

Occupation Tax Certificate (Business License) Application



Business Name: _____

Business Description: _____

Business Physical/Street Address: _____

Business Mailing Address (If different from above): _____

Business Phone #: _____ Business Email: _____

Applicant/Business Owner Name(s): _____

Are you the owner of the property where this business is to be located? () Yes () No-Please attach copy of lease agreement

If business will operate from your home or a residential property, a Home Occupation Application and acknowledgement of Zoning Section 4.19- Home Occupations will be required.

Is a state certification required for the type of business to be conducted? () Yes-Certification #: _____ () No

Applicant Home Mailing Address: _____

Applicant Personal Email: _____

Applicant Cell Phone #: _____ Business FEIN #: _____

Number of Employees (including business owner): _____ Full-Time _____ Part-Time

APPLICANT SIGNATURE

DATE

The applicant will be contacted after the application reviewal process. Payment, based on the below fee schedule, is required before issuance of Occupation Tax (Business License).

FEE SCHEDULE – BASED ON NUMBER OF EMPLOYEES INCLUDING OWNER/MANAGER

<u>Number</u>	<u>Fee</u>	<u>Number</u>	<u>Fee</u>	<u>Number</u>	<u>Fee</u>
0 – 3	\$ 90	10 – 19	\$220	30 – 39	\$420
4 – 9	\$120	20 – 29	\$320	40 Plus	\$520

New Businesses opened after June 30th will be prorated at half the normal fee

**** For Office Use Only ****

ZONING DEPARTMENT

Parcel#: _____

Are Additional Approvals Required?
Yes No

Parcel Zoned: _____

HOC SE CU VR

Is Use Prohibited? Yes No

PZ/CC Meeting Date: _____

Initials: _____ Date _____

Approved: Yes No

CLERK

Invoice # _____

Initials: _____

(Print) BUSINESS NAME: _____

Private Employer Affidavit of Compliance Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for Occupational Tax (Business License), as referenced in O.C.G.A. § 36-60-6(d), from the City of Springfield, the undersigned applicant representing the private employer known as _____

(Name of the business, individual, firm, or corporation)

Verifies one of the following with respect to application for Occupational Tax (Business License):

1. Select one option below:

A. ___ On January 1st of the below signed year the business, individual, firm, or corporation employed ten (10) or more employees.

B. ___ On January 1st of the below signed year the business, individual, firm, or corporation employed fewer than ten (10) employees.

IF EMPLOYER SELECTED OPTION "A" PLEASE FILL OUT SECTION 2 BELOW.

2. The employer has registered with and utilizes and federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

E-verify Number (Federal Work Authorization User Identification Number)

Date of Authorization

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.

Executed on the ____ date of _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer of Agent

Subscribed and sworn before me on this ____ day of

_____, 20____.

Notary Public

My Commission Expires

**For more information on E-verify:
www.dhs.gov/E-verify**

****Note** A City of Springfield Notary will notarize this Affidavit for you, at no charge, so long as you provide your photo identification and sign this Affidavit in front of the notary.**

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an Occupational License (Business License) , as referenced in O.C.G.A. § 50-36-1, from THE CITY OF SPRINGFIELD, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 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 secure and verifiable document, as required by 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:

(On the line above: Please enter the name of the secure and verifiable document provided 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 as allowed by such criminal statute.

Executed in _____, _____.
(city) (state)

Signature of Applicant

Printed Name of Applicant

Subscribed and Sworn before me on this
the ____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires: _____

****Note** A City of Springfield Notary will notarize this form for you, at no charge, so long as you provide your photo identification and sign this Affidavit in front of the Notary.**

SPRINGFIELD POLICE DEPARTMENT

Emergency Contact Numbers

NAME OF BUSINESS _____

BUSINESS LOCATION _____

BUSINESS PHONE NUMBER _____

OWNER OF BUSINESS _____

HOME PHONE _____

HOME ADDRESS _____

DO YOU HAVE AN ALARM SYSTEM? (Circle Answer) YES NO

NAME OF ALARM COMPANY _____

NAME AND PHONE NUMBER OF FIRST PERSON TO CONTACT _____

NAME AND PHONE NUMBER OF SECOND PERSON TO CONTACT _____

PLEASE FILL OUT COMPLETELY

City of Springfield
PO Box 1
Springfield, GA 31329
912-754-7617



Please complete the below information if you wish your business to be listed on the City of Springfield Website. This form may be returned with the application or may be emailed to: jsmithspringfieldga.org

Business Name: _____

Business Street Address: _____

Business Phone Number: _____

Choose one of the below:

Business Email: _____

OR

Business Website: _____

Signature: _____

Date: _____



City of Springfield

Application for Home Occupation

130 S. Laurel Street
PO Box 1
Springfield, GA 31329
(912) 754-7617

Applicant Name: _____

Business Name: _____

Applicant Mailing Address: _____

Phone Number: _____ Email Address: _____

Street Address of Property: _____

Describe the Home Occupation: _____

I am the owner of the property: YES NO

If you are not the property owner, written permission from the owner stating approval for this home occupation or variance request must be attached)

I have read and understand the rules set for the in City of Springfield Zoning Ordinance Section 4.19 regarding Home Occupations and my business will follow these guidelines.

Applicants Signature

Date

The Zoning Official or City Clerk will review this application and confirm if variance or conditional use is required for requested use.

To be completed by the Zoning Official:

Parcel ID: _____ Current Zoning: _____ Zoning Approval: _____ Date: _____

Additional W/S Impacts _____ W/S Approval _____

If Home Occupation is new, please attach a copy of Zoning Section 4.19 regarding Home Occupations. Applicant will initial each page, confirming they have read and understand the rules of this section.

Section 4.19 - Home Occupations.

4.19.1 Home occupations, with the exception of commercial stables or kennels and any occupation which customarily requires the use of a panel or delivery truck, may be conducted where allowable only after approval of the building an zoning official who may deny or grant approval of such home occupation in accordance with the Zoning Regulations.

- i. The home occupation shall be conducted within the Principal Building and primarily by members of the family residing in the building. Not more than one person shall work in the home who is not a resident of the premises.
- ii Not more than 20 percent of the gross footprint of any buildings on the property at the time of application may be used for a home occupation.
- iii. For the purpose of identification of such use, one non-illuminated wall sign not exceeding one square foot in area may be allowed. Such signs shall identify only the name of the profession and the name of the occupant of the premises and shall be mounted against a wall of the Principal Building.
- iv. No motor power other than electrically operated motors shall be used in the premises of the home in conjunction with such home occupation and the total horsepower of such permitted electrical motors shall not exceed three horsepower, or one horsepower for any single motor.
- v. There shall be no alteration in the residential character of the premises in connection with such home occupation unless so authorized by the City Council. No storage of items related the business will be visible from the public right of way.
- vi. The home occupation shall not generate pedestrian or vehicular traffic or demand for parking. No more than one commercial vehicle and one trailer may be used in the conducting of the business. No more than one commercial vehicle and one trailer may be parked at the home location. There shall be no use of, parking, or storage of tractor trailers, vehicles over 10,000 pounds, heavy equipment, or pull-type trailers, greater than 18 feet in length, related to the home occupation. All vehicles and trailers related to the business must be stored in the side or rear yard.
- vii. No merchandise or articles for sale shall be displayed for advertising purposes and no sign or device relative to the sale of such merchandise shall be displayed on the premises.
- viii. No article or materials used in connection with such home occupation shall be stored other than in and enclosed building on the premises. No hazardous materials of a quantity not typically found in the home will be allowed.
- ix.. Any home occupation as provided for in this section may be reviewed by the City Council at any time after 12 months following the approval of such use and may revoke permission to continue such home occupation at any time thereafter.
- x. There shall be no disturbance or emission of offensive noise, vibration, smoke, dust, odor, heat, glare, traffic hazard, nor shall there be any unhealthy or unsightly condition.
- xi. A beauty parlor which is operated in a room separate from but attached to a dwelling unit and which uses equipment other than those customarily found in a home shall be deemed a permissible home occupation under the following specific conditions:
 - a. Such beauty parlor shall occupy not more than 500 square feet of floor space.
 - b. There shall be no more than two employees, one of whom shall reside in the dwelling unit to which the beauty parlor is attached.

xii. No more than one home occupation shall be permitted at one address.

xiii. The following uses are not permitted as home occupations:

- a. Vehicle and/or body and fender repair.
- b. Commercial Greenhouse or commercial nursery.
- c. Medical or dental lab.
- e. Day care, for more than six minors.
- f. Adult daycare centers.
- g. Restaurants.

4.19.2 *Application procedure:* Application for a home occupation shall be filed with the building and zoning department upon forms furnished by the City of Springfield.

- i. Home occupations require an annual fee and evaluation to obtain an occupation tax certificate for a home occupation. Home occupation permits may be renewed as long as the operation satisfies the City's home occupation requirements.
- ii. By submitting an application for a home occupation tax certificate or renewal, the applicant hereby agrees to allow the building and zoning department access to the applicant's residence to conduct any required inspections upon 48 hours notification of the intended inspection date and time. The applicant also agrees to allow building and zoning department access to their residence to investigate alleged violations of this article upon 48 hours notification of the intended inspection date and time. The failure of an applicant to comply with this inspection requirement shall result in immediate revocation or denial of the home occupation permit or application
- iii. Approved Home Occupations shall not be expanded, and the use as stated in the permit shall not be changed. Any such changes shall result in immediate revocation or denial of the home occupation permit or application.
- iv. Approved Home Occupations shall not cause a nuisance to the surrounding community or alter the residential nature of the surrounding community. Authorization for any home occupation that operates in violation the requirements of this ordinance or that are the subject of one or more verified and substantiated complaints may be immediately revoked or denied renewal.
- v. The applicant or the general public may appeal the decision of the Building and Zoning Official by requesting an evaluation by the Planning and Zoning board pursuant to Article V of this ordinance.

4.19.3 *Permit and fees.*

- i. The home occupation business shall pay the annual City of Springfield Occupation Tax as set forth in the adopted fee schedule.

4.19.4 *Exceptions.*

- i. This chapter shall not apply to residential "garage sales" or "yard sales" not related to the home occupation.
- ii. This chapter shall not apply to the occasional sale of personal property.