

# Occupational tax certificate application



**Business Services** Department  
Licensing & Revenue Section / Occupational Tax Unit  
phone: 770.904.3383

city of  
**Suwanee**  
Georgia



## CHECKLIST

### ALL BUSINESS

- S.A.V.E. AFFIDAVIT VERIFYING PUBLIC BENEFIT APPLICATION STATE REQUIREMENT**  
As required by Office Code of Georgia § 50-36-1 (e), any applicant for the City of Suwanee Occupational Tax Certificate must execute an affidavit certifying legal presence in the United States. “Systematic Alien Verification for Entitlements” (S.A.V.E.) Program is an inter-governmental information sharing initiative designed to aid in determining immigration status.
- PRIVATE EMPLOYER AFFIDAVIT STATE REQUIREMENT**  
As required by office Code of Georgia § 36-60-6, any applicant for the City of Suwanee Occupational Tax Certificate must execute an affidavit certifying compliance with the Federal E-Verify program.
- COPY OF SECURE AND VERIFIABLE DOCUMENT UNDER O.C.G.A**  
Such as a driver’s license, passport, or other document from the list of secure and verifiable documents that are located on the Attorney General’s website at [law.georgia.gov](http://law.georgia.gov).
- NAICS CODE: [naics.com/search/](http://naics.com/search/)**  
Provide the code that best describes the nature of your business.
- COPY OF THE ARTICLES OF CORPORATION INCLUDING OFFICERS IF A CORPORATION**
- COPY OF THE FEDERAL TAX CERTIFICATE (EIN)**
- COPY STATE SALES AND USE TAX CERTIFICATE, IF APPLICABLE**

### HOME BUSINESS

- SIGNED ZONING ORDINANCE**

### COMMERCIAL BUSINESS

- COPY OF GWINNETT COUNTY FIRE MARSHALL CERTIFICATE OF OCCUPANCY**  
[eddspemits.gwinnettcountry.com/citizenaccess/](http://eddspemits.gwinnettcountry.com/citizenaccess/)
- COPY OF LICENSURE (COSMETOLOGY, PHYSICIAN, MASSAGE THERAPY, ATTORNEY, ETC.)**
- COPY OF HEALTH INSPECTION (IF APPLICABLE)**
- EMERGENCY CONTACT [suwanee.com/government/city-hall/business-services-department/business-license](http://suwanee.com/government/city-hall/business-services-department/business-license)**



# FOR HOME BUSINESSES ONLY

## ZONING ORDINANCE - section 616 HOME OCCUPATIONS

(please **READ** and **SIGN** at the bottom of this page)

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. Business related parties/gatherings may be held no more than once per month. These parties shall not be advertised to the general public.
10. Multiple home occupations may be permitted within a single residence; however, the above limitations shall apply to the combined uses.
11. 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

# Occupational tax certificate application

## APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

**TYPE OF APPLICATION:**  
(check **One** box)

**COMMERCIAL BUSINESS**

**HOME BUSINESS** (check **One**)

**New Business**

**Name Change**

**Location Change**

**New Owner**

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 state zip

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

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

**TYPE OF OWNERSHIP:**  
(check **One** box)

Sole Owner

Private held Corporation

Public held Corporation subject to SEC Regulations

Partnership

Public held Corporation

Other \_\_\_\_\_

explain

**OWNER OR PRESIDENT / ON-SITE MANAGER:** Indicate if **owner and president / on site manager** are different

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
number street name suite number city state zip

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

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

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

**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: \_\_\_\_\_

NAICS Code: \_\_\_\_\_  
naics.com/search/

### 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.



# 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:	

# Occupational tax certificate application

## AFFIDAVITS VERIFYING STATUS FOR CITY PUBLIC BENEFITS 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 an Occupational Tax Certificate, Alcohol License, or other public benefit document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), O.C.G.A. Section 50-36-1, from the CITY OF SUWANEE, the undersigned applicant representing the private employer known as:

**Business Name:** \_\_\_\_\_ (Must complete ALL sections below)

### SECTION A (Choose one of the following)

**(10 or More Employees)** On January 1st of the below signed year, the individual, firm, or corporation employed TEN (10) OR MORE employees. 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). - [uscis.gov/everify](https://uscis.gov/everify)  
The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below.

**E-Verify:** \_\_\_\_\_ **Date of Authorization:** \_\_\_\_\_

**(9 or Less Employees)** On January 1st of the below signed year, the individual, firm, or corporation employed LESS THAN TEN (10) employees - **Exempt from E-Verify registration.**

### SECTION B (Choose one of the following)

- I am a United States citizen.**  
Please submit a copy of your current Secure and Verifiable Document(s) such as: a driver's license, military id card, or passport.
- I am a legal permanent resident of the United States.**  
Please bring a copy of your Permanent Resident Card.
- 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 the O.C.G.A. §50-36-1(e)(1), with this affidavit.

**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.**

### SECTION C (Must be completed with a notary)

**Subscribed and sworn before me on this the**

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
notary public

\_\_\_\_\_  
name of applicant

\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
seal

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

\_\_\_\_\_  
city where executed

\_\_\_\_\_  
state



## LOCAL AND STATE CONTACTS

**APPLICATION PROCESS AND FORMS:** **Cinnamon Wright - City of Suwanee**  
Business Services Department  
770-904-3383

**FIRE MARSHAL CERTIFICATE OF OCCUPANCY:** **Gwinnett County Fire Marshal**  
[Eddspermits.gwinnettcounty.com/citizenaccess/](https://eddspermits.gwinnettcounty.com/citizenaccess/)

**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

**INSPECTION FOR FINAL CERTIFICATE OF OCCUPANCY:** **Inspection Department - City of Suwanee**  
770-945-8996  
Monday-Friday 8am - 5pm

**SIGN APPLICATION/BUILDING PERMIT:** **Inspection Department - City of Suwanee**  
770-945-8996 | [permitinfo@suwanee.com](mailto:permitinfo@suwanee.com)

**TRADE NAME REGISTRATION:** **Gwinnett 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**  
2 MLK, Jr. Dr. Suite 313, Floyd West Tower, Atlanta, GA 30334-1530  
404-656-2817 | [sos.georgia.gov](http://sos.georgia.gov)

**EMPLOYER IDENTITY NUMBER (FTIN):** **Internal Revenue Service**  
800-829-4933 | [irs.gov](http://irs.gov)

**STATE TAXPAYER IDENTIFIER (STI), STATE WITHHOLDING NUMBER AND SALES TAX EXEMPTIONS:** **Georgia Department of Revenue**  
877-423-6711 | [dor.georgia.gov/registration](http://dor.georgia.gov/registration)

**NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM/ NAICS CODE** **Atlanta Regional Office**  
101 Marietta Street, NW, Suite 3200  
Atlanta, GA 30303  
404-338-7962



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