



Bryan County, Georgia

Occupational Tax Certificate Application

P.O. Box 1071
Pembroke, GA 31321
912-653-5252
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? (please check the appropriate box) Yes No

Is this application for a:

Home Office (HO) Home Service Business (HSB) Home Trade Business (HTB)

Business Name: _____

Doing Business As (DBA) *if applicable*: _____

Physical Address: _____

Mailing Address (*if different from physical*): _____

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

Name: _____ Phone: _____

Email Address: _____

Mailing Address (*if different from above*): _____

Name of other Partner/Manager, other than Applicant: _____

PROPERTY INFORMATION

Property Zone: _____ PIN Number: _____

Property Owner Name: _____

Is the applicant the owner or renter of property?

Owner Renter (*if renter, please provide 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, Community Development 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: _____ Date: _____

Print Name & Title: _____

If a business license is denied due to a zoning issue, applicant has the right to appeal the denial to the Board of Adjustment. All appeals must be filed within 30 days of being notified of the denial. Failure to timely file the appeal will result in a waiver of this right.

For Office Use ONLY

Intake Date: _____

Issue Date: _____

Entered By (CSR): _____

**Affidavit Verifying Status
For Bryan County Public Benefit Application**

By executing this affidavit under oath, as an applicant for a Bryan County, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ 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.

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

The undersigned applicant also 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. Section 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

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. Section 16-10-20, and face criminal penalties as allowed by such criminal statute.

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

_____ Signature of Applicant	_____ Date
_____ Printed Name of Applicant	

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ 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) employees¹.

*** If you select Section 1(A), 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), skip Section 2 and then 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 in _____ (city), _____ (state), on _____ (date).

Name of Business _____

Signature of Applicant _____ Printed Name _____

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

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.



GENERAL CONDITIONS APPLICABLE TO ALL HOME OCCUPATIONS

If you are operating a business from a private residence (single family, town home, apartment, or manufactured home), the following general conditions apply to all home occupations.

- 1) The home occupation is operated by a resident of the home.
- 2) The home occupation shall be clearly incidental to the residential use of a dwelling and must not change the essential residential character of the dwelling. No internal or external alterations inconsistent with the residential use of a dwelling shall be permitted.
- 3) The home occupation shall be limited to no more than twenty-five (25) percent of the gross floor area of the total dwelling.
- 4) An accessory structure shall not be used in connection with a home occupation in R-15 or PD zoning districts except as provided in (c)(1) and (d)(1) of Section 114-707 of the Unified Development Ordinance.
- 5) Accessory structures may be used in connection with a home occupation within A-5, RR-2.5, RR-1.5 and RR-1 zoning districts.
- 6) No chemical, mechanical, or electrical equipment that is not normally found in residential dwellings may be used for a home occupation, except for office equipment, such as computers, facsimile machines or copiers.
- 7) No outdoor display of products shall be visible from a road.
- 8) No disturbance or offensive noise, vibration, smoke, dust, odor, heat, glare, traffic hazard, unhealthy or unsightly condition or nuisance shall be created by a home occupation.
- 9) All operations and services shall be conducted indoors.
- 10) Outside storage of goods or equipment is prohibited.
- 11) No signs other than the authorized nameplate sign pursuant to Section 114-663 of the Unified Development Ordinance may identify the home occupation.
- 12) Visiting clients, where authorized below, are limited to those provided on an appointment basis and services shall not be offered to the general public on a drop-by basis.
- 13) Shipping deliveries and pick-ups (excluding U.S. Postal Service) are limited to two (2) per day.
- 14) Home occupations shall comply with applicable Fire and Building Code standards.
- 15) If the home occupation is a permitted use within a zoning district, an application shall be submitted to the Community Development Director for review and approval pursuant to Section 114-423 of the Unified Development Ordinance.
- 16) If the home occupation requires a conditional use permit, it shall be reviewed by the P&Z Commission and forwarded to the Board of Commissioners for review and approval pursuant to Article III Division 4 of the Unified Development Ordinance.

- 17) On an annual basis at the time of occupational tax renewal(s), the holder of a home occupation permit shall certify to the Community Development Director that there have been no changes in the home occupation as originally permitted.
- 18) If the scope or nature of the home occupation changes or if complaints are filed with the Community Development Director, the Community Development Director shall have the option of revoking the home occupation permit if the permit was issued by the Director, or the Director shall refer the revocation to the Board of Commissioners if the home occupation was approved pursuant to a conditional use permit.
- 19) If deemed necessary, the Building Official shall inspect the premises and report to the appropriate authority to ensure that applicable requirements are met prior to approval. The Building Official shall have the right to inspect home occupation sites on an annual basis.
- 20) All required state and federal licenses and approvals are obtained and maintained for the duration of the home occupation. If the County determines that the required state or federal license is expired, the County may revoke the home occupation approval.



RESIDENTIAL PROPERTY- HOME OFFICE AFFIDAVIT

Community Development Department approval is required -This form must be notarized

By affixing my signature, I (Print Name) _____
hereby acknowledge and affirm that I have been provided a copy of the Bryan County zoning standards as they apply to home occupation permits. I hereby agree to fully comply with said standards, as established in Bryan County Unified Development Ordinance (Section 114-707).

Residential/Business Address: _____
Phone #: _____
Email Address: _____
Name of Business: _____

In addition to the general conditions applicable to all Home Occupations, the following conditions apply to a Home Office:

- 1) This property must be zoned agricultural or residential.
- 2) 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.
- 3) No vehicle requiring a commercial license may be used in association with the home office.

Per the Unified Development Ordinance, a Home Office includes those occupations that do not involve retail trade, client visits, or non-resident employees. Select one of the following:

- Professional office for certified, ordained, licensed or registered professions, including, but not limited to offices for an architect, draftsman, attorney-at-law, conveyancer, financial planner, land planner, surveyor, professional engineer (civil, electrical, mechanical or other), public accountant, minister or similar professions.
- Studios for artists and artisans where products are not sold to the public on the premises.
- Telemarketing and internet-based businesses.
- Telephone answering and message services.
- Contractors office whose operations are limited to the office work (i.e., no workers congregating on the site, no storage of construction equipment, and no storage of construction vehicles).
- Other. If other, the Community Development Director must approve and find the proposed office will have impacts similar to authorized home office uses. Provide sufficient detail about the home office in the detail description below.

Detailed description of services and type of business activities to be conducted at the above location (attach additional pages if needed):

Homeowner

Renter

**If renter, attach a notarized letter from property owner acknowledging the proposed Home Occupation, and their consent to the business being operated from this location.

I understand that this is a residential location and agree to abide by the restrictions of a home occupation, including the general conditions as identified in Section 114-707 of the Unified Development Ordinance. I further understand failure to abide by all conditions will result in the revoking of my home office permit.

Signature of Business Owner

Date

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

NOTARY PUBLIC
My Commission Expires:

For Office Use Only

Zoning – Approved by: _____ Zoning District: _____
If use is other, identify approved use: _____



RESIDENTIAL PROPERTY- HOME SERVICE BUSINESS AFFIDAVIT

Community Development Department approval is required -This form must be notarized

By affixing my signature, I (Print Name) _____
hereby acknowledge and affirm that I have been provided a copy of the Bryan County zoning standards as they apply to home occupation permits. I hereby agree to fully comply with said standards, as established in Bryan County Unified Development Ordinance (Section 114-707).

Residential/Business Address: _____
Phone #: _____
Email Address: _____
Name of Business: _____

In addition to the general conditions applicable to all Home Occupations, the following conditions apply to a Home Service Business:

- 1) Your home must be in one of the following Zoning Districts: A-5, RR-2.5, RR-1.5, and RR-1. Note that Home Service Business is not allowed in the R-15, R-M, R-MH, or PD zoning district unless a conditional use permit is obtained.
- 2) A maximum of three (3) persons may be employed in the business; provided at least one is a resident.
- 3) Retail sales shall be limited to sale of goods that are incidental to the primary service provided, e.g., styling products for a hair dresser.
- 4) The maximum number of vehicles to be parked on site at any one time by clients, patrons, employees or business related visitors is limited to three.
- 5) Applicant must demonstrate location of proposed parking for visitors (attach a copy of a sketch plan showing where vehicles will be parked).

Per the Unified Development Ordinance, Home Service Businesses include home occupations that involve specialized equipment, business that primarily provide services to visiting clients, and businesses with incidental sales. Select one of the following:

- Personal or medical services offered by individuals licensed by the State, such as licensed massage therapists, physicians, osteopaths, healers, dentists, midwives, barbers and hairstylists.
- Individual involved in teaching classes of up to three students at a time.
- Bakers and caterers with no on-site sales or service.
- Other. If other, the Community Development Director must approve and find the proposed Home Service Business will have impacts similar to authorized Home Service Business uses. Provide sufficient detail about the Home Service Business in the detail description below.

Detailed description of services and type of business activities to be conducted at the above location
(attach additional pages if needed):

Homeowner

Renter

**If renter, attach a notarized letter from property owner acknowledging the proposed Home Occupation, and their consent to the business being operated from this location.

I understand that this is a residential location and agree to abide by the restrictions of a home occupation, including the general conditions as identified in Section 114-707 of the Unified Development Ordinance. I further understand failure to abide by all conditions will result in the revoking of my home service business permit.

Signature of Business Owner

Date

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

NOTARY PUBLIC
My Commission Expires:

For Office Use Only

Zoning – Approved by: _____ Zoning District: _____

If use is other, identify approved use: _____

CUP# _____

Approval Date: _____

CUP Conditions:



RESIDENTIAL PROPERTY- HOME TRADE BUSINESS AFFIDAVIT

Community Development Department approval is required -This form must be notarized

By affixing my signature, I (Print Name) _____
hereby acknowledge and affirm that I have been provided a copy of the Bryan County zoning standards as they apply to home occupation permits. I hereby agree to fully comply with said standards, as established in Bryan County Unified Development Ordinance (Section 114-707).

Residential/Business Address: _____

Phone #: _____

Email Address: _____

Name of Business: _____

In addition to the general conditions applicable to all Home Occupations, the following conditions apply to a Home Trade Business:

- 1) Your home must be in one of the following Zoning Districts: A-5, RR-2.5, RR-1.5, and RR-1. Note that Home Trade Business is not allowed in the R-15, R-M, R-MH, or PD zoning district unless a conditional use permit is obtained.
- 2) A maximum of three (3) persons may be employed in the business; provided at least one is a resident.
- 3) Sales of products shall be limited to products made on the premises unless otherwise approved by a conditional use permit.
- 4) The maximum number of vehicles to be parked on site at any one time by clients, patrons, employees or business related visitors is limited to three.
- 5) Applicant must demonstrate location of proposed parking for visitors. (attach a copy of a sketch plan showing where vehicles will be parked)

Per the Unified Development Ordinance, Home Trade Businesses include home occupations that involve specialized equipment and businesses that produce goods for sale to clients. Select one of the following:

- Individuals producing custom products for individuals, such as furniture or works of art.
- Growing of houseplants or flowers in a greenhouse no larger than 500 square feet of floor area.
- Artists or artisans with galleries or display areas that do not exceed 200 square feet of floor area.
- Other. If other, the Community Development Director must approve and find the proposed Home Trade Business will have impacts similar to authorized Home Trade Business uses. Provide sufficient detail about the Home Trade Business in the detail description below.

Detailed description of services and type of business activities to be conducted at the above location
(attach additional pages if needed):

Homeowner

Renter

**If renter, attach a notarized letter from property owner acknowledging the proposed Home Occupation, and their consent to the business being operated from this location.

I understand that this is a residential location and agree to abide by the restrictions of a home occupation, including the general conditions as identified in Section 114-707 of the Unified Development Ordinance. I further understand failure to abide by all conditions will result in the revoking of my home trade business permit.

Signature of Business Owner

Date

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

NOTARY PUBLIC
My Commission Expires:

For Office Use Only

Zoning – Approved by: _____ Zoning District: _____

If use is other, identify approved use: _____

CUP# _____

Approval Date: _____

CUP Conditions: