



PROCESS FOR OBTAINING AN  
**OCCUPATIONAL  
TAX CERTIFICATE**

# **LICENSING REVENUE & OCCUPATIONAL TAX**

City of Suwanee  
**Business Services Department**  
Licensing & Revenue Section / Occupational Tax Unit  
Phone (770) 904-3383

**OCCUPATIONAL  
APPLICATION**

# OCCUPATIONAL TAX APPLICATION

## FOR HOME BUSINESSES ONLY

### ZONING ORDINANCE - section 616 HOME OCCUPATIONS (please **READ** and **SIGN** at the bottom of this page)

- No more than 25 percent of the dwelling unit may be used for conducting the home occupation. If the home occupation is operated within an accessory building, that building shall not occupy more than 800 square feet.
- The home occupation shall not be open to the public or receive deliveries earlier than 8:00 a.m. or later than 8:00 p.m., excluding routine residential type carriers. The home occupation shall not generate objectionable traffic.
- Home Occupations shall be limited to a maximum of 2 business related visitors at any time. Business related visitors include but are not limited to employees, business partners, contractors, subcontractors, clients, customers, students, etc.
- It is the responsibility of home occupation applicants to be aware of their obligations to understand and comply with all applicable federal, state, and local laws, ordinances, regulations, and/or licensing requirements that may apply to their home occupation.
- It is the obligation of home occupation applicants to be aware of any neighborhood covenants that may apply to their home occupation. Issuance of a home occupation license by the City does not constitute an endorsement that all other regulations and/or covenants have been met.
- A home occupation shall produce no offensive noise, vibration, smoke, dust, odors, or heat. No equipment or process shall be used in a home occupation which creates visual or audible electrical interference in any radio or television receiver off the premises or which causes fluctuations in the line voltage off premises.
- The home occupation shall be incidental and secondary to the use of the dwelling. No additions or alternations to the dwelling unit, accessory building or lot shall be permitted that change the residential appearance of the premises. No separate driveway shall be permitted for a home occupation.
- The home occupation shall be constructed entirely from an enclosed structure. Neither home occupations nor any storage of goods, materials, or products connected with a home occupation shall be allowed outdoors or in carports. There shall be no visible evidence of the operation of the home occupation from neighboring properties. Window displays shall not be utilized. If materials are stored in an attached garage then the door shall not be left in the open position.
- Business related parties/gatherings may be held no more than once per month. These parties shall not be advertised to the general public.
- Multiple home occupations may be permitted within a single residence; however, the above limitations shall apply to the combined uses.
- Home occupations shall be limited to two visible business vehicles. No visible vehicle associated with a Home Occupation shall have more than 2 axles.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

**COMMERCIAL BUSINESS** or  **HOME BUSINESS** (SELECT ONE)

**Type of Application:**  
(CHECK ONE)

- New Business  
 Name Change  
 Location Change  
 New Owner

1<sup>st</sup> Date of Operation: \_\_\_ / \_\_\_ / \_\_\_

Previous Name: \_\_\_\_\_

\_\_\_\_\_

Previous Location: \_\_\_\_\_

Shared Space?  Yes  No

Active Building Permit?  Yes  No

Are you a disabled veteran?  Yes  No

### BUSINESS / OWNER INFORMATION

**Legal Business Name:** \_\_\_\_\_

**DBA Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
NUMBER STREET NAME SUITE NUMBER CITY ZIP

**Mailing Address:** \_\_\_\_\_  
NUMBER STREET NAME SUITE NUMBER CITY ZIP

**Total Business Square Footage:** \_\_\_\_\_ **FTIN/SSN #:** \_\_\_\_\_ **Sales & Use #:** \_\_\_\_\_

**Type of Ownership:**  
(CHECK BOX)

- Sole Owner     Private held Corporation     Public held Corporation subject to SEC Regulations  
 Partnership     Public held Corporation     Other \_\_\_\_\_  
(PLEASE EXPLAIN)

**Owner or President / On-Site Manager:** **Full Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
(INDICATE IF OWNER AND PRESIDENT / ON SITE MANAGER ARE DIFFERENT)

**Home Address:** \_\_\_\_\_  
NUMBER STREET NAME SUITE NUMBER CITY ZIP

**E-mail Address:** \_\_\_\_\_

**Owner or President / On-Site Manager:** \_\_\_\_\_

**Local Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**DESCRIBE CHARACTER OF BUSINESS** (BE VERY SPECIFIC ABOUT THE NATURE OF THE BUSINESS. INSUFFICIENT INFORMATION MAY DELAY THE APPROVAL OF YOUR APPLICATION)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Estimated Annual Gross Receipts:** \$ \_\_\_\_\_ **Number of employees, including owner:** \_\_\_\_\_  
BUSINESS START DATE

## CERTIFICATION

I, \_\_\_\_\_ hereby certify that I have provided complete and accurate information above. I acknowledge that I am aware that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and / or zoning enforcement action under the Zoning Ordinance. Furthermore, it is my responsibility to apply for and maintain all required Federal and State Licenses. Failure to be properly licensed may result in substantial penalties.

# OCCUPATIONAL TAX APPLICATION

## PRACTITIONERS OF PROFESSIONS

Certain Practitioners of Professions may elect to pay \$400 per practitioner in lieu of paying a tax on gross receipts. If you are eligible, and if you and all members of your firm elect to pay the flat, per practitioner tax this year, check below and you will be charged accordingly.

I Elect to pay a flat tax in lieu of reporting gross receipts and paying a tax based on gross receipts.

Please indicate the number of practitioners next to the appropriate type of professional.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Architect                    | <input type="checkbox"/> Land Surveyor       | <input type="checkbox"/> Podiatrist                        |
| <input type="checkbox"/> Chiropractor                 | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Practitioner of Physiotherapy     |
| <input type="checkbox"/> Dentist                      | <input type="checkbox"/> Lawyer              | <input type="checkbox"/> Psychologist                      |
| <input type="checkbox"/> Embalmer                     | <input type="checkbox"/> Optometrist         | <input type="checkbox"/> Public Accountant                 |
| <input type="checkbox"/> Engineer: Civil, Mech., Etc. | <input type="checkbox"/> Osteopath           | <input type="checkbox"/> Therapist/Counselor/Social Worker |
| <input type="checkbox"/> Funeral Director             | <input type="checkbox"/> Physician           | <input type="checkbox"/> Veterinarian                      |

## OFFICE USE ONLY

PLANNING AND ZONING USE ONLY	BUILDING INSPECTION USE ONLY
Zoning: _____	Inspection Fee Amount: _____
Action: _____	Date: _____
Signature: _____	Signature: _____
Date: _____	Comments: _____
Comments: _____	

NAICS CODE: \_\_\_\_\_

**EMERGENCY BUSINESS  
CONTACT INFORMATION** (FOR COMMERCIAL ONLY)

PLEASE FILL OUT ALL INFORMATION. IF A SECTION DOES NOT APPLY, MARK N/A.

**Business Name (Name Displayed on Building):** \_\_\_\_\_

**Name of Shopping Center/Professional Park, etc.:** \_\_\_\_\_

**Parent Company:** \_\_\_\_\_ **Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_**

**Physical Address:** \_\_\_\_\_  
NUMBER STREET NAME SUITE NUMBER CITY ZIP

**Building #:** \_\_\_\_\_ **Suite #:** \_\_\_\_\_

**Contact 1:** \_\_\_\_\_ **Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_**  
24 HOUR

**Contact 2:** \_\_\_\_\_ **Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_**  
24 HOUR

**Alarm Company:** \_\_\_\_\_ **Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_**

**Special Hazards:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

**Information Provided By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
SIGNATURE AND TITLE

**Dear Business Owner/ Manager,**

This information above is requested so that the Suwanee Police Department can contact you after normal business hours should an emergency situation arise. This information is **CONFIDENTIAL** and for this **OFFICIAL USE ONLY**. To help us serve you better, please update this information when necessary and return to the Business Services Department.



Suwanee Police Department  
 373 Highway 23 NW  
 Suwanee, GA 30024-2267

Chief **Michael S. Jones**  
 (770) 945-8995  
 (770) 945-2985

# OCCUPATIONAL TAX APPLICATION

## AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

PLEASE SIGN THE DOCUMENT ONLY IN THE PRESENCE OF THE NOTARY PUBLIC. THIS AFFIDAVIT MUST BE EXECUTED ANNUALLY.

By executing this affidavit under oath, as an applicant for a City of Suwanee, Georgia Occupational Tax Certificate, Alcohol License, or other public benefit as referred in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a public benefit:

Occupational Tax Certificate     Alcohol License     Other Public Benefit for \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- 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 hereby 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. §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. §16-10-20, AND FACE CRIMINAL PENALTIES AS ALLOWED BY SUCH CRIMINAL STATUTE.**

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 2016

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

\_\_\_\_\_  
SEAL

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NAME OF APPLICANT

## PRIVATE EMPLOYER AFFIDAVIT

Under Georgia Law, employers must now register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit [www.uscis.gov/everify](http://www.uscis.gov/everify). The CITY OF SUWANEE will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

BY EXECUTING THIS AFFIDAVIT UNDER OATH, as an applicant for a(n) **Occupational Tax Certificate** as referenced in O.C.G.A. § 36-60-6(d), from the CITY OF SUWANEE, the undersigned applicant representing the private employer known as \_\_\_\_\_ verifies one of the following with respect to my application for the above  
PRINTED NAME OF PRIVATE EMPLOYER – INDIVIDUAL, FIRM OR CORPORATION

mentioned business document:

### 1. Choose one of the following:

- (a)  On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **more than ten (10) employees**.  
If the employer selected (a) please fill out section 2 below.
- (b)  On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **less than ten (10) employees**.

**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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
FEDERAL WORK AUTHORIZATION USER IDENTIFICATION NUMBER  
THIS IS NOT AN EIN OR FEDERAL EMPLOYER ID NUMBER

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
DATE OF AUTHORIZATION

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.

**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 ALLOWED BY SUCH STATUTE.**

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 2016

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICER OR AGENT

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

\_\_\_\_\_  
NAME AND TITLE OF AUTHORIZED OFFICER OR AGENT

\_\_\_\_\_  
SEAL

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

# CONTACT INFORMATION FOR OCCUPATIONAL TAX CERTIFICATE

## LOCAL AND STATE CONTACTS

### ■ Application process and forms:

Michelle Comer  
Business Services Department  
(770) 904-3383

### ■ Fire Marshal Certificate of Occupancy:

Gwinnett County Fire Marshal  
446 West Crogan Street, Suite 150 (Planning and Development), Lawrenceville, GA 30046  
(678) 518-6000

### ■ Health Inspection for restaurants:

Environmental Health Services – East Metro District  
State of Georgia Division of Public Health  
455 Grayson Highway, Suite 600, Lawrenceville, GA 30046  
(770) 963-5132

**City of Suwanee**  
330 Town Center Ave  
Suwanee, GA 30024

### ■ Inspection for Final Certificate of Occupancy:

Inspection Department  
(770) 945-8996  
Monday-Friday 8am to 5pm

### ■ Sign application:

Inspection Department  
770-945-8996

### ■ Trade name registration:

Gwinnet County Superior Court  
75 Langley Drive, Lawrenceville, GA 30045  
770-822-8100

### ■ Set-up for corporation, limited liability companies and limited partnerships:

Georgia Secretary of State  
[www.sos.georgia.gov](http://www.sos.georgia.gov)  
2 MLK, Jr. Dr. Suite 313, Floyd West Tower, Atlanta, GA 30334-1530  
404-656-2817

### ■ Employer Identity Number (FTIN):

Internal Revenue Service  
[www.irs.gov](http://www.irs.gov)  
800-829-4933

### ■ State Taxpayer Identifier (STI), State withholding number and Sales tax exemptions:

Georgia Department of Revenue  
[www.etax.dor.ga.gov](http://www.etax.dor.ga.gov)  
404-417-6601

