

HOME OCCUPATION
OCCUPATIONAL TAX CERTIFICATE APPLICATION
HARRIS COUNTY COMMUNITY DEVELOPMENT,
125 Barnes Mill Road, PO Box 689, Hamilton, GA 31811-0689
Phone 706-628-4700 Fax 706-628-4140



ALSO NECESSARY TO PROCESS APPLICATION: COPIES OF DRIVER'S LICENSE, PROPERTY TAX RECEIPT(S), STATE LICENSE, AND FOOD PERMIT FROM HEALTH DEPARTMENT (IF DEALING WITH FOOD) OR CERTIFICATE FROM THE DEPARTMENT OF AGRICULTURE & AFFIDAVIT VERIFYING STATUS

(PLEASE PRINT & ANSWER ALL QUESTIONS)

BUSINESS INFO

1. Legal Name of Business _____
2. Doing Business As _____
3. Phone Number _____
4. Street Address _____
City/State/Zip _____
5. Mailing Address _____
City/State/Zip _____
6. E-Mail Address _____
7. Georgia Sales & Use Tax Identification # _____ OR Social Security # _____
8. State License # (if applicable) : _____ Expiration Date: _____
9. Type of activity to be performed at the business address: _____

APPLICANT/OWNER INFO

10. Name _____
11. Phone Numbers: (Home) _____ (Cell) _____
12. Street Address (if different from #4 above) _____
City/State/Zip _____
13. Mailing Address (if different from #5 above) _____
City/State/Zip _____
14. Type of Ownership: Sole Proprietor Partnership Corporation* LLC*
*If Corporation or LLC, indicate the exact, complete name as it is registered with the Georgia Secretary of State's Office
Corporation Address _____
City/State/Zip _____

PROPERTY INFO

15. Total Acreage: _____
16. Property is Zoned: _____
17. Do you own or rent your home? OWN RENT
18. If "rent", indicate name of owner(s): _____
(Note: If "rent", a letter from owner giving you permission to do business in the home is required)
19. Do you have or do you plan to have an accessory structure? YES NO If YES, what size: _____

PRIVATE EMPLOYER EXEMPTION AFFIDAVIT

PURSUANT TO O.C.G.A. § 36-60-6

Harris County, Georgia

By executing this affidavit under oath, the undersigned private employer, as an applicant for a Harris County, Georgia, Business License/Occupational Tax Certificate for a business known as _____, verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation *employs ten (10) or fewer employees* and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

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

Executed this _____ day of _____, 20 _____
in _____ (city), Georgia.

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

Subscribed and sworn before me this
_____ day of _____, 20 _____

Notary Public

My Commission Expires: _____

Note: This affidavit is for submissions made on or after July 1, 2013.

AFFIDAVIT VERIFYING STATUS
FOR COUNTY PUBLIC BENEFIT APPLICATION
Harris County, Georgia

By executing this affidavit under oath, as an applicant for a Harris County, Georgia, *Business Occupation Tax Certificate*, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to an application for a Harris County *Occupation Tax Certificate*, Alcohol License or other 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

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 THE _____ DAY OF
_____, 20 _____

Notary Public
My Commission Expires: _____

(seal)

*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. *Qualified aliens that do not have an alien registration number may supply another identifying number below:*