



Hapeville
georgia

Occupational Tax Certificate

Hapeville City Hall

3468 North Fulton Avenue
Hapeville, Georgia 30354
(404) 669 - 2100



**WELCOME TO
THE CITY OF HAPEVILLE, GEORGIA**

Thank you for considering the City of Hapeville as your new home for your future business. This packet contains information that will help guide you in obtaining licenses, permits, receipts and certificates from the City of Hapeville. **Please DO NOT START YOUR BUSINESS until you have completed all the steps necessary for your licenses, etc.** Many businesses will require several steps in this process, while others may not.

Before you complete the purchase/lease of a space, it is necessary to verify that your potential business location is found properly zoned for the type of business you wish to open. You may contact the Community Services Department at (404) 669-2120 for this information. You will need to provide the exact address and the type of business you will be applying for.

Upon verification of zoning, you will then be directed to complete an Occupational Tax Application. After the application is reviewed, the application will be sent to the Community Services Department to schedule an appointment with our Code Enforcement Officer and Fire Marshal for Code and Life Safety inspections. They will inform you of all the remaining necessary steps that must be taken before your application can be processed for payment.

Once an application Checklist form has been completed, the application is then turned in to City Hall for payment processing. You will then be sent a bill for your tax permit. Once payment has been received in City Hall, you will then be issued your Occupational Tax Certificate. Following the steps outlined above will help to eliminate future problems with licensing and zoning.

We look forward to working with you as you begin your new business.

Additional Agency Information:

<p align="center">Secretary of State's Office</p> <p>1st. Stop Business Information Center 800-656-4558 404-656-7061</p> <p>Corporations: 404-656-2817 Licensing Boards: 404-656-3900</p> <p>Web Site: http://www.sos.state.ga.us</p>	<p align="center">Department of Administrative Services</p> <p align="center">Small & Minority Business Office</p> <p align="center">404-656-6315 800-495-0053</p>	<p align="center">Georgia Department of Revenue</p> <p>Forms: 404-656-4092 Registration: 404-651-8651</p>
<p align="center">United States Internal Revenue Service</p> <p align="center">800-829-3676 (Form SS-4) 770-455-2360</p>	<p align="center">Department of Agriculture</p> <p align="center">800-282-5852 404-656-3645</p> <p align="center">Department of Health & Wellness</p> <p align="center">404-613-5585</p>	<p align="center">Of Interest:</p> <p align="center">General Info: http://www.business.gov EEOC: http://www.eeoc.gov SBA: http://www.sbaonline.sba.gov</p>



Hapeville georgia

City of Hapeville
P.O. Box 82311
Hapeville, Georgia 30354
(404) 669 – 2100
(404) 669 - 2113 – Fax

CHECKLIST for Occupation Tax Certificate ***Please read before completing application***

- File Application for an Occupational Tax Certificate.
- Schedule Appointment with the Code Enforcement Coordinator:
 - Zoning Approval - will be granted if business location is appropriately zoned for the proposed business and in addition thereto meets the minimum requirements for the zone for parking, setbacks and landscaping.
- Planning Permission Approval/or Recommendation is necessary for:
 - Site Plan Approval for New Structures, Expansion or Enlargement of existing Commercial Buildings
 - Conditional Use Permits
 - Temporary Use Permits
 - New Buildings
 - Rezoning of the Property
- Board of Appeals Approval is necessary for:
 - Variances and Modification of the Zoning Requirements
- City Council Approval is necessary for:
 - Temporary Use Permits
 - Conditional Use Permits
 - Rezoning of the Property
- Approval is necessary for all signs placed on property within the City limits of Hapeville. A Temporary sign may be permitted for 30 days with approval from the Community Services Department. No sign is to be erected or placed on the property without prior approval.
- Fulton County Health Department Approval is necessary for all food establishments. A copy of the approved plans and inspection must be submitted to the City before business opens. Please contact Fulton County Environmental Health Services at 404-613-5585 to inquire about plan submittal and inspections.
- Department of Agricultural Approval is required for all grocery stores. A copy of which must be submitted to City at time of application or before business opens.
- City of Hapeville Police Department Approval is necessary for all businesses where alcoholic beverages are involved (separate application necessary).
- All buildings/ space must be inspected by and receive approval from the City of Hapeville Fire Department.

- All buildings/ space must be inspected by and receive approval from the Community Services Department Building Inspector prior to commencement of business. A Building Permit may be required for any alterations, or enlargements to the structure. Please check with the Community Services Department to determine if a Building Permit will be applicable prior to any alterations to the structure.

If your property is located in the Downtown Business District or along the Dogwood Drive Corridor, consult with the Office of the Downtown Manager at City Hall prior to making any changes to the exterior of the building,

- A Certificate of Occupancy Permit (CO) is then issued by the Community Services Department.
- Once all necessary steps are completed accordingly, application is set to City Hall for generation of bill and payment processing.
- Once Tax is paid, an Occupational Tax Certificate is then **issued by City Hall.**



**Occupational Tax Certificate
Application Form**

City of Hapeville
P.O. Box 82311
Hapeville, Georgia 30354
(404) 669 -2100 -phone
(404) 669-2113 -fax

Office Use Only

NAICS Code _____
Certificate # _____
Date _____
Fee _____

Calendar Year _____

Please complete ALL Sections. Occupational Tax will be based on information supplied on this application.
Copy of Driver's License/Picture ID is required.

Name of Business _____

Check one: Single Proprietor Corporation (proof required) Partnership Non-Profit (proof required)

Type of Business _____

Name of Applicant _____

Business Location _____ Suite Number _____

Mailing Address _____

Local Phone Numbers: (____) _____ Business (____) _____ Fax
(____) _____ Residence (____) _____ Cellular

Email address: _____

Federal Tax ID. Number _____ **State Tax ID. Number** _____

Do You Own or Lease this building? _____

If Leasing/Renting:
Property Owner (s) _____

Mailing Address _____

Telephone _____ Cell Phone/Pager _____

Describe the Primary Function of Business*:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Retail | <input type="checkbox"/> Professional | <input type="checkbox"/> Arts/Entertainment |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Transportation/Warehouse | <input type="checkbox"/> Management Co. | <input type="checkbox"/> Accommodation/Foods |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Information | <input type="checkbox"/> Administrative | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance/Insurance | <input type="checkbox"/> Educational | <input type="checkbox"/> Other _____ |

***Please explain the daily functions of the business as indicated above:** _____

Gross Receipts – Gross Receipts from previous calendar year.

Yearly Total Even Dollar Business Receipts: \$ _____ Number of employees associated with business? _____
(New businesses, estimate 1 year total) (Minimum of 1 - one)

Certain **Practitioners of Professions** may elect to pay **\$400.00 per practitioner** in lieu 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.

- | | | |
|--------------------|-------------------------------------|-------------------------------------|
| _____ Lawyer | _____ Optometrist | _____ Public accountant |
| _____ Physician | _____ Psychologist | _____ Embalmer |
| _____ Osteopath | _____ Veterinarian | _____ Funeral Director |
| _____ Chiropractor | _____ Landscape architect | _____ Engineers, Civil, Mech., Etc. |
| _____ Podiatrist | _____ Land surveyor | _____ Architects |
| _____ Dentist | _____ Practitioner of physiotherapy | _____ Therapist/Counselors |

Is business carried on under a trade name other than the one shown? No Yes _____

Were you required to obtain a certificate in any other location? No Yes If yes, where? _____

Name of Business Owners/CEO & Residence Address:

Name	Residence Address	Social Security Number

I hereby make application for a renewal of an Occupational Tax Certificate for the City of Hapeville. I do hereby swear or affirm the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I understand that The City of Hapeville reserves the right to enforce any and all ordinances regardless of payment of occupational tax and further that it is my / our responsibility to conform with said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I agree that should I elect to have a sign at this location, I will make application for a sign permit prior to erecting or placing the same upon the property. I can read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of Hapeville pursuant to O.C.G.A. 16-10-20

Please verify ALL SECTIONS ARE COMPLETE – any missing information will constitute an incomplete application.

Applicant's Signature

Print Name

Date

Notary Public

Date

Seal:

THE ISSUANCE OF A BUSINESS OCCUPATIONAL TAX CERTIFICATE IS NOT TO BE CONSIDERED AS AN APPROVAL OF SAID BUSINESS USE AND IN NO WAY CONFIRMS THAT SAID BUSINESS MEETS THE ZONING OR OTHER REQUIREMENTS OF THE CITY OF HAPEVILLE. FURTHER, ISSUANCE OF AN OCCUPATIONAL TAX CERTIFICATE NEITHER WAIVES NOR PREVENTS THE APPLICABILTIY OF ANY LAW OR ORDINANCE. NOR WILL SUCH CERTIFICATE PREVENT THE ENFORCEMENT OF ANY LAW OR ORDINANCE.

*****SEND NO MONEY. YOU WILL BE BILLED FOR THE AMOUNT DUE.*****

For Office Use Only	
Certificate#	_____
Amt. Due	_____
Amt. Paid	_____
Date Paid	_____
Issued	_____
Notes:	_____

**Occupational Tax Certificate
Application Form**

Community Service Information

Will this business occupy an existing building/space? Yes _____ No _____
Square footage of building/space _____ Will any construction be required to make the building suitable for your business?
Yes _____ No _____ If so, please describe the renovations you intend to make _____

What is the estimated cost for the proposed renovations? _____

Will the business operation involve customers visiting the site? Yes _____ No _____ If so, how many paved parking spaces do you
have on the site? _____ Will you be sharing parking with another business? Yes _____ No _____ If so, give the name of the
business and type of business _____

Normal hours and days of operation? _____

Prior use of this building/site? _____

Business Name _____

What other business activities are operating in this building? _____

What additional business activities other than those described above will take place?

Is anyone living in any portion of the building? Yes _____ No _____ If yes, where? _____
_____ How many persons are living in the building? _____

Will there be any signs displayed? Yes _____ No _____ If so, how many signs do you anticipate? _____ Describe the sign(s) by
square footage? _____

Will there be storage of merchandise or other articles stored on the property? Yes _____ No _____ If so, what area of the property will be used
for storage? _____

Will there be any merchandise or other articles displayed for advertising purposes?
Yes _____ No _____

Will any activities involve the use of chemicals, machinery or matter of energy that may create or cause to be created, noise, noxious odors or
hazards that will endanger the health, safety or welfare of the community? Yes _____ No _____

CITY OF HAPEVILLE

EMERGENCY CONTACT FORM

Name of Business _____

Business Address _____

Business Phone _____

Business Owner(s) _____

Owner's Phone _____

Building Owner _____

Building Owner Phone _____

Emergency Contacts

Someone (not including owner of business) who can gain access to the business after normal business hours in case of:
Fire, Burglar Alarm or other Emergency

1. Name _____

Phone# _____

2. Name _____

Phone# _____

3. Name _____

Phone# _____

O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a (n) _____ [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from _____ [name of government entity], 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:
_____.

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:

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) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

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

*** If you select Section 1(B), please skip Section 2 and execute 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 user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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

Executed on _____, ____, 201__ 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 _____, 201__.

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.



OCCUPATIONAL TAX PERMIT

Establishment

Contact Person

Address

Telephone #

Zoning: _____

Issue Date: _____

C.O #: _____

Special Conditions: _____

The following signatures are required prior to obtaining a license

Planning & Zoning Manager	404-669-2120	_____
Fire Department	404-766-4399	_____
Building Inspector	404-669-2120	_____
Permits, Inspections & Certificate of Occupancy	404-669-2120	_____
Occupation Tax Clerk	404-669-2104	_____
Code Enforcement	404-669-2123	_____
Police Department	404-669-2153	_____