 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. § 36-60-6.

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

Executed on _____, ____, 201__ in _____ (city), _____ (state).

Printed Name of Exempt Private Employer (company name)

X

Signature of Exempt Private Employer or Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after July 1, 2013

FILL THIS FORM OUT IF YOU HAVE TEN (11) OR MORE EMPLOYEES



Bryan County, Georgia

Business Name _____

Number of Employees (Company-wide): _____

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation 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. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

 Federal Work Authorization User Identification Number (Also known as E-Verify number)
 (An E-Verify number is four to six characters – it is not your Federal ID Number. If you do not have an E-Verify number, visit www.uscis.gov and click on E-Verify.)

 Date of Authorization

 Printed Name of Private Employer (company name)

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

Executed on _____, _____, 201__ in _____ (city), _____ (state).

X

 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 _____, 201__.

 NOTARY PUBLIC

My Commission Expires:
