



Occupational Tax Certificate Checklist TO REGISTER A HOME-BASED BUSINESS

The City of Chamblee welcomes your effort to conduct business from your home. We would like to assist you to help make the process of obtaining an Occupational Tax Certificate as easy as possible. Please find the checklist below to help guide you along the way.

- All business must submit a Zoning Verification Form to the City Development Department for approval. The form is included in the application.
- Verify the Six Digit NAICS Code (2017) for the type of business you will be conducting <https://www.census.gov/eos/www/naics/>
- Verify the Tax Class Code and Rate. The Business Profitability Class Schedule was updated for the 2018 tax year by the finance director as required by city code section 22-14(a). The schedule can be found on the City website: www.chambleega.gov
- Businesses that engage in sales are required to obtain a Georgia Sales and Use Tax number. This is obtained through the Georgia Department of Revenue. <https://dor.georgia.gov/tax-registration>
- Businesses needing to obtain a Federal Tax Identification Number (FEIN) should contact Internal Revenue Service. <https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>
- Complete the Application to Register a Home-based Business.
- Submit notarized Private Employer and S.A.V.E. Affidavits along with a copy of the verifiable identification document.
- Remit payment. Check (payable to City of Chamblee), cash, or credit card presented in person.

The City of Chamblee is available to help answer any questions you may have.
We wish you much success with your new business!



OCCUPATIONAL TAX CERTIFICATE ZONING VERIFICATION

You can now email this form to chambleedevelopment@chambleega.gov for submittal.

APPLICANT

Applicant Name _____

Mailing Address _____ Suite/Apt. # _____ City, State _____ Zip Code _____

Primary Phone # _____ E-mail _____

BUSINESS SUMMARY

Address of Business _____

Name of Business _____

THIS IS:

- Change of Use
- Adding a Use
- Change of Owner
- New Business
- Change of Location
- Name Change

HOME-BASED OCCUPATION:

- Yes
- No

INTERIOR RENOVATIONS:

- Yes
- No

TOTAL SQUARE FOOTAGE: _____

DETAILED DESCRIPTION OF PROPOSED USE:

I, the applicant, understand that I am required to conform to all applicable requirements of the Unified Development Ordinance for the City of Chamblee and all other applicable laws and ordinances that may apply to the above proposed use description. Failure to do so may be grounds to revoke this Occupational Tax License or to deny any future permits that may be issued for this business activity.

Signature of Applicant _____

Date _____

OFFICE USE ONLY

ZONING:

STOREFRONT STREET: YES NO

PERMITTED USE: YES NO REASON IF NO: _____

SUPPLEMENTAL USE STANDARDS: YES NO

STAFF: _____

DATE: _____



APPLICATION TO REGISTER A HOME BASED BUSINESS

*Please be sure that your business activity is allowed, by obtaining the Zoning Verification from the Chamblee Development Department.

Name of Business (include d/b/a if applicable) _____

Business Location	City	State	Zip
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Business Mailing Address (if other than above)	City	State	Zip
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Business Owner Name (Company and/or Individual – Please print) _____

Type of Ownership: Proprietorship Partnership Corporation // For Profit Non-Profit (copy of 501(c) required)

Professional Practitioners (State Licensed) please choose: \$400 Flat Fee Gross Receipts

(_____) _____	(_____) _____	_____
Business Phone	Alternate Phone	Email Address

Fed. ID # (FEIN #) or Social Security # _____	GA Sales Tax # _____
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NAICS CODE (6 digit number): _____ TAX CLASS: _____ START DATE: _____

Description of Business Activity: _____

Formula to Calculate Tax:

1. Taxable Gross Receipts

Estimated Gross Receipts: \$ _____ - \$50,000 = \$ _____
(Cannot be less than \$0.00)

2. Gross Receipt Tax

Total from Line 1 \$ _____ x 0.000 _____ = \$ _____
Tax Revenue Based on Class

3. Number of Employee(s):

_____ (Must be at least 1) x \$10 = \$ _____

4. Flat Tax

\$ 125 _____

Total Tax Due (Add lines 2, 3, and 4) = \$ _____

Applicant's Signature _____ Date _____

OFFICE USE ONLY:

Date: _____ Zoning Verification Property Owner Approval Taxes Current

Amount paid: \$ _____ Cash Credit card Check # _____



HOME-BASED BUSINESS QUESTIONNAIRE

The following questions relate only to the address shown on page 1 of this application.

1. Will all business activity conducted at the above location take place entirely within the dwelling? If No, explain fully. Yes No

2. Will any employees, partners or other associates other than those living in the home come to this location for any purpose concerning the business? If yes, explain fully. Yes No

3. Will any public contact take place at this location other than by phone or mail? If yes, explain fully. Yes No

4. Will any materials, inventory or equipment be stored anywhere at this location other than within the dwelling? If yes, explain fully. Yes No

5. Will any vehicles be used in connection with the business? Yes No

Year/Make	Model	Tag#	Operator

Give the percentage of the dwelling unit used for business. 25% maximum. _____
Percent

Applicant: I hereby certify that all information provided herein is complete. I have answered all questions completely and truthfully to the best of my knowledge.

Applicant Signature: Business Owner or Owner's Representative Date: ____ / ____ / ____

Title



HOME OCCUPATION REGULATIONS FORM

BUSINESS ADDRESS: _____

Any building used for residential occupancy as a primary use may conduct a home occupation if the following standards are complied with in full at all times:

1. The use is incidental to the use of the premises as a residence;
2. The use is compatible with residential uses;
3. The use does not detract from the residential character of the neighborhood;
4. Such use shall be conducted entirely within the dwelling unit and only persons living in the dwelling unit shall be engaged and employed in such occupation, and the number of residents employed shall not exceed two;
5. No mechanical or electrical equipment is to be utilized except that which is necessarily, customarily, or ordinarily used for household leisure purposes;
6. No outside operations, storage, or display of materials or products shall be visible from the right-of-way or from any adjacent property;
7. No accessory buildings shall be used in connection with the home occupation, unless the accessory building issued as an accessory dwelling unit;
8. No alteration of the residential appearance of the premises occurs, including the creation of a separate entrance to the dwelling or utilization of an existing entrance exclusively for the business;
9. There shall be no exterior evidence of the home occupation;
10. No commodity shall be stocked or sold on the premises to the general public;
11. Visitors, customers or deliveries shall not exceed that normally and reasonably occurring for a residence and shall, under no circumstance, exceed more than two business visitors an hour and eight a day and not more than two manufacturer or wholesaler direct deliveries of products or materials per week;
12. No on-street parking associated with the business shall be permitted;
13. Only vehicles used primarily as passenger vehicles shall be permitted in connection with the conduct of the home occupation;
14. The home occupation shall be restricted to 25 percent of the dwelling and shall not exceed 200 square feet of floor area, whichever is less; and
15. There shall be no group instruction, assembly or activity.

The undersigned hereby applies for a home occupation use in accordance with all regulations specified in the General Use Regulations of the City of Chamblee (Unified Development Ordinance, Chapter 240).

APPLICANT SIGNATURE: _____ **Date:** _____

City of Chamblee City Hall

5468 Peachtree Rd. | Chamblee, GA 30341 | 770-986-5010 | chambleega.gov



Private Employer Affidavit Pursuant To O.C.G.A. §69-60-6(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 select Section 1(v), please fill out Section 2 and 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 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 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 and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

Executed on the _____ day of _____, 20_____ in _____ (city), _____ (state)

Signature of Licensee

Printed Name of Licensee

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC

(Seal)

My Commission Expires: _____



S.A.V.E. AFFIDAVIT

Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration Compliance Act O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant, as a City Vendor, or as a recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act, (O.C.G.A. § 50-36-1), I am stating the following:

- I am a United States Citizen, or
(Must include a copy of either current State Driver's License, Passport, Military ID or other approved document*.)
- I am a legal Permanent Resident of the United States**, or
(Must include a copy of you Permanent Resident Card or other approved document*.)
- 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** (Must include a copy of your Employment Authorization Card or other approved document*.)

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

The undersigned applicant also hereby verified 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. §50-36-1(e)(1), with this affidavit. 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. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed on the _____ day of _____, 20_____ in _____ (city), _____ (state)

Signature of Licensee

Printed Name of Licensee

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC

(Seal)

My Commission Expires: _____



BUSINESS EMERGENCY CONTACT FORM

Name of Business

Business Street Address Suite/Apt. # City State Zip Code

Name of Business Owner (Company and/or Individual - Please print)

Business Phone Emergency Phone Cell Phone E-mail

Type of Business (Explain) Size of Business in Square Feet **or** Dimensions

Alarm System: Yes No If yes, Alarm system must be registered with the Chamblee Police Department and a Permit is required.

Hazardous or flammable materials stored on site? Yes No If yes, please list:

IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT (List in the order to be called):

First Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Second Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Third Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Name of Building/Property Owner

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone E-mail

City of Chamblee City Hall

5468 Peachtree Rd. | Chamblee, GA 30341 | 770-986-5010 | chambleega.gov