



EFFINGHAM COUNTY OCCUPATION TAX CERTIFICATE APPLICATION

For Office Use Only

Map _____ Parcel _____ Zoning _____ License Number _____ SIC Number _____

Business Type: Home Occupation Commercial Rural Business Residential Business

Board Approval Date: _____ Board Approval Date: _____

Zoning Administrator Signature: _____ Date: _____

Business Name: _____

Owner of Business: _____

Location of Business: _____
(Street Address) (City) (State) (Zip Code)

Mailing Address (if different): _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____ Email Address: _____

Are you the owner of the property where the business is being conducted? Yes No
(If no, a letter must be provided from the property owner giving permission for a home occupation license)

Property Owner / Address / Phone: _____

Description of Business: _____

Will your business require customers or clients coming onto the property? Yes No

Will your business require work conducted from any other structure located on the property? Yes No

Are you applying for an alcohol license? Yes No

Number of Employees: (including self) Part Time _____ Full Time _____

Is a state certification required for the type of business conducted? Yes No

If yes, note your Certification Number: _____

Year for which application is being made: _____

Section 3.15 of the Effingham County Zoning Ordinance

"Home occupation" means an occupation or profession which is conducted entirely within a dwelling, which is carried on only by family members residing therein, which does not involve customers or clients coming onto the premises, and which is clearly incidental and secondary to the use of the dwelling for residential purposes.

Any business being based from another structure on your property or having customers or clients in home MUST have approval by the Planning Board and Commissioners.

APPLICANT SIGNATURE

APPLICANT NAME (please print)

DATE



HOME OCCUPATION AFFIDAVIT

APPENDIX C - ZONING ORDINANCE, ARTICLE III. GENERAL PROVISIONS, SECTION 3.15

"Home occupation" means an occupation or profession which is conducted entirely within a dwelling, which is carried on only by family members residing therein, which does not involve customers or clients coming onto the premises, and which is clearly incidental and secondary to the use of the dwelling for residential purposes.

Home occupations are permitted in the Agricultural Residential districts (AR-1 and AR-2) and Residential districts (R-1 and R-2), provided the following criteria are met:

- (a) Each home occupation must be approved by the zoning administrator before any activities in connection with the occupation begin.
- (b) "Home occupation" shall not include the repair and/or maintenance of motor vehicles, large scale manufacturing or any use which will create noise, noxious odors, or any hazard that may endanger the health, safety, or welfare of the neighborhood.
- (c) A home occupation shall not create noise, dust, vibration, odor, smoke, glare, or electrical interference that would be detectable beyond the dwelling's structure.
- (d) A home occupation shall not allow customers or clients to come to the premises.
- (e) The dwelling in which a home occupation is conducted must be the bona fide residence of the principal practitioner thereof.
- (f) Home occupations shall be limited to no more than 25 percent of the total heated floor area of the residence or 500 square feet, whichever is less.
- (g) The proposed size of the home occupation shall be specified at the time of application to the zoning administrator.
- (h) Any additions or alterations to the residence which will be used for the home occupation must be of an architectural style in keeping with the surrounding residential and agricultural development.
- (i) There shall be no exterior evidence of a business being conducted on the premises. No outside storage or display, including signs, shall be allowed.
- (j) No more than two commercial ventures (home occupations, residential businesses, and/or rural businesses) shall be allowed in any residence at one time.
- (k) One business vehicle used exclusively by the resident is permitted. The vehicle shall be no larger in size than a pick-up truck, panel truck, or van and is limited in size to one-ton carrying capacity. The vehicle shall not have business identification (signs) on it when it is parked at the premises and will not have any equipment used in the business left on the vehicle in a manner that can be seen from the surrounding property.
- (l) Pick-ups from and deliveries to the site in regard to the business shall be restricted to vehicles having no more than two axles and shall be restricted to no more than two pick-ups or deliveries per day.

I have read the above and agree to conduct my business in accordance with the above ordinance.

Print Name _____

Signature _____

Date _____

Address _____

OFFICIAL USE ONLY

Date Received: _____

Date Reviewed: _____

Reviewed by: _____ Zoning _____

E-VERIFY AFFIDAVIT

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 1st of the below-signed year, the Individual, firm, or corporation employed more than ten (10) employees.
- (B) _____ On January 1st of the below-signed year, the Individual, firm, or corporation employed ten (10) or fewer employees.

*****If the employer selected Section 1(A), please fill out Section 2 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 used identification number and date of authorization is as follows:

Name of Private Employer

Business Account No.

Federal Work Authorization User Identification Number

(Also called E-verify#, usually 4-6 digits)

Sales Tax ID NO. (Only if Applicable)

Date of Authorization

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

Executed on _____, _____, 20____ 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 _____, 20_____.

SEAL

NOTARY PUBLIC

My Commission Expires: _____

Affidavit Verifying Status for Effingham County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Effingham County, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit 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 a Effingham County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____.(Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

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.

Signature of Applicant:

Date:

Printed Name:

*

_____ Alien Registration number for non-citizens

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20____

Notary Public

My Commission Expires:

***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:
