



**For Office Use Only**

Account # \_\_\_\_\_ Computer Receipt \_\_\_\_\_  
Fee \$ \_\_\_\_\_ Notification \_\_\_\_\_  
Category \_\_\_\_\_

**OCCUPATIONAL TAX APPLICATION  
FOR UNINCORPORATED HOUSTON COUNTY**

I hereby register my business with Houston County at the address below. In doing so, I certify that the information provided below is true and accurate to the best of my knowledge. I understand that this application shall be reviewed by the appropriate county officials and, if complete, shall be processed within three (3) business days. All monies are due and payable once the application is approved.

1. Name of Business \_\_\_\_\_
2. Mailing Address of Business \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Exact Location of Business (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Phone Number ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Mobile \_\_\_\_\_
5. Email Address \_\_\_\_\_
6. Full Name of Owner/Manager \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work \_\_\_\_\_  
SSN# \_\_\_\_\_ Tax ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_
7. Please Describe the Dominant Line of Business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Note:** Any person engaged in a profession or business required to be licensed by the State under Title 43, must provide copy of such license with this application.*

8. Is this business to be operated out of your home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
***Note:** If the business is a home occupation, please sign the attached Home Occupation section of this form, indicating your business will abide by the Special Requirements for Home Occupations. If the business is not a home occupation, then the commercial structure must be inspected by the building inspections department (542-2018), the fire department (542-2040) and environmental health (218-2020) before a license will be issued. The applicant is responsible for coordinating these inspections.*
9. Number of Full-time Employees \_\_\_\_\_ (include the Owner/Manager)  
Number of Part-time Employees \_\_\_\_\_

10. Are you the owner of the real estate where business is to be located? \_\_\_\_Yes \_\_\_\_No  
*Note: If no, please provide written and notarized authorization from the owner of the real estate.*

11. If business is a Partnership, please list partner:

12. Full Name of Partner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work \_\_\_\_\_

SSN# \_\_\_\_\_ Tax ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

**The applicant hereby certifies that he/she is familiar with the business regulations of Houston County, Georgia as herein defined, and that the granting of an Occupational Tax Certificate (business license) constitutes a privilege that may be revoked as provided in the Code of Ordinances of Houston County, Georgia. The applicant further certifies that he/she understands that the Occupational Tax Certificate for which application is made is for the current year only and that no false or fraudulent statement is made herein to procure the granting of such certificate.**

**The applicant understands that: (1) all fees are due and payable by February 28 of each year; (2) a tax certificate shall not be issued or a current tax certificate shall be revoked if the business fails to pay personal property taxes to Houston County. Payment of said taxes shall allow said tax certificate to be issued or reinstated; (3) the Occupational Tax Certificate must be clearly posted in the business; and (4) the applicant MUST notify the Commissioner's Office in writing if the business closes or moves its operation to a new address.**

\_\_\_\_\_  
Name of Owner/Applicant (Please Print)

\_\_\_\_\_  
Signature of Owner/Applicant      Date

**Office Use Only**

**Zoning/Building Inspections Office Recommends:**

Approval \_\_\_\_ Denial \_\_\_\_ Sign/Date: \_\_\_\_\_

Property Zoned: \_\_\_\_\_ Structure Passed Inspection: \_\_\_\_ yes \_\_\_\_ no \_\_\_\_ not applicable

Building Inspection Comments: \_\_\_\_\_

**Fire Department Recommends:**

Approval \_\_\_\_ Denial \_\_\_\_ Sign/Date: \_\_\_\_\_

Fire Inspection Comments: \_\_\_\_\_

**Health Department Recommends:**

Approval \_\_\_\_ Denial \_\_\_\_ Sign/Date: \_\_\_\_\_

Health Inspection Comments: \_\_\_\_\_

**Commissioner's Office Recommends:**

Approval \_\_\_\_ Denial \_\_\_\_ Sign/Date: \_\_\_\_\_

Comments: \_\_\_\_\_

# Home Occupations Regulations

## Section 95. Home Occupations

95.1. Intent. Regulations for home occupations are intended to provide categories of use such that permitted home occupations can be better matched to the character of the zoning district in which they are allowed. The term home occupation is understood to mean all categories of home occupations, including home offices and home businesses. Home occupations, where permitted, must meet the following special requirements:

95.1.1 The applicant must be the owner of the property on which the home occupation is to be located, or must have written approval of the owner of the property if the applicant is a tenant.

95.1.2 The home occupations shall be operated only by the members of the family residing on the premises and no article or service shall be sold or offered for sale except as may be produced by the members of the immediate family residing on the premises.

95.1.3 The home occupation shall be restricted to the main building only and shall not occupy more than twenty-five (25%) percent of the floor area within said building.

95.1.4 The home occupation shall not generate excessive traffic or produce obnoxious odors, glare, noise, vibration, electrical disturbance or radio-activity or other condition that will be a nuisance to the surrounding area.

95.1.5 Any business sign placed on the premises shall not be larger than two (2) square feet in sign area, unlighted and fixed to the wall of the principal building.

95.1.6 The applicant requesting to conduct a home occupation shall bear the burden of providing conclusive evidence to the Board of Zoning Appeals that all conditions of Section 95 have been met. The Board of Zoning Appeals may modify the conditions of this section to be more restrictive than those listed in Section 95 on any recommendation for approval to the Houston County Board of Commissioners. The appropriate county official may administratively approve home occupations that meet the provisions in Section 95.3.

95.2. Expiration. A permit for home occupation shall expire under the following conditions:

95.2.1 Whenever the applicant ceases to occupy the premises for which the home occupation was issued, no subsequent occupant of such premises shall engage in any home occupation until he shall have been issued a new permit after proper application.

95.2.2 Whenever the holder of such a permit fails to exercise the same for any period of six (6) consecutive months.

95.3 Home Office. A home office is an office use conducted entirely within a dwelling which is carried on by an occupant thereof and which is clearly incidental and secondary to the use of the dwelling for residential purposes, and which fully complies with the following standards:

95.3.1 Home office uses shall be limited to professional and routine office, clerical, computer, bookkeeping or similar procedures which can be conducted within a residence. A home office may also be maintained for a business conducted away from home, as long as the home office complies with all other requirements.

95.3.2 Home offices shall not include any business which involves the sale, manufacture, repair or assembly of merchandise on the premises, or the storage of inventory, raw materials, equipment or other materials to be used in the business.

95.3.3 Home offices shall not include any business requiring regular access by the public, including but not limited to customers, clients or vendors, patients, etc.

95.3.4 Home offices shall be limited to no more than twenty-five percent (25%) of the floor area within said building. The proposed size of the home business shall be specified at the time of application.

95.3.5 There will be no changes which would alter the character of the dwelling or reveal from the exterior that the dwelling is being used in part for other than residential purposes.

95.3.6 No outside storage or display is permitted.

95.4 Home Business. Home Businesses are small offices, or small-scale retail or service businesses which are clearly incidental and secondary to the use of the dwelling for residential dwelling purposes, and must comply with the following standards:

95.4.1 Home businesses may include, but are not limited to, one chair beauty shop or barber shops, minor repair shops, home day care or retail sale of goods or services produced on the premises.

95.4.2 Home businesses shall not include the repair and/or maintenance of motor vehicles, large scale manufacturing, cabinet or furniture shops or any use which will create noise, noxious odors or any hazard that may endanger the health, safety, or welfare of the neighborhood.

95.4.3 The home business shall not involve group instruction or group assembly of people on the premises.

95.4.4 The dwelling must be the bona fide residence of the principal practitioner at the time of the application, and if approved, the home business shall be valid only as long as the principal practitioner resides in the dwelling, is conducting business and has a current business certificate.

95.4.5 The portion of the residence in which the business is conducted shall be completely enclosed in a manner that the business is not visible from the surrounding property.

95.4.6 No outside storage is allowed.

95.4.7 The Board of Zoning Appeals may place any reasonable conditions on the application deemed necessary to insure the orderly operation of the proposed business and its compatibility with the surrounding properties.

95.4.8 The principal practitioner shall be permitted to park one commercial vehicle in the approved parking area. The commercial vehicle is limited to a passenger car, van or light truck of up to one-ton carrying capacity.

95.4.9 Any utility trailer needed for the orderly operation of the business must be specifically requested and approved by the Board of Zoning Appeals. The request must include the proposed use and size of the trailer.

## **Section 66. Storage and Parking of Trailers and Commercial Vehicles**

Section 66 Commercial Vehicles and Trailers. Commercial vehicles and trailers of all types, including travel, boat, camping, and hauling, shall not be parked or stored on any lot occupied by a dwelling or any lot in any Residential District except if approved by the Board of Zoning Appeals.

66.1.2 The owner or operator of said commercial vehicles does not have an alternate parking space.

66.1.3 The commercial vehicles are not parked within a public street right-of-way on which no parking is allowed.

66.1.4 The location of said commercial vehicles creates no adverse safety hazards.

66.2 Travel trailers, hauling trailers, or boat trailers shall be permitted if parked or stored behind the front yard of the building.

\*\*\*\*\*

I understand the regulations above with emphasis to the following: (1) Employees shall not to report to residence – any employees must report to job site, (2) No visible storage of equipment or material at residence, (3) No traffic allowed to the residence and (4) Only one commercial vehicle allowed at location.

I, \_\_\_\_\_, have read and understand the Houston County Regulations for a Home Occupation. My proposed business will meet all the regulations as stated in Section 95 and Section 66 above.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date



## Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Houston County, Georgia Business Occupational Tax Certificate, Alcohol License or other public benefits as referenced in O.C.G.A. Section 50-36-1, I am stating that I, \_\_\_\_\_, applying on behalf of [(circle one) myself, a business, a corporation, a partnership or other private entity]

1) \_\_\_\_\_ I am a United States citizen

**OR**

2) \_\_\_\_\_ I am a legal permanent resident of 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:

\_\_\_\_\_  
\*Alien Registration Number for  
Non-Citizens

**\* Copy of Documentation and  
Identification must be provided**

\*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:

\_\_\_\_\_



## E-VERIFY Affidavit of Exemption

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 or fewer employees, or is not currently 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.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_