



City of Suwanee Home Occupational Tax Certificate Application

Home Occupations are regulated by the City of Suwanee Zoning Ordinance. The ordinance defines home occupations as: “An occupation customarily carried on within a dwelling unit for gain or support involving the sale of only those articles, products or services produced on the premise, conducted entirely within the dwelling by members of the immediate family residing in the dwelling unit, using equipment customarily used for household purposes and involving no display of articles or products. A customary home occupation includes the accommodation of not more than two boarders or roomers.” (Article 3)

Planning and Zoning Use Only	Accounting Use Only
Action:	Located in City Limits:
Signature:	SIC Code: Class Code:
Date:	Occupational Tax: \$

Business/Owner Information:

Owner(s) Name: _____

Business Name: _____

Owner Address: _____

Mailing Address: _____

Suwanee, GA 30024

(street address / p.o. box)

(city, state, zip code)

Owner Phone Number: _____

Business Phone Number _____

Business Start Date: _____

FTIN or SSN: _____

Business Start Date in Suwanee: _____

Describe type of Business (i.e., construction, real estate, etc.)
Describe business activities taking place on property:

Estimated Gross Receipts from January 1 until December 31: \$ _____ **This information is confidential**

Will you store items outside of your house? YES NO

Will employees not living in the residence be coming to the house? YES NO

Will any of your business activities take place on your property, but outside your home? YES NO

Other than customers, will anyone else be coming to the house for business-related reasons? YES NO

Will you have more than 2 employees living in your home? YES NO

SPECIAL NOTE:

Even if the City does approve the home occupation, your homeowners association may have covenants that do not allow home occupations. The City does not enforce these covenants, but you need to be aware of them.

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 home occupation requirements may result in revocation of my Occupational Tax Certificate and/or zoning enforcement action under the Zoning Ordinance.

Applicant Signature: _____

Date: _____