



## Occupational Tax Application

APPLICATION MUST BE LEGIBLE

(Please print or type)

All lines must include correct information or marked "N/A" if not applicable.

A business MUST be issued an Occupational Tax Certificate before conducting business.

All applicants will be required to provide a photo ID.

1. Date of Application: \_\_\_\_\_
2. Business Legal Name: \_\_\_\_\_
3. Business Name (DBA): \_\_\_\_\_
4. Business Location: \_\_\_\_\_
5. Business Mailing Address: \_\_\_\_\_
6. Business Owner(s): \_\_\_\_\_  
Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_ Individual \_\_\_\_\_
7. Business Telephone: \_\_\_\_\_
8. Contact Email: \_\_\_\_\_
9. Business Owner's Address: \_\_\_\_\_
10. Business Owner's Telephone Number: \_\_\_\_\_
11. Property Owner's Name: \_\_\_\_\_
12. GA Sales Tax # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_
13. State Board Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_
14. Type of business being conducted: \_\_\_\_\_
15. Most recent business at this location? \_\_\_\_\_

16. Is this an ownership change only? \_\_\_\_\_

17. Are alcohol sales proposed? \_\_\_\_\_

18. Is your business a home occupation? \_\_\_\_\_

19. Please provide your NAICS Code: \_\_\_\_\_

\_\_\_\_\_ Yes      If your proposed place of business is utilizing an existing building, will it  
\_\_\_\_\_ No      constitute a change of use from the type of business previously there?  
If yes, please contact Planning and Development Department at  
(912)489.1356.

\_\_\_\_\_ Yes      Will there be electrical, plumbing, or HVAC work performed prior to  
\_\_\_\_\_ No      opening your business?  
If yes, please contact Planning and Development Department at  
(912)489.1356.

\_\_\_\_\_ Yes      Will construction be performed prior to opening your business?  
\_\_\_\_\_ No      If yes, please contact Planning and Development Department at  
(912)489.1356.

\_\_\_\_\_ Yes      Does the building meet handicap accessibility?  
\_\_\_\_\_ No      If no or unsure, please contact Planning and Development Department at  
(912)489.1356.

\_\_\_\_\_ Yes      If your business is a home occupation, will you be utilizing an accessory  
\_\_\_\_\_ No      structure to conduct business?  
If yes, please contact Planning and Development Department at  
(912)489.1356.

Even if all questions are checked "No" the Fire Official must perform an inspection of your building and any code violations must be corrected. Please call (912)489.1661 to schedule the fire inspection. If any code violations are found, they must be corrected and re-inspected prior to the issuance of the Occupational Tax Certificate.

**This does not apply to Home Occupations.**

Each person who is licensed by the examining boards of the Secretary of State's office must Provide evidence of proper and current state licensure before a Bulloch County Occupation Tax Certificate will be issued. Please submit this information with your application.

Each person who is licensed by the medical boards must provide a copy of the current License before a Bulloch County Occupation Tax Certificate will be issued.

Fees Based on Number of Employees

1-3 employees - \$50  
4-7 employees - \$100  
8-12 employees - \$150  
13-18 employees - \$200  
19-25 employees - \$250  
26 & above employees - \$300 + \$1 per employee over 26

Fire Inspection Fee for Commercial Businesses Only

Fire Inspection - \$100  
Renewal Fire Fee - \$100

**Please read and initial each statement below**

\_\_\_\_\_ All business license expires June 30<sup>th</sup> each year. It is the business owner's responsibility to renew the license each year to avoid late fee penalties.

\_\_\_\_\_ I understand the penalty fees will not be dropped due to failure to make a timely renewal.

I, \_\_\_\_\_ BEING THE \_\_\_\_\_  
Print Name Title

OF THE BUSINESS FIRM HERIN NAMED, ATTEST THAT THE NUMBER OF  
EMPLOYEES REPORTED ABOVE IS THE NUMBER OF EMPLOYEES REPORTED  
ON THE GEORGIA DEPARTMENT OF LABOR TAX AND WAGE REPORT AND I  
DECLARE THAT THE ABOVE INFORMATION CONTAINED IN THIS RETURN IS TRUE  
AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

Subscribed and Sworn Before me on  
This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

**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 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed more than ten (10) employees.

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

- B. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed ten (10) Or fewer employees.

\*\*\* If you selected 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 applicable provisions and deadlines established in O.C.G. A. §36-60-6(d). 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 \_\_\_\_\_, \_\_\_\_, 20\_\_ in \_\_\_\_\_ (city),  
\_\_\_\_\_ (state)

\_\_\_\_\_

Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

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

My Commission Expires:

# BULLOCH COUNTY

## Business License Address Verifications

Request Date

Business Name

Business Physical Address Requested

Business Physical Address City, State Zip Requested

Business Phone

Map and Parcel #  Home business? ☒

Type of Business (Dominant Line of Business)

Requestor Name

Requestor Phone

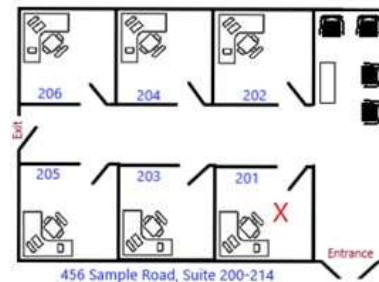
Requestor Email

Owner Name

Owner Phone #

Number of Suites in Building

If your business is inside a building that has multiple units, you must include which Suite your business will be occupying, along with a layout of the building, showing which unit your business is in by marking the appropriate suite with an X. (See Examples Below) You may also use a copy of your buildings fire plan and mark your suite on it and attach to this request.



Once your address has been verified, a copy of this application will be filled out and sent back to the requestor via the email provided above. This form will then need to be sent to the appropriate licensing office needing verification. Please let our office know if you have any questions.

**Submit Form**

### FOR INTERNAL USE ONLY

Date Received  Record Number

Correct Address

Correct Address City, State, Zip

Verified By

Date Returned/Verified

Comments

RESULT



Email to City

## **Bulloch County Board of Commissioners Home Occupation Use Requirements**

**Home Occupation defined:** An occupation for gain or support conducted by members of a family residing on the premises, and other employees, entirely within the principal or accessory building(s).

Bulloch County Board of Commissioners allows certain businesses to operate out of the home. To operate legally, a person operating a home occupation must obtain a business license and meet the following requirements of the *Bulloch County Zoning Ordinance*.

- (a) The following and similar uses shall be considered home occupations, but are not limited to this list: accountant, addressing service, architect, art instructor, beauty shop (with no more than one operator), drafting, dressmaking, insurance agent, manufacturing agent, music instruction, (students: limited to two (2) students at a time), teacher, notary public, photographer, real estate agent, and tax consultant.
- (b) The following and similar uses are considered appropriate uses of accessory buildings for home occupations: artist or craftsman's work area, photographic darkroom, clock repair shop, gunsmith shop, laboratory, pottery shop, and basket weaver's shop.
- (c) The following uses are prohibited as home occupations: auto sales or auto repair, restaurants, animal hospitals, veterinary clinics, funeral homes, retail or wholesale shops, machine shops or manufacturing.
- (d) The home occupation shall be operated by a resident of the home.
- (e) No home occupation shall employ more than two (2) persons who do not reside in the dwelling located on the premises.
- (f) The home occupation must be incidental and subordinate to the residential use of the dwelling and must not change the residential character of the property.
- (g) No internal or external alterations shall be permitted which would change the fire rating for the structure.
- (h) The home occupation shall be limited to 25 percent of one floor of the square footage of the principal structure.
- (i) If an accessory structure is used for the business, the size of the accessory structure is limited to 25 per cent of the square footage of the residential building. It shall be located behind the residential building with setback requirements of no less than 20 feet from the property line and 30 feet from the side yard.
- (j) No display of products shall be visible from the street.
- (k) One (1) non-illuminated name plate, not more than two (2) sq. ft. in area may be attached to the building which shall contain only the name of the occupation conducted on the premises.
- (l) A home occupation shall be operated in such a manner as not to be a nuisance to adjacent residential structures. This shall apply to noise, lighting, traffic, and unsightly outside storage, where applicable.
- (m) No outside storage of materials or supplies used in connection with the home occupation shall be permitted.
- (n) All parking for the home occupation shall be located on the property and only on the side or rear yards.
- (o) Only vehicles designed and used primarily as passenger vehicles (including pickup trucks) shall be used in connection with home occupations in residential zoning districts.

I, \_\_\_\_\_, have read, understood, and agree to abide by the Bulloch County Board of Commissioners Home Occupation Regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me on this the

\_\_\_\_\_ DAY \_\_\_\_\_ OF, 20\_\_\_\_

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