

**MEMORANDUM  
HOME OCCUPATION**

TO: PROSPECTIVE BUSINESS OWNERS

FROM: CITY OF CARROLLTON, OCCUPATIONAL TAX DEPT.

RE: NEW BUSINESS INFORMATION

We are delighted that you are considering Carrollton for your business location. We understand that opening a business can be an overwhelming task in complying with all the licensing requirements, laws, and various regulations.

Attached you will find a small information memorandum that hopefully will answer any questions that might arise during the occupational tax licensing process. We realize that all questions may not be covered in the attached information. In that case, please contact Jennifer Williams, Occupational Tax Coordinator, at (770) 830-2000 for further information. Ms. Williams and the Codes Enforcement Staff will make every effort to answer your questions and provide information needed to make the licensing process as smooth as possible.

Again, we thank you for your consideration of our City for your business endeavors. Best of luck in the future!

The City of Carrollton

## OCCUPATIONAL TAX LICENSE (BUSINESS LICENSE)

What is needed to obtain your City of Carrollton Occupational Tax License?

1. Business Name / Address / Phone Number / fax number
2. Federal I D Number
3. Mailing Address
4. Owner Information: Address / S. S. Number / Phone Number / Title / Drivers License
5. Copy of Articles of Incorporation (Georgia or out of state)
6. Explain the type of business being conducted at business site.
7. If you hold a Georgia State License; a copy of that license will be required to obtain your city Occupational Tax License.
8. If you are opening a restaurant / bar / or any facility serving food or drink, a valid, approved, Health Department Certificate will be required. This can be obtained by calling Environmental Health, Brandi Strickland, at (770) 836-6781.
9. Prior to opening the business, it will be necessary to contact the water department at (770) 830-2000 to establish a water and garbage account.
10. If you are opening a car wash, a grit trap and oil separator will need to be installed; such trap shall be clean and in working order. Forms to this effect must be presented before and Occupational Tax License will be issued.
15. If you are opening a Pawn Shop, you will need to contact the Carrollton Police Department for information prior to applying for your City of Carrollton Occupational Tax License. Please contact Officer Glenn Lyle at (770) 834-4451
16. **Zoning restrictions may apply to your business, please verify zoning as soon as possible.**
17. When opening a new business or taking over an established business, clearance from the Building Official must be obtained. (Example: code compliance, ADA accessibility, codes efficiency, etc....)  
\*\*All new businesses will be inspected by the Building Official prior to issuance of Occupational Tax Certificate.
18. Note: Grease generators must maintain proof (invoices, bills, etc.) that required maintenance was performed as a pre-requisite of license issuance. Also, proof of cleaning and /or repair of the grease trap or grease interceptor unit will be needed, as required by City Ordinance.
19. Each commercial business must have a backflow prevention device attached to their water system and it must be tested each year. A copy of this test must be turned in to Carrollton City Hall before license is issued.
20. A State License and a County License must be obtained before animals can be sold in a business, such as a pet shop.
21. \* Other guidelines and/or requirements may also apply. Please inquire further with the City Occupational Tax Licensing Department.

**THE FOLLOWING PROFFESSIONS MUST PROVIDE A CURRENT STATE LICENSE PRIOR TO BEING ISSUED AN OCCUPATIONAL TAX CERTIFICATE**

ACCOUNTANTS	NURSING HOME ADMINISTRATORS
ARCHITECTS	OCCUPATIONAL THERAPISTS
ATHLETIC AGENTS OR TRAINERS	OPTOMETRISTS
AUTIONEERS	PARAMEDICS
BARBERS	PET SHOP AND/OR PET CARE
CARDIAC TECHNICIANS	PHARMACISTS
CHIROPRACTORS	PHYSICAL THERAPISTS
CONDITIONED AIR CONTRACTORS	PHYSICIANS
CONSTRUCTION INDUSTRY	PHYSICIANS ASSISTANTS
COSMETOLOGISTS & NAIL TECHNICIAN	PLUMBING CONTRACTORS
DENTISTS	PODIATRISTS
DIETICIANS	PRIVATE DETECTIVES
DISPENSING OPTICIANS	PROFESSIONAL COUNSELORS
ELECTRICAL CONTRACTORS	PSYCHOLOGISTS
ENGINEERS	REGISTERED NURSES
FORESTERS	RESPIRATORY CARE THERAPISTS
FUNERAL DIRECTORS & EMBALMERS	RESIDENTIAL/GENERAL CONTRACTORS
GEOLOGISTS	SECURITY GUARDS
HEARING AID DEALERS	SOCIAL WORKERS
LANDSCAPE AND ARCHITECTS	SPEECH LANGUAGE PATHOLOGY & AUDIOLOGY
LIBRARIANS	SURVEYORS
LICENSED PRACTICAL NURSES	USED CAR DEALERS & USED CAR PARTS DEALERS
LOW VOLTAGE CONTRACTORS	UTILITY CONTRACTORS
MARRIAGE & FAMILY THERAPISTS	VETERINARIANS
MASSAGE THERAPISTS	WATER & WASTEWATER TREATMENT

OCCUPATION TAX RETURN, CITY OF CARROLLTON  
315 BRADLEY STREET  
CARROLLTON, GA. 30117  
(770) 830-2000

CALENDAR YEAR 2012

DATE: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ BUS. TAX CLASS # \_\_\_\_\_ STANDARD INDUSTRIAL CLASSIFICATION \_\_\_\_\_

OCCUPATION TAX LICENSE MUST BE OBTAINED BEFORE BUSINESS IS OPEN FOR OPERATION.

PLEASE FILL IN INFORMATION APPLICABLE TO YOUR BUSINESS. PLEASE TYPE OR PRINT WITH BALL POINT PEN.

COMPLETE ALL SPACES IN LINE 1. AS THEY RELATE TO BUSINESS ACTIVITY IN THE CITY OF CARROLLTON:

1. CHECK ONE: NEW  AMENDED

NEW BUSINESS - ESTIMATE GROSS RECEIPTS FOR A YEAR: \$ \_\_\_\_\_ FOR 2012 LICENSE

STARTED NEW BUSINESS: DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ FEDERAL TAX I.D. #: \_\_\_\_-\_\_\_\_-\_\_\_\_

2. BUSINESS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ BUSINESS TELEPHONE NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_ FAX NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

3. MAILING INFORMATION (If other than line 2.)

BUSINESS NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

4. CHECK ONE:  PARTNERSHIP  SOLE OWNER  CORPORATION: GA  OTHER

CORPORATE NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

5. OWNER INFORMATION

1. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DRIVERS LICENSE STATE & NUMBER: \_\_\_\_\_

2. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DRIVERS LICENSE STATE & NUMBER: \_\_\_\_\_

\*PLEASE ATTACH LIST IF THERE ARE ADDITIONAL OWNERS

6. IS BUSINESS CARRIED ON UNDER A TRADE NAME?  YES  NO  
If Yes, Name: \_\_\_\_\_ (Attach List if necessary)

7. IS BUSINESS CARRIED ON AT LOCATIONS OTHER THAN THE ONE SHOWN ON LINE 1?  YES  NO (Attach List)

8. I (NAME) \_\_\_\_\_ BEING  OWNER  MANAGER  OTHER  
OF THE BUSINESS FIRM NAMED, DO HEREBY REGISTER TO OPERATE SAID BUSINESS WITH DOMINANT BUSINESS ACTIVITY OF  
(EXPLAIN TYPE OF BUSINESS) \_\_\_\_\_

IN ACCORDANCE WITH THE BUSINESS ORDINANCE, CITY OF CARROLLTON, GEORGIA, I, THE UNDERSIGNED, CERTIFY THAT I AM  
THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS RETURN, INCLUDING THE ACCOMPANYING  
SCHEDULES AND STATEMENTS, AND THAT THE SAME ARE TRUE.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**AFFIDAVIT VERIFYING STATUS FOR  
CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Carrollton, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Carrollton, (circle one) Occupational Tax Certificate or Alcohol License or other public benefit I am stating the following for \_\_\_\_\_.

(The name of person applying on behalf of business, corporation, partnership, or other private entity)

as a representative of \_\_\_\_\_  
(The name of the business, corporation, partnership, or other private entity)

1. \_\_\_\_\_ I am a United States Citizen

or

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

\*OCGA §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 resident must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_  
Alien Number & Document Source

In making the above statement 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 OCGA Section 16-10-20.

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

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

\_\_\_\_\_  
Date

**NOTARIZATION REQUIRED**  
SUBSCRIBED AND SWORN BEFORE  
ME ON THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_.

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

# HOME OCCUPATION & TAX CERTIFICATE AFFIDAVIT

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PROPOSED BUSINESS

\_\_\_\_\_  
TAX PARCEL

\_\_\_\_\_  
ZONING

HOME OCCUPATION: Any use conducted entirely within a dwelling by the residents thereof, which is secondary to the use of the dwelling for residential purposes.

## HOME OCCUPATIONS SHALL MEET THE FOLLOWING CONDITIONS;

1. Home occupation shall be limited in such a way as to not generate excess traffic at its location and shall not have in excess of, In the aggregate, ten (10) clients or customers at Its location in any twenty-four hour period.
2. The total floor space devoted to the home occupation shall not exceed twenty-five percent (25%) of the heated dwelling space of the dwelling.  
\_\_\_\_\_ Sq. Ft. Of Business Area      \_\_\_\_\_ Sq. Ft. Of Heated Floor Area
3. The following requirements shall apply in addition to all other applicable requirements of this Ordinances for the residential district in which such uses are located.
  - A. No outside storage shall be used in connection with the home occupation.
  - B. Sufficient off-street parking shall be provided for those residing in the home and for clients and customers of the permitted home occupation.
  - C. No internal or external alterations inconsistent with the residential use of the building may be permitted.
  - D. Only vehicles used primarily as passenger vehicles shall be permitted in connection with the conduct of the home occupation.
  - E. No machinery that caused noise or other interference in radio and/or television reception shall be allowed.
  - F. No chemical, electrical, or mechanical equipment that is not normally a part of domestic or household equipment shall be used in a permitted home occupation.
  - G. No external signs may be displayed advertising the product or service available.
  - H. No person other than a resident of the dwelling may be employed in the home occupation.**

\_\_\_\_\_  
I hereby certify that I have read the above conditions, and agree to comply with each requirement, as well as all applicable Codes and Ordinances of the City of Carrollton, as long as the business is conducted at this location.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Issued By

\_\_\_\_\_  
Date