



# Carroll County Department of Community Development

423 College Street  
P.O. Box 338

Carrollton, GA 30117  
(770) 830-5861

## APPLICATION FOR NEW OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE)

**Step 1: Have staff complete the Parcel Information Sheet.**

**Step 2: Complete the application below and submit it, along with the Parcel Information Sheet, Affidavit (s) and appropriate fees to Community Development for review.**

### Business Information

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Number of Employees: \_\_\_\_\_ E-Verify Number: \_\_\_\_\_ Business Type: \_\_\_\_\_

Description of Dominant Business: \_\_\_\_\_

*If business is a partnership or corporation, please attach a list of the names, home phone numbers, and addresses of all partners, officers, or directors.*

### BUSINESS owner/ applicant information

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

Phone: \_\_\_\_\_ Applicant E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Driver's License # or State ID#: \_\_\_\_\_  
(must provide photo I.D.)

I (we) understand that the Occupational Tax Fee is based on the Total Gross of the business. I (we) will submit a copy of the Federal Income Tax forms for the business to Carroll County Community Development to be placed in our file.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Notary : \_\_\_\_\_

My commission expires on : \_\_\_\_\_

Seal:



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STATE OF GEORGIA  
COUNTY OF CARROLL

## AFFIDAVIT FOR AN OCCUPATIONAL TAX CERTIFICATE

\_\_\_\_\_, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for an Occupational Tax Certificate under the Ordinances of Carroll County:

*The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.*

*On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.*

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
AFFIANT (signature)

Personal \_\_\_\_\_

Address: \_\_\_\_\_

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity name and address:  
Entity: \_\_\_\_\_  
Address: \_\_\_\_\_

Sworn to and subscribed before me on this  
\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

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

Seal:

**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 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select 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 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 on \_\_\_\_\_, \_\_, 202\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).**

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> 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.



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**PARCEL INFORMATION SHEET**  
**APPLICATION FOR ZONING COMPLIANCE CERTIFICATE**  
To be filled out by Map Room Personnel in Room #414

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 <sup>ST</sup> :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
REQUIRED SETBACKS		FRONT	
		SIDE	
		REAR	
<b>CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST</b>			
<input type="checkbox"/> Owner(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities <input type="checkbox"/> Applicant's Certification			
Signature of County Planner or Designee: _____		Date: _____	
Comments: _____			
CDP COMPLIANCE	<input type="checkbox"/> YES	Signature of CDP Administrator or Designee: _____ Date: _____	
	<input type="checkbox"/> NO		
PLAT APPROVED	<input type="checkbox"/> YES	Signature of County Engineer or Designee: _____ Date: _____	
	<input type="checkbox"/> NO		
APPROVED FOR NEW ADDRESS	<input type="checkbox"/> YES	Signature of County Planner or Designee: _____ Date: _____	
	<input type="checkbox"/> NO		



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## AFFIDAVIT VERIFYING STATUS FOR A CARROLL COUNTY PUBLIC BENEFIT

By executing this affidavit under oath, as an applicant for an OCCUPATIONAL TAX CERTIFICATE (BUSINESS 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 an OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE) or other public benefit for \_\_\_\_\_ [PRINT NAME]. [Name of natural person applying on behalf of individual, business, corporation, or other private entity]

### CHECK ONE OF THE FOLLOWING:

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.\*

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 Code Section 16-10-20 of the Official Code of Georgia.

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*Alien Registration Number for Non-Citizens: \_\_\_\_\_

\*Note: O.C.G.A. 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 residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

### Notary

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

Seal:



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## Home Occupation & Occupational Tax Certificate Affidavit

I hereby do certify that the information provided in this document has been explained to me. I understand the following are requirements for renewal of the Carroll County Home Occupation and the Occupational Tax Certificate (Business License).

*Please initial:*

- \_\_\_\_\_ The Carroll County *Home Occupation* expires on December 31<sup>st</sup> of each year.
- \_\_\_\_\_ The Carroll County *Home Occupation* must be renewed between January 1<sup>st</sup> and April 15<sup>th</sup> of the following year.
- \_\_\_\_\_ The renewal fee for the Carroll County *Home Occupation* is \$125.00 annually.
- \_\_\_\_\_ The *Occupational Tax Certificate* (Business License) expires on December 31<sup>st</sup> of each year.
- \_\_\_\_\_ The *Occupational Tax Certificate* must be renewed between January 1<sup>st</sup> and April 15<sup>th</sup> of the following year.
- \_\_\_\_\_ When you renew your *Occupational Tax Certificate* you are required to bring a copy of your IRS form 1040 showing the gross receipts that were generated by your company during the previous year or the Georgia Department of Revenue form ST-3 that reflects the Sales and Use Tax for the previous year.
- \_\_\_\_\_ If your company files an extension with the IRS you are still required to bring a copy of the extension to be placed on file until your taxes are completed and filed. Then you will need to follow the above stated regulation for reporting revenues.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of the Department of Codes Enforcement or his designee

\_\_\_\_\_  
Date