

4385 Pecan Street  
P.O. Box 39  
Loganville, GA 30052  
Tel: 770-466-2633  
Fax: 770-554-5556

## Home Occupational Tax Certificate Application Packet

### Contents:

Occupational Tax Application – Complete Applications and Sign

Home Occupational Requirements – Read and Sign

Affidavit Verifying Residency – (SAVE) Complete and have notarized.

Private Employer Affidavit – (E-Verify) Complete and have notarized.

- # of employees will include: Owner, Full Time and Part Time employees.

\* Notary on premises.

### Attach:

Driver's License

State License # (if applicable)

Tax ID # (if applicable)

Applicable Tax Forms

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### Payment:

Forms of payment accepted:

- Cash
- Checks
- Money Orders

**Make payable to the “City of Loganville”**

**Please Note: Any outstanding utility and/or tax bill(s) must be paid in full to receive an Occupational Tax Certificate.**

# City of Loganville

## Home Based Occupational Tax Application

PO Box 39 • 4385 Pecan Street • Loganville, GA 30052 • (770) 466-2633 • Fax (770) 554-5556

This fee is required by all businesses listed in the City of Loganville Occupational Tax Ordinance. All businesses must follow the rules and fees as defined in the said Ordinance.

Business Name \_\_\_\_\_

Is Business in Home?  Yes  No  Gross Revenues \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner of Business \_\_\_\_\_

Owner Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ E-Mail \_\_\_\_\_

Tax ID # \_\_\_\_\_ State License # (if applicable) \_\_\_\_\_

Type of Work/Business \_\_\_\_\_

**(Read before you sign)** Any false statement, misrepresentation of fact(s) or omission may be cause for criminal prosecution.  
O.C.G.A. 16-10-20

I certify that the above information is correct and true.

Signed \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Amount Due \_\_\_\_\_ SIC Code \_\_\_\_\_ Account # \_\_\_\_\_ Class \_\_\_\_\_  
Date Paid \_\_\_\_\_ Taken By \_\_\_\_\_ This certificate is good for 20 \_\_\_\_\_

## HOME OCCUPATIONS REQUIREMENTS

### **Sec. 119-300. - Home occupations.**

(a) *Permitted.* A home occupation as defined by this section shall be governed by the following requirements:

- (1) Only residents of the dwelling containing the home occupation may be engaged in the home occupation.
- (2) The home occupation shall be clearly incidental to the residential use of the dwelling and shall not change the essential residential character of the building.
- (3) No display of products shall be visible from the street or premises, except bona fide agricultural products grown on the premises.
- (4) Use of the building for the purpose of a home occupation shall not exceed 25 percent of the square footage of one floor of the principal building.
- (5) No external alterations inconsistent with the residential use of the building shall be permitted.
- (6) The occupation shall not constitute a nuisance to the neighborhood. Furthermore, except as would be caused by a typical residential use, no noise, vibration, dust, odor, smoke, glare, or electric disturbance that is perceptible beyond any property line will be permitted to occur as a result of the home occupation.
- (7) No accessory buildings or outside storage shall be used in connection with the home occupation.
- (8) Vehicles used primarily as passenger vehicles only shall be permitted in connection with the conduct of the customary home occupation. Not more than one car and one pickup truck or panel truck used in the business may be parked overnight, provided not more than one additional such vehicle may be parked at the premises during the day, and provided the gross vehicle weight of such vehicles does not exceed one ton, and provided that material kept on such vehicles is enclosed or kept in the bed of the vehicle, but not stored on racks.
- (9) Pursuant to the above requirements, a home occupation includes but is not limited to the following:
  - a. Art studio;
  - b. Dressmaking;
  - c. Professional office of a lawyer, engineer, architect, accountant, salesman, real estate agent, insurance agent or other similar occupation;
  - d. Teaching individual musical instruments, dance or academic pupils, provided instruction is limited to not more than two pupils at a time;
  - e. The shop of a barber, beautician, or similar occupation, provided facilities are designed to accommodate only two persons at a time, and provided personal services are those which are provided on an appointment-only basis;
  - f. The care of less than six children for compensation.

(10)The occupation must operate under a home occupational license.

(11)The occupation must be subject to a fire service inspection.

(12)A home occupation shall not be interpreted to include any occupation or profession providing medical or mental services, including, but not limited to, physician, veterinarian, dentist, psychiatrist, or psychologist, nor shall it be interpreted to allow the preparation of food for sale on the premises.

(b)*Prohibited.* A customary home occupation specifically does not include the following:

- (1)Dancing or band instrument instruction in groups.
- (2)Florists or flower shops.
- (3)Tearooms and restaurants.
- (4)Tourist homes, boardinghouses, or rooming houses.
- (5)Fish hatcheries, worm farms or bait houses.
- (6)The care of more than six children for compensation.
- (7)Convalescent and nursing homes.
- (8)Kennels and animal hospitals.
- (9)Clinics and hospitals.
- (10)Retail sales.
- (11)Firewood sales.

*(Ord. of 7-21-2005, § 7.9)*

This is to verify that I have read and do understand the regulations that govern a Home Occupation. I also understand that If I fail to abide by these regulation, my Home Occupational Tax License will be revoked.

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Signature

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Date



# Affidavit Verifying Residency Status of an Applicant Required by the Georgia Security and Immigration Compliance Act

**This form is required to be filled out and notarized in order to receive an Occupational Tax License**

By executing this affidavit under oath, as an application for a City of Loganville Occupation Certificate or other benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), I am stating the following with respect to my application for a City of Loganville Occupational Certificate.

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  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
Notary Public

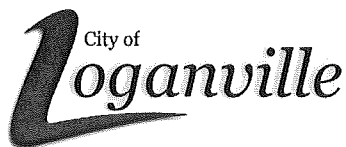
My Commission Expires: \_\_\_\_\_

\*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.

\*\*\*\*\*  
PLEASE INDICATE THE DOCUMENT VERIFYING YOUR RESIDENCY STATUS AND ATTACH A COPY OF THE DOCUMENT (front and back).

- |   |  |
|---|--|
| <input type="checkbox"/> I-327 (Reentry Permit)                     | <input type="checkbox"/> Machine Readable Immigrant Visa   |
| <input type="checkbox"/> I-551 (Permanent Resident Card)            | <input type="checkbox"/> Temporary I-551 Stamp (on passport or I-94)                             |
| <input type="checkbox"/> I-571 (Refugee Travel Document)            | <input type="checkbox"/> I-94 (Arrival/Departure Record)   |
| <input type="checkbox"/> I-688 (Temporary Resident Card)            | <input type="checkbox"/> Unexpired Foreign Passport  |
| <input type="checkbox"/> I-688A (Employment Authorization Card)     | <input type="checkbox"/> I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status) |
| <input type="checkbox"/> I-688B (Employment Authorization Document) | <input type="checkbox"/> DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)   |
| <input type="checkbox"/> I-766 (Employment Authorization Card)      | <input type="checkbox"/> Other (Use Document Description)  |
| <input type="checkbox"/> Certificate of Citizenship                 |  |
| <input type="checkbox"/> Naturalization Certificate                 |  |

\_\_\_\_\_  
Applying on Behalf of/Name of Associated Business



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

**Required by the State of Georgia**

By executing this affidavit under oath, as an applicant for an *occupational tax certificate* as referenced in O.C.G.A. § 36-60-6(d), from the City of Loganville, the undersigned applicant representing the private employer known as \_\_\_\_\_ verifies one of the following with respect to my application for the above mentioned document:

(a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed Eleven (11) or more employees. (Please fill out Section 2 and 3 below).

(b) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed Ten (10) or less employees. (Please fill out Section 3 below).

**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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

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

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

**3. 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 of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

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

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