



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.

REQUIRED DOCUMENTS

Home Occupation	Commercial
<ul style="list-style-type: none"> <input type="checkbox"/> Valid ID(State ID, Passport, etc) <input type="checkbox"/> Application <input type="checkbox"/> Public Benefit Affidavit (Notarized) <input type="checkbox"/> Employer Affidavit (Notarized) <input type="checkbox"/> Business Registration – Georgia State or Fayette County (LLC/Corp. or Sole Proprietor) <input type="checkbox"/> Conditional Use Permit for Home Occupation (\$30 Fee) <input type="checkbox"/> Proof of Residency 	<ul style="list-style-type: none"> <input type="checkbox"/> Valid ID(State ID, Passport, etc) <input type="checkbox"/> Application <input type="checkbox"/> Public Benefit Affidavit (Notarized) <input type="checkbox"/> Employer Affidavit (Notarized) <input type="checkbox"/> Business Registration – Georgia State or Fayette County (LLC/Corp. or Sole Proprietor) <input type="checkbox"/> Rental Agreement or Proof of Ownership <input type="checkbox"/> Zoning Compliance Form (Signed & completed by property owner) <input type="checkbox"/> Parking Space Allocation Letter (Signed & completed by property owner)
<p><u><i>Special Documents</i></u></p>	<p><u><i>Special Documents</i></u></p>
<ul style="list-style-type: none"> <input type="checkbox"/> State Contractor Agreement (Cottage Food, Auto Sales, Private Home Care, Catering, Food Sales, etc.) <input type="checkbox"/> Special Uses (Tourist Accommodation, Airbnb....) Contact Fire Marshal <input type="checkbox"/> Copy of your State of Georgia Professional/Trade License/Georgia Department of Agriculture License (if applicable) <input type="checkbox"/> GA Sales & Use Tax Certificate (if selling items) 	<ul style="list-style-type: none"> <input type="checkbox"/> Georgia Contractor Agreement (Cottage Food, Auto Sales, Private Home Care, Catering, Food Sales, etc.) <input type="checkbox"/> Special Uses (Tourist Accommodation, Airbnb) Contact Fire Marshal <input type="checkbox"/> Copy of your State of Georgia Professional/Trade License/Georgia Department of Agriculture License (if applicable) <input type="checkbox"/> Zoning Certification (Car/Car parts Dealer) <input type="checkbox"/> GA Sales & Use Tax Certificate (if selling items)

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 Process:

1. Complete, sign and notarize all necessary paperwork
2. Submit application with paperwork to Sages
3. Application will be reviewed by each required department listed below.
 - a. If you have any questions, please contact the department the application is currently being reviewed by at the number listed below.
4. If any fees are due, you will receive a notification email with a payment link to pay online from the department issuing the fee.
5. Once all department reviews are completed and approved your application will go to Finance, which issues the Occupational Tax Certificate.

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.**

SagesGov Portal: <https://sagesgov.com/fayettecounty.ga>



CONTACT NUMBERS

Planning & Zoning

770-305-5421

Environmental Health

943-209-8057

Building Safety Department

(2 Approvals 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 Pages.

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 used for business? * _____ 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.

Signature of Applicant/Owner

Date

Seal

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.

Signature of Applicant/Owner

Date

Seal

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.

Signature of Applicant/Owner

Date

Seal

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

Phone Number

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.¹

*** 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.¹

*** 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

Phone Number

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: _____

¹ 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.