



# OCCUPATIONAL TAX CERTIFICATE

## Fayette County, Georgia

140 Stonewall Avenue West, Suite 202, Fayetteville, GA 30214  
770-305-5421

### Occupational Tax Certificate:

An **Occupational Tax Certificate must be obtained before your business can open.** Please note, the Occupational Tax Certificate **DOES NOT** establish your business. **It is NOT a business license.** The Occupational Tax Certificate only creates your Fayette County tax account. Additionally, the Occupational Tax Certificate does not exempt you from building safety and other regulatory requirements. Please be sure to comply with all state, county and local requirements associated with operating your business.

### For Home-Based Businesses

- Provide a Valid Form of Identification (*choose one of the following*):
  1. A state ID, Driver License, or United States passport
  2. A United States military identification card
  3. A U.S. Permanent Resident card or Alien Registration Receipt card
  4. An Employment Authorization Document
- Submit a completed Fayette County Occupation Occupational Tax Certificate Application
- Submit a completed Affidavit Verifying Status for County Public Benefit (**Must be signed in front of a Notary**)
- Submit a completed Private Employer Affidavit (**Must be signed in front of a Notary**)
- Submit a copy of your Business Name/ Status:
  - a. Sole-Proprietor and partnerships - requiring a Trade Name (applied with the County Clerk of Superior Courts)
  - b. LLC and Corporations – require Georgia Secretary of State documentation.
- A Completed Conditional Use Permit (CUP) for Home Occupation Form and payment of CUP fee of \$30
- Proof of Residency (Driver License with address or Utility Bill)

### SPECIAL DOCUMENTS

- State Contractor Agreement (Cottage Food, Auto Sales, Private Home Care, Catering, Food Sales, etc.)
- Special Uses (Tourist Accommodation, Airbnb....) Contact Fire Marshal
- Copy of your State of Georgia Professional/Trade License/Georgia Department of Agriculture License (if applicable)

### For Commercial Businesses

- Provide a Valid Form of Identification (*choose one of the following*):
  1. A state ID, Driver License, or United States passport
  2. A United States military identification card
  3. A U.S. Permanent Resident card or Alien Registration Receipt card
  4. An Employment Authorization Document
- Submit a completed Fayette County Occupation Occupational Tax Certificate Application
- Submit a completed Affidavit Verifying Status for County Public Benefit (**Must be signed in front of a Notary**)
- Submit a completed Private Employer Affidavit (**Must be signed in front of a Notary**)
- Submit a copy of your Business Name/ Status:
  - a. Sole-Proprietor and partnerships - requiring a Trade Name (applied with the County Clerk of Superior Courts)
  - b. LLC and Corporations – require Georgia Secretary of State documentation.
- Proof of ownership for the property OR a copy of your rental agreement
- A completed Parking Space Allocation Form (**This Form must be Filled & Signed by Property Owner**)
- A completed Certificate of Zoning Compliance Form (**This Form must be Filled & Signed by Property Owner**)

### SPECIAL DOCUMENTS

- State Contractor Agreement (Cottage Food, Auto Sales, Private Home Care, Catering, Food Sales, etc.)
- Special Uses (Tourist Accommodation, Airbnb....) Contact Fire Marshal
- Copy of your State of Georgia Professional/Trade License/Georgia Department of Agriculture License (if applicable)

**FOR COMMERCIAL USES:** a separate application AND fee may be required by the Fire Marshal's and/or Environmental Health Department based on the results of your review.

**Submission and Review:**

Once you have gathered your required paperwork, the application must be completed and submitted through SAGES. Once submitted in SAGES, the application will be reviewed by each department below and you must contact each department for updates on your application.

When all departments have reviewed and approved the application, you will receive an email from SAGES stating the fee for the Occupational Tax Certificate is due. **This fee can be paid online or in the Finance Department, Suite 101.**

**Sages Application Portal:** <https://sagesgov.com/fayettecounty.ga>

## CONTACT NUMBERS

**Planning & Zoning  
770-305-5421**

**Environmental Health  
770-305-5415**

**Building Safety Department  
(2 Approval Needed)  
770-305-5403**

**Fire Marshal  
770-305-5414**

**Finance Department  
(To pay fee & receive certificate)  
770-305-5413**

**<https://sagesgov.com/fayettecounty.ga>**

**OCCUPATIONAL TAX CERTIFICATE APPLICATION  
FAYETTE COUNTY, GEORGIA**

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214  
Please Print & Answer All Questions. Complete Both Sides.

**BUSINESS INFO - \*Required Fields**

1. Is this a home-based business?\*  Yes  No
2. Legal Name of Business\* \_\_\_\_\_
3. Doing Business As (if applicable) \_\_\_\_\_
4. Phone Number\* \_\_\_\_\_
5. Street Address\* \_\_\_\_\_  
City/State/Zip\* \_\_\_\_\_
6. Mailing Address \_\_\_\_\_  
City/State/Zip\* \_\_\_\_\_
7. E-Mail Address\* \_\_\_\_\_
8. Business Structure:  Sole Proprietor  Partnership  LLC\*  LLP\*\*  Corporation\*\* *\*\*Documentation Required*  
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: \_\_\_\_\_  
Corporation Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
9. Exempt Status:  Non-Profit\*\*  Disable Veteran Owned\*\* *\*\*Documentation Required*
10. Business Activities\* (be specific as to what type of activity will be performed at the business address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. NAICS Code\* \_\_\_\_\_ NAICS Descriptor\* \_\_\_\_\_

**APPLICANT/OWNER INFO**

12. Name\* \_\_\_\_\_
13. Phone Number\* (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
14. Street Address \_\_\_\_\_  
City/State/Zip\* \_\_\_\_\_
15. Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**EMPLOYEE INFO** (include all owners and employee you currently have or plan to hire in the calculations)

16. Total **Hours** worked by all Part-Time employees/week: \* \_\_\_\_\_
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): \* \_\_\_\_\_
18. Total **Number** of Full-time employees who work 40+ hours/week: \* \_\_\_\_\_
19. Total Number of Workers (add "17" and "18") \* \_\_\_\_\_

**LICENSES AND REGISTRATION**

20. Tax ID (EIN) #\* \_\_\_\_\_ GA Sales & Use Tax #\* \_\_\_\_\_ E-Verify \_\_\_\_\_
21. Are you operating a home-based bakery? \*  Yes  No Cottage Food License # \_\_\_\_\_
22. Does your occupation require a state license? \*  Yes  No If yes, please provide the license information below.  
License Type \_\_\_\_\_ State License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
License Type \_\_\_\_\_ State License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PROPERTY INFORMATION**

- 23. Do you own or rent the business address? \*     Own (*provide record of ownership*)     Rent (*provide rental lease*)
- 24. If renting, provide the property owner(s) name \_\_\_\_\_
- 25. Square Footage of the rental area? \* \_\_\_\_\_ Tax Assessor Status\*  Residential     Commercial

**ACKNOWLEDGMENT\***

I, the undersigned applicant, do swear that the foregoing statements and facts are true, that no false or fraudulent statement is made herein; that such answers were made in order to procure an Occupational Tax Certificate; that any falsehoods may be grounds for dismissal of this application or subsequent revocation of the Certificate; and that should the number of employees reflected above increase, I will notify the Department. I understand that unless all accrued, outstanding, or delinquent real and/or personal property taxes due of applicant/owner and location of business are paid, my Occupational Tax Certificate will not be renewed, and any fee that has been remitted in connection with this renewal will be returned.

		Seal
Signature of Applicant/Owner	Date	
Notary	Date	
My Commission Expires: _____		

**ZONING COMPLIANCE AGREEMENT\***

I, the undersigned applicant, do swear that the information supplied regarding the proposed business use is true, that no false or fraudulent information is provided herein, and I do hereby agree to comply with the ordinances of Fayette County. I understand and agree that any error, misstatement, or misrepresentation of fact, either with or without intention on my part or change in the type of business without approval of the Planning and Zoning Department's subsequent to the issuance of an Occupation Tax Certificate shall constitute sufficient grounds for revocation of said certificate.

		Seal
Signature of Applicant/Owner	Date	
Notary	Date	
My Commission Expires: _____		

**FOR PROFESSIONS REQUIRING A STATE LICENSE**

I, the undersigned applicant, I hereby swear that the information stated in this application is true, that no false or fraudulent statement is made herein; that any falsehoods may be grounds for termination of this application and revocation of any existing business licenses. I acknowledge that my business or profession requires a license issued by the state, and agree to operate my business according to Federal, State, and Local laws, ordinances, and regulations. I confirm that I will not present my Occupation Tax Certificate to anyone in a manner that implies it is proof of being a licensed contractor.

		Seal
Signature of Applicant/Owner	Date	
Notary	Date	
My Commission Expires: _____		

**AFFIDAVIT VERIFYING STATUS  
FOR COUNTY PUBLIC BENEFIT APPLICATION  
PURSUANT TO O.C.G.A. § 50-36-1  
Fayette County, Georgia**

By executing this affidavit under oath, as an applicant for a **Business Occupational Tax Certificate**, or other public benefit as referenced in O.C.G.A. § 50-36-1, administered by **Fayette County, Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit for:

\_\_\_\_\_ (insert name of business, corporation, partnership or other private entity on behalf of which person is applying)

- 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 secured and verifiable document, as required in 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:

\_\_\_\_\_ (list the verifiable document provided)

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, and face criminal penalties as allowed by such criminal statute.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**FOR NOTARY USE ONLY**

**Stamp/Seal Below:**

STATE OF GEORGIA  
COUNTY OF FAYETTE

SIGNED AND SWORN BEFORE ME ON THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

BY \_\_\_\_\_  
Printed name of making statement

WHO PRODUCED \_\_\_\_\_  
ID type and number

NOTARY PUBLIC \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**PRIVATE EMPLOYER AFFIDAVIT**  
**PURSUANT TO O.C.G.A. § 36-60-6(d)**  
Fayette County, Georgia

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.<sup>1</sup>

\*\*\* If you selected Section 1(A), please complete Section 2 and then execute.

(B) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed ten **(10) or fewer** employees.<sup>1</sup>

\*\*\* If you selected Section 1(B), skip Section 2 and then execute below.

**Section 2. Federal Work Authorization Registration**

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 user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization Number

\_\_\_\_\_  
Date of Authorization

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**FOR NOTARY USE ONLY**

**Stamp/Seal Below:**

STATE OF GEORGIA  
COUNTY OF FAYETTE  
SIGNED AND SWORN BEFORE ME ON THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

BY \_\_\_\_\_  
Printed name of making statement

WHO PRODUCED \_\_\_\_\_  
ID type and number

NOTARY PUBLIC \_\_\_\_\_

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

<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

## OTC INTAKE CHECKLIST

Home-Based Review	Commercial Review
<ul style="list-style-type: none"> <li><input type="checkbox"/> *ID/Passport</li> <li><input type="checkbox"/> *Application</li> <li><input type="checkbox"/> *Public Benefit Affidavit</li> <li><input type="checkbox"/> *Employer Affidavit</li> <li><input type="checkbox"/> Business Status - Official State or County</li> <li><input type="checkbox"/> *Home Occupation CUP</li> <li><input type="checkbox"/> *Proof of Residency</li> </ul> <p style="color: green;"><u>Special Documents</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> State Contractor Agreement (Cottage Food, Auto Sales, Private Home Care, Catering, Food Sales, etc.)</li> <li><input type="checkbox"/> Special Uses (Tourist Accommodation, Airbnb....) Contact Fire Marshal</li> <li><input type="checkbox"/> Copy of your State of Georgia Professional/Trade License/Georgia Department of Agriculture License (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> *ID/Passport</li> <li><input type="checkbox"/> *Application</li> <li><input type="checkbox"/> *Public Benefit Affidavit</li> <li><input type="checkbox"/> *Employer Affidavit</li> <li><input type="checkbox"/> Business Status - Official State or County</li> <li><input type="checkbox"/> *Rental Agreement or Proof of Ownership</li> <li><input type="checkbox"/> *Zoning Compliance Form</li> <li><input type="checkbox"/> *Parking Space Allocation Letter</li> </ul> <p style="text-align: center;"><u>Special Documents</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> State Contractor Agreement (Cottage Food, Auto Sales, Private Home Care, Catering, Food Sales, etc.)</li> <li><input type="checkbox"/> Special Uses (Tourist Accommodation, Airbnb....) Contact Fire Marshal</li> <li><input type="checkbox"/> Copy of your State of Georgia Professional/Trade License/Georgia Department of Agriculture License (if applicable)</li> </ul>

FOR OFFICIAL USE ONLY

Finance Department Use:		Planning & Zoning Use:			
<input type="checkbox"/> New <input type="checkbox"/> Update	License #	District	Land Lot	Zoning District	Parcel #
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		<input type="checkbox"/> Allowable for Business Use <input type="checkbox"/> Not Allowable for Business Use			
Finance Signature	Date <input type="checkbox"/> BOTSS Reporting	Site plan compliance review Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, administrator or director signature required)</small> <small>(If no, coordinator or technician signature required)</small>		Planning & Zoning Signature  Date	