



Carroll County Department of Community Development

423 College Street; P.O. Box 338, Carrollton, GA 30117 ☎ 770.830.5861

APPLICATION FOR A NEW OCCUPATIONAL TAX CERTIFICATE

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: _____

Mailing Address: _____ City: _____ State: ____ ZIP: _____

Business Phone: _____

Date Business was established: _____

Number of Employees: _____ E-Verify #: _____

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

Owner Name: _____

Phone: _____ Applicant Email: _____

Address: _____ City: _____ State: ____ ZIP: _____

SS# or Tax I.D. # _____

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 the Department of Community Development to be put in our file.

Signature _____ Position _____ Date _____

Notary: _____

My commission expires on: _____

Seal:

OCCUPATIONAL TAX/HOME OCCUPATION ESTIMATE FORM

Business Name: _____ **Date:** _____

Estimated Gross Receipts for 2016 : _____

Business Owners Signature: _____ **2015 Tax Forms Enclosed** Yes No

Calculate your payment using the following table and the information on your renewal letter/license. If you have an OTC, use Worksheet A, a Home Occupation, use Worksheet B.

Occupational Tax Class Table

| Tax Class | Tax Rate on Gross Receipts | Rate per \$1,000 of Gross |
|-----------|----------------------------|---------------------------|
| 1 | 0.00050 | \$ 0.50 |
| 2 | 0.00062 | \$ 0.62 |
| 3 | 0.00075 | \$ 0.75 |

Example:

If your business total gross estimate is \$500,000.00 and the tax class is 1:

\$ 500,000.00 (Total Gross estimated for 2016)
 x .00050 (multiplied by the tax class)

 250.00 (License Fee)

Add the administration fee of \$35.00

Your O.T. total = \$505.00

If your Business has a sign* add \$25.00 = \$310.00

*****Adjustment*****

After receiving your 2015 Tax Forms, you may be notified of an adjustment (refund/payment due) to your 2015 License Fee.

Staff will verify that you have applied the correct license fee before issuing a new license.

**This is for existing signage only. New signage will require the submittal of a sign permit application.*

| Worksheet A. Occupational Tax Certificate | Worksheet B. Home Occupation |
|--|--|
| _____ Total Gross Estimate 2016 | _____ Total Gross Estimate 2016 |
| x _____ Tax Rate on Gross Receipts | x _____ Tax Rate on Gross Receipts |
| = _____ License Fee | = _____ License Fee |
| + \$35 Administration Fee | + \$35 Administration Fee |
| + \$25 for Sign Renewal (if Business has signage) | + \$125 Application Fee |
| = _____ Total Amount Due plus adjustment if any apply. | = _____ Total Amount Due plus adjustment if any apply. |

2015 Tax Extension Request

I, _____, would like to request an extension on my 2015 Occupational Tax Adjustments. I understand that I will be required to submit a copy of my 2015 Federal Income Tax return as soon as it is completed and filed. I also understand that I am to provide the Department of Community Development with this information no later than December 1, 2016.

Note: If an extension has been requested, we require a copy of the Request that was sent to the Federal Income Tax Division.

Signature: _____ Title: _____ Date: _____

*According to Georgia Dept. of Revenue Tax Guide all taxpayers must file a return for each period even if their business did not operate or there were no taxable sales.

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).

- ❑ The Carroll County *Home Occupation* expires on December 31st of each year.
- ❑ The Carroll County *Home Occupation* must be renewed between January 1st and April 15th 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 31st of each year.
- ❑ The *Occupational Tax Certificate* must be renewed between January 1st and April 15th 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

STATE OF GEORGIA
COUNTY OF CARROLL



AFFIDAVIT FOR A _____

_____, 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 a _____ 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)

Address: _____

Sworn to and subscribed
before me this ____ day
of _____, _____.

If Affiant is authorized to sign on behalf of a
partnership, corporation, or other organization or entity,
please set forth the entity and address

Notary Public

Entity: _____
Address: _____

My Commission Expires: _____

**PARCEL INFORMATION SHEET &
APPLICATION FOR ZONING COMPLIANCE CERTIFICATE**

*To be completed by Community Development Staff with information from www.carrolltax.com or
to be filled out by Map Room Personnel in Room #414.*

DEPARTMENT STAFF/MAP ROOM OFFICIAL: _____

LAND LOT: _____ **MAP:** _____

DISTRICT: _____ **PARCEL:** _____

CURRENT PROPERTY OWNER: _____

PROPERTY OWNER AS OF JANUARY 1ST: _____

APPLICANT (IF DIFFERENT FROM OWNER): _____

PROJECT ADDRESS: _____

CITY: _____

TELEPHONE NUMBER: _____

SUBDIVISION: _____ **LOT #:** _____

ACREAGE: _____ **PARCEL SPLIT FROM:** _____

To be completed by the Zoning Administrator

| | | |
|--------------------------------------|-------|--|
| CURRENT ZONING CLASSIFICATION | | |
| REQUIRED SETBACKS | FRONT | |
| | SIDE | |
| | REAR | |

CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST

- Owner(s) & Agent (if applicable)
- Legal Description or Adequate Description of Property
- Complete Inventory of Existing Structures (noting uses & non-conforming structures)
- Complete Inventory of Proposed Structures
- Complete Inventory of Existing Uses and/or Activities
- Applicant's Certification

Signature of Zoning Administrator or Designee: _____ **Date:** _____

To be completed by the Corridor Development Plan Administrator

CDP COMPLIANCE YES NO **Signature of CDP Administrator or Designee:** _____
Date: _____

To be completed by the County Engineer

_____ Plat Approved _____ Plat Not Approved

Signature of Engineer or Designee: _____ **Date:** _____

APPROVED FOR NEW ADDRESS YES NO **Signature of Zoning Administrator or Designee:** _____
Date: _____