



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. Describe 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.

_____ Yes If home occupation, will customers come to your property?
_____ No

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.

Circle 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 30th 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 1st 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 1st 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

This form is required to be filled out and turned in to the Bulloch County GIS Office before a business license can be renewed/ issued. Please make sure to fill out this form in its entirety, including any layouts required for suites! Form must be legible and all information filled out or address will not be verified.

Request Date

Business Name

Business Physical Address Requested

Business Physical City, State, Zip

Business Phone

Map & Parcel #:

Type of Business (Dominant Line of Business)

Business Owner Name

Home business?

Business Owner Phone

Business Owner Email

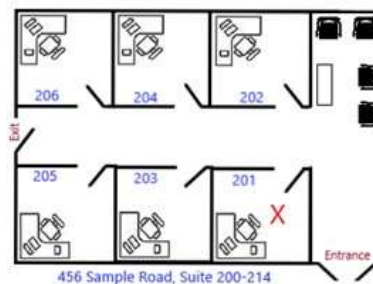
Building Owner Name

Building Owner Mailing Address

Building 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.

FOR INTERNAL USE ONLY

Date Received	Record Number
Correct Physical Address	
Correct City, State, Zip	
Business Mailing Address USPS Verified	
Verified by	Date Returned Verified
Comment	
Result	

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