



NEW OCCUPATIONAL LICENSE

Enclosed are the necessary forms needed to apply for a new occupational license within the City of Chattahoochee Hills. The terms occupational license and business license may be used interchangeably throughout the document. Be sure to follow all instructions in the application, follow the steps provided in the checklist and to be prepared to provide all necessary documentation with the application. The City of Chattahoochee Hills, upon receipt of the new business application, reserves the right of up to *30 business days* to process the application and to make a determination in issuing said license. (State law reference O.C.G.A. 48-13-5)

License Types and Fees:

Occupational License Based on Gross Receipts:

License fees are calculated based on estimated gross receipts plus a non-refundable seventy-five dollar (\$75) administrative fee.

Occupational License Based on Gross Receipts:

Businesses not producing gross receipts as defined in City Ordinance Chapter 11 will calculate the license fee based on the number of full-time equivalent employees and a non-refundable seventy-five dollar (\$75) administrative fee.

Home Occupation:

Home based businesses are defined as businesses operating from the applicant's primary residence, are limited to one employee and meet the attached home occupation regulations. Home-based businesses pay a flat rate of (\$100) for the license and (\$75) administrative fee.

Professional Practitioners:

Professional Practitioners may elect to pay based on gross receipts **or** a flat rate of (\$400). Professional practitioners include individuals practicing: law, medicine, osteopathy, chiropractic, podiatry, dentistry, optometry, applied psychology, veterinary, landscape architecture, land surveying, massage therapy and physiotherapy, public accounting, embalming, funeral directing, civil mechanical, hydraulic and electrical engineering, architecture, marriage and family therapists, social workers, and professional counselors.

Applicant Checklist

All applications must be delivered in person to:

Chattahoochee Hills City Hall
6505 Rico Rd., Chattahoochee Hills, GA 30268

Please complete the following steps to applying for a new occupational license.

1. Complete and sign application and all applicable forms.
2. If seeking a Professional Practitioner Business License, provide a copy of a State-issued license for all professionals working in the business location (doctor, lawyer, veterinarian, message therapist, etc).
3. If seeking a business license for a home-based business, please provide proof of residency (utility bill in applicant's name or driver's license).

Note: Real estate brokers should refer to Chattahoochee Hills' Code of Ordinances Chapter 11, Article 1, Section 4, (c):

Real estate brokers transacting business within the corporate boundaries of the City of Chattahoochee Hills are subject to this article. Real estate brokers shall be liable for tax only on gross receipts arising from transactions involving real estate located within the corporate boundaries of the City of Chattahoochee Hills. Real estate brokers shall be liable for such taxes without regard to their having a location or office in the City.

NEW OCCUPATIONAL LICENSE APPLICATION

(FOR CITY STAFF USE ONLY)

Zoning Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved by: _____
Change of Occupancy required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved by: _____
Fire Marshal Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved by: _____
Certificate of Occupancy required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Issued: _____
Copy of inspections attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inspector: _____
Administrative Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved by: _____
Date Occupational License Issued	_____		
Type of license issued	<input type="checkbox"/> Gross Receipts		
	<input type="checkbox"/> Home Occupation		
	<input type="checkbox"/> Professional Practitioner		

Calendar Year of Application _____

Business Name: _____

Business Telephone Number: _____ Fax Number: _____

Business Address: _____ Suite or Apt No.: _____

City, State, Zip: _____

Is this a home-based occupation? Yes No

Is this a Professional Practitioner license request? Yes No

PENALTIES

The City of Chattahoochee Hills shall assess a penalty in the amount of ten percent (10%) of the amount owed for each calendar year or portion thereof for:

1. Failure to pay occupation taxes and administrative fees when due;
2. Failure to file an application by March 31 of any calendar year, when the business or practitioner was in operation the preceding calendar year; and/or
3. Failure to register and obtain an occupation tax certificate within thirty (30) days of the commencement of business.

Delinquent taxes and fees are subject to interest at a rate of 1.5 percent per month.

The applicant certifies that they have read and understand the City Code of Ordinances Chapter 11 and agree to hereby abide by the regulations in the ordinance.

Home occupation applicants certify they have read and comply with the Home Occupation Regulations (provided with the application).

The applicant understands they must apply separately for any zoning variances to the City’s Community Development Department. Any incidence of non-compliance relating to the above zoning requirements will subject the certificate holder to possible revocation of the certificate.

Printed Name

Date

Signature

Title

Business Name

Home Occupations

1. The smaller of 25 percent or 750 square feet of the Gross Floor Area of a Dwelling Unit may be used for activities devoted to the Home Occupation.
2. Signs identifying the Home Occupation shall be limited to one (1) two (2) square feet Wall Sign as defined in the Chattahoochee Hills Sign Ordinance.
3. There shall be no storage, display or activity associated with the Home Occupation visible outside the Structure.
4. Excluded Uses include Restaurants and Eateries, Funeral Homes and Funeral Services, all Retail Uses identified in Table 4.2 except for Live Work Units or any other occupation found incompatible with the intent of this Zoning Ordinance.
5. A maximum of two (2) vehicles used for Taxi or Limousine Services shall be permitted On-Site when such Use occurs as a Home Occupation.
6. Resident participants in a Home Occupation must have the appropriate occupational licensing, including Business licenses.
7. No Home Occupation shall generate traffic, sound, smell, vibration, light, or dust that is offensive.
8. No more than two non-Resident employees, nor more than six (6) people in total including working Residents, employees, clients or patrons are allowed on the premises at the same time in conjunction with the Home Occupation.
9. Vehicles kept on site in association with the Home Occupation shall be used by residents only.
10. The transporting of goods by truck is prohibited. Incoming vehicles related to the Home Occupation shall be parked off-Street within the confines of the Residential Driveway or other On-Site permitted parking.
11. When Home Occupations include the use of instruments, machinery or equipment that emit sounds (i.e. musical instruments, sewing machines, saws, drills) that are detectable beyond the unit Noise levels shall be regulated as follows: From 8:00 a.m. until 6:00 p.m., the average peak sound pressure level, when measured off the subject property, of noise created by the home occupation shall not exceed the greater of 60 dB(A) or the ambient noise level. During all other hours, the home occupation shall not create noise detectable to normal sensory perception off the subject property.
12. No Home Occupation shall be operated so as to create or cause a nuisance.
13. Auto repair, farm equipment repair, or similar operations shall not be visible from a Thoroughfare or neighboring Properties; all repair activities and storage of vehicles shall be fully enclosed in a Structure, with the exception that one (1) vehicle may be stored outside for up to 24 hours upon delivery or awaiting pick-up. All such storage is subject to any vehicle storage regulation herein or elsewhere in the City Code.
14. A Personal Care Home is not permitted as a Home Occupation



City of Chattahoochee Hills
6505 Rico Road
Chattahoochee Hills, GA 30268
Phone: 770-463-8881
Fax: 770-463-8550
www.chatthillsga.us

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

(Please check the appropriate box below and complete, including notarization at bottom.)

Employs more than 10 (total employees for Individual, Firm or Corporation)

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6(d), stating affirmatively that the individual, firm, or corporation employed more than ten employees on January 1st of the below signed year and has registered with and utilizes the federal work authorization program commonly known as E-Verify. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

Employs 10 or less (total employees for Individual, Firm or Corporation)

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, the undersigned private employer _____ (*business name*) verifies its compliance with O.C.G.A. § 36-60-6(d), stating affirmatively that the individual, firm, or corporation employed ten or 1 employees on January 1st of the below signed year and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

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 ___ day 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: _____



City of Chattahoochee Hills
6505 Rico Road
Chattahoochee Hills, GA 30268
Phone: 770-463-8881
Fax: 770-463-8550
www.chatthillsga.us

***Affidavit Verifying Status for
City Business License Application***

By executing this affidavit under oath, as an applicant for a Business License or Occupation Tax Certificate as referenced in O.C.G.A. § 50-36-1(e)(2), from the City of Chattahoochee Hills, Georgia Business License or Occupational Tax Certificate, 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 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

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

Notary Public _____
My Commission Expires: