Barrow County Occupational Tax / Regulatory Fee Registration Form

Economic & Community Development
30 North Broad Street
Winder, GA 30680
770-307-3021
www.barrowga.org

Date:_____

Name of Business:_____

Location of Business:
Street: _____
City: _____ Zip: _____

Mailing Address of Business (if different):
Street: _____
City: _____ Zip: _____

Contact phone #: _____ Email _____

Social Security No./Federal ID:_____ Sales Tax No: _____

Business Activities: _____ NAICS #: _____
State Certification # required: ____Yes or ____ No (If "Yes" current certification **MUST** be attached)

Owner/Registered Agent:
Name: _____
Street: _____
City/State: _____Zip: _____
Phone #: _____

President/Partner:
Name: _____
Street: _____
City/State: _____Zip: _____
Phone #: _____

On a monthly average how many employees (*) do you have? _____
* 10 employees and over must supply E-Verify #: _____

Will signage be used at this or any other location for this business? ___ Yes or ____ No (If "Yes" a sign permit **MUST** be obtained prior to any placement of signs)
Location of sign/signs: _____

*****All Home Office Applicants must read and sign Barrow County Home Office Requirement Form.***

******It is the Business Owners responsibility to ensure all businesses are in compliance with Environmental Health.***

Print Name: _____ Signature: _____

County to complete:

Date: _____ Checked By: _____
Map & Parcel #: _____-_____ Current Zoning: _____ District: _____
Is the Zoning Compatible for proposed business? ___ Yes or ____ No

Fire Marshal Inspection Req. for all business other than Home Office: Approved / Denied Date: _____

Comments:_____

Tax Liability:	Administration Fee	$35.00
	1 employee	$25.00
	2-10 employees	$25.00 for each employee
	Over 10 employees	$250.00 + ($10.00 times the # of employees over 10)

Tax Liability $_____
Practitioner Fee $_____
Regulatory Fee $_____(see attached)
Total $_____ ___ Cash _____Check # Occupational Tax #_____

BARROW COUNTY BOARD OF COMMISSIONERS
BUSINESS LICENSE/OCCUPATION TAX/ SIGN FEES/COPY FEES
FOR FISCAL YEAR 2016

Regulatory Fees (in addition to business license/occupation tax):	
Auctioneer $100.00 per auction	$100.00
Peddlers of produce including flowers or agriculture products $40 per yr	$40.00
Dealers gold, silver, precious metals $200.00 per yr	$200.00
Bail Bondsman $100.00 per yr	$100.00
Fortunetellers/Palm Readers $100 per yr	$100.00
Game Rooms/Pool Halls $100 per yr	$100.00
Pawnbrokers $200.00 per yr	$200.00
Carnivals, Circuses & Fairs $100 per yr	$100.00
Peddlers of all other products $100.00 per yr	$100.00
Scrap Metal/Salvage Dealers $100 per yr	$100.00
Taxicab & Limousine Operators $100 per car per yr + $50 per operator per yr	$100.00

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____ [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from _____ [*name of government entity*], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ 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.

Executed in _____ (city), _____(state).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20____

_____
NOTARY PUBLIC
My Commission Expires:

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ___, 201__ in _____(city), _____(state).

_____
Printed Name of Exempt Private Employer

_____
Signature of Exempt Private Employer or
Authorized Officer or Agent

_____
Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____,201__.

_____

NOTARY PUBLIC

My Commission Expires:

_____

* This affidavit is for submissions made on or after to July 1, 2013.

Barrow County Home Office Requirements

Sec. 89-219 Home office: A home occupation that is limited to an office use and does not involve visits or access by the public, suppliers or customers, and does not involve the receipt, maintenance, repair, storage or transfer of merchandise at the home.

(b) Home occupations in general. Home occupations are subject to the following:

(1) No home occupation use shall create noise, dust, vibration, smell, excessive traffic, smoke, glare, or electrical interference that would be detected beyond the dwelling unit.

(2) A home occupation use shall not create traffic inconsistent with surrounding property uses.

(3) There shall be no exterior lighting of the building or property that is not in character with a residential neighborhood.

(c) Home office.

(1) Home offices shall be located and conducted in such a manner that the average neighbor under normal circumstances would not be aware of their existence.

(2) Permitted activities.

a. A home office shall be limited to the personal conduct of a business within one's place of residence. There shall be no exterior indication that the business activity is taking place.

b. A home office is allowed only as an accessory use to a residential dwelling.

(3) Limitations on size and location.

a. The floor area devoted to the home office no more than 25 percent of the heated floor area of the dwelling unit or 500 square feet (whichever is less). This limitation applies to the aggregate floor area of all areas devoted to the home office, whether located within the dwelling or in an accessory structure.

b. There shall be no activity or display associated with the home office outside of any building or structure.

c. The use shall be conducted entirely within the dwelling unit.

(4) Activity controls.

a. There shall be no exchange of merchandise of any kind on the premises.

b. No use shall involve public contact on the property and no article, product or service shall be sold on the premises other than by telephone, unless this use has been granted a special permit.

c. There shall be no activities on the premises that are associated with personal service occupations such as a barber shop, beauty shop, hairdresser or similar activities.

d. There shall be no manufacturing, assembly or fabrication of products on the premises conducted as an occupation or commercial venture.

e. There shall be no associates or employees on the premises other than other members of the family who reside on the premises.

f. It shall be unlawful to store or park any business material, business equipment or business vehicle on the premises of the home office, unless any such business material, equipment or vehicle is confined entirely within the residence or in an approved accessory structure, except that one business vehicle complying with the restrictions contained in subsections 89-726(a) and (b), and used exclusively by the resident may be parked on a paved driveway or other paved parking area, in a carport or garage, or in a rear yard.

g. There shall be no parking spaces provided or designated specifically for the home office.

I have read, understand, and agree to the above terms of the Home Office Permit. By signing this document I understand that any violation of the above terms will null and void this permit.

Signature Date

Witness Date

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

_____
Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ___, 201__ 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 _____,201__.

_____
NOTARY PUBLIC

My Commission Expires:
_____

Barrow County

Environmental Health

is located at

10 W. Williams Street, Winder, GA 30680

Phone # 770-307-3502

If your Business has a septic system, you must have approval from Environmental Health before a License to operate will be issued.

BARROW COUNTY EMERGENCY SERVICES

Office of Fire and Life Safety Inspections
222 Pleasant Hill Church Rd. N.E.
Office Phone (770) 307-2987
gcain@barrowga.org

Application for Fire and Life Safety Inspection

To Whom It May Concern:

Pursuant to the provisions and regulations of the Georgia Safety Laws

I _____ Owner/Authorized Representative

Hereby submit application and request inspection of the follow location

Address: _____

City: _____Zip Code: _____

Business Name: _____

Contact Name: _____

Phone Number: _____

Type Business Conducted: _____

The Building will be ready for inspection on: _____

This application and request for inspection is to be submitted 10 business days prior to date of requested inspection.

Signature of Applicant: _____

Date: _____