



City of Ball Ground

Occupation Tax Certificate

NEW BUSINESS Application

215 Valley St, P. O. Box 285 – Ball Ground, Georgia

30107 Phone: 770-735-2123 Fax: 770-735-4575

Attached is the City of Ball Ground's Occupation Tax Certificate Renewal Application package. Please follow the directions and guidelines as specified below to ensure that your application is processed correctly & on time.

All businesses must renew their Occupation Tax Certificate by the last business day of January each year to avoid late penalties.

1. Complete the application. Fill in all blanks; use N/A if the question does not apply to your business. The application must be completed in detail, signed, and dated.
2. Attach all items listed below which may apply to your application:
 - A. Copy of state and/or federal license (if applicable) (required for professional licenses)
 - B. Completed and Notarized E-Verify/ Private employer Affidavit
(All businesses must complete form and select the options that apply to the business)
 - C. Completed and Notarized SAVE/ Status of Citizenship Compliance Affidavit
(All businesses must complete form and select option that apply to the business)
 - D. A Copy of the applicant's photo identification. (Required for all)
3. Acceptable forms of payment are cash, check, Visa, and MasterCard. Make checks payable to the City of Ball Ground.
4. Your business may need additional approvals, inspections and/or a Certificate of Occupancy if it is a new business location, a change of business use or if renovations have been made at the new business location. These approvals must be completed before your business license can be issued.

NEW BUSINESS APPLICATION - OCCUPATION TAX CERTIFICATE

GENERAL BUSINESS INFORMATION

Business Or Professional's Name	DBA/Trade Name
Description Of Business	
NAICS Code (Visit www.census.gov/naics for information)	
Is this a home occupation/home-based business? ☐ YES ☐ NO If yes, please see regulations on page 6.	
Business Street Address	
Business Mailing Address (If Different from Above)	
Business Phone Number	Business Email Address
Emergency Contact Name(S)	Emergency Contact Phone Number(S)

BUSINESS OWNER'S INFORMATION

(1) Owner Name	
(1) Owner Address	
(1) Owner Phone Number	(1) Owner Email Address
(2) Owner Name	
(2) Owner Address	
(2) Owner Phone Number	(2) Owner Email Address
Total Number of Employees (Includes Owner(s))	
E-Verify Number (If applies to business)	

Certification: I hereby, do register and apply to operate business within the city limits of Ball Ground, Georgia and I further certify that the information contained in this application is true and correct, to the best of my knowledge.

Applicant Signature: _____

Date: _____

Occupation Tax Schedule

Tax rate determined by number of employees for each business, trade, profession, or occupation is as follows.

The number of employees is based on the maximum number of employees at any given time over the past year. This included the owner(s) plus the individual working for a salary/wage whether full-time, part-time, or borrowed employee located in the City Limits of Ball Ground, Georgia.

PLEASE REMIT THE AMOUNT ACCORDING TO THE NUMBER OF EMPLOYEE

Number of Employees	Administrative Application Fee	Base Fee	Total if Approved
1	\$ 25.00	\$ 30.00	\$ 55.00
2	\$ 25.00	\$ 60.00	\$ 85.00
3	\$ 25.00	\$ 90.00	\$ 115.00
4	\$ 25.00	\$ 115.00	\$ 140.00
5	\$ 25.00	\$ 140.00	\$ 165.00
6	\$ 25.00	\$ 165.00	\$ 190.00
7	\$ 25.00	\$ 190.00	\$ 215.00
8	\$ 25.00	\$ 215.00	\$ 240.00
9	\$ 25.00	\$ 230.00	\$ 255.00
10	\$ 25.00	\$ 245.00	\$ 270.00
11	\$ 25.00	\$ 260.00	\$ 285.00
12	\$ 25.00	\$ 275.00	\$ 300.00
13	\$ 25.00	\$ 290.00	\$ 315.00
14	\$ 25.00	\$ 305.00	\$ 330.00
15	\$ 25.00	\$ 320.00	\$ 345.00
16	\$ 25.00	\$ 335.00	\$ 360.00
17	\$ 25.00	\$ 350.00	\$ 375.00
18	\$ 25.00	\$ 365.00	\$ 390.00
19	\$ 25.00	\$ 380.00	\$ 405.00
20	\$ 25.00	\$ 395.00	\$ 420.00
21	\$ 25.00	\$ 410.00	\$ 435.00
22	\$ 25.00	\$ 425.00	\$ 450.00
23	\$ 25.00	\$ 440.00	\$ 465.00
24	\$ 25.00	\$ 455.00	\$ 480.00
25	\$ 25.00	\$ 470.00	\$ 495.00
For each employee over 25, add another \$15 to the total amount			

(E-Verify)
Private Employer Affidavit for Public Benefit Applicants
Pursuant to O.C.G.A. § 36-60-6(d)

Public Benefit Applied For: Occupation Tax Certificate

The undersigned applicant as the duly authorized representative of the below-named private employer verifies one of the following with respect to my application for the public benefit indicated above mentioned:

Section 1:

Applicant must select either "a" or "b" in Section 1.

- a) ☐ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- b) ☐ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

Section 2:

Complete the fields in section 2 if you selected "a" under Section 1 above. Skip to next section if you selected "b".

*The Federal Work Authorization User ID # is a 4-to-7-digit number assigned by the E-Verify Program. It is **not** the same as FEIN, Federal Employer ID Number, or tax ID.*

Include the date the number was assigned in the second field.

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 #

Date of Authorization

Section 3:

*Wait to complete this section when you are in front of a Notary Public. Please be sure to **complete all fields** in this section at that time.*

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 Official Code of Georgia §16-10-20.

Executed in _____, _____.
City State

Signature of Applicant Date Printed Name of Applicant

Name of Business Title of Applicant

Section 4:

The Notary Public must witness your signature and complete this section.

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

Signature of Notary Public: _____ (SEAL)

Expires: _____

SAVE Affidavit

Affidavit Verifying Status for City Public Benefit Applicants

Pursuant to O.C.G.A. Section 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for an **Occupational Tax Certificate**, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Section 1:

Applicants must select 1 of these 3 options.

- 1) ☐ I am a United States Citizen
(Must provide a copy of either current State Driver's License, Passport, Military ID, or another approved document. *)
- 2) ☐ I am a legal permanent resident of the United States. **
(Must provide a copy of your Permanent Resident Card or another approved document. *)
- 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. ** (Must provide a copy of your Employment Authorization Card or another approved document. *)

*See link for acceptable forms of identification: law.ga.gov/immigration-reports

**My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____.

Applicants who select 2 or 3 above must complete the 'alien number' question.

Section 2:

All applicants must describe the secure and verifiable document in this field and provide a front and back copy of that document with this affidavit.

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. Section 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. Section 16-10-20, and face criminal penalties as allowed by such criminal statute.

Section 3:

Wait to complete this section when you are in front of a Notary Public. Please be sure to complete all fields in this section at that time.

Executed in _____, _____
City State

Signature of Applicant Date Printed Name of Applicant

Name of Business Title of Applicant

Section 4:

The Notary Public must witness your signature and complete this section.

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

Signature of Notary Public: _____ (SEAL)

Expires: _____

Home Occupation/Home-based Business Rules

Ball Ground Code Section 106.3 governs home occupations within the city. Please review and sign below.

A. Intent and purpose. Certain occupational uses termed "home occupations" are allowed in dwelling units on the basis that such uses are incidental to the use of the premises as a residence. They have special regulations that apply to ensure that home occupations will not be a detriment to the character and livability of the surrounding neighborhood. The regulations ensure that the accessory home occupation remains subordinate to the residential use and the residential viability of the dwelling is maintained. The regulations recognize that many types of jobs can be done in a home with little or no effect on the surrounding neighborhood and, as such, may be permitted provided such uses:

- 1) Are incidental to the use of the premises as a residence;
- 2) Are conducted within the bona fide residence of the principal practitioner;
- 3) Are compatible with residential uses;
- 4) Are limited in extent and do not detract from the residential character of the neighborhood.

B. Definition of accessory home occupations. Home occupations residents use their home as a place of work, home office or business mailing address. Employees or customers are prohibited from coming to the site. Examples include artists, crafts people, writers and consultants.

C. General provisions and prohibited uses. All home occupations shall meet the following:

- 1) A home occupation shall be incidental and accessory to the use of a dwelling as a residence. No more than 25% of the floor space of the dwelling unit (including attached garages) may be used for the occupation.
- 2) There shall be no exterior evidence of the home occupation or alteration of the residence and/or accessory buildings to accommodate the home occupation. Internal or external changes which will make the dwelling appear less residential in nature or function are prohibited. Examples of such prohibited alterations include construction of parking lots, paving of required setbacks, or adding commercial-like exterior lighting. Any alteration or addition which expands the floor area of the principal structure dedicated to the home occupation use shall void the existing business license and require a new business license be obtained, subject to property compliance verification by the Administrator. There shall be no outside operations or exterior storage of inventory or materials to be used in conjunction with a home occupation.
- 3) Off-site employees of the resident shall not congregate on the premises for any purpose concerning the home occupation nor park their personal vehicles at the location.
- 4) No article, product or service used or sold in connection with such activity shall be other than those normally found on the premises.
- 5) No more than one vehicle associated with the home occupation may be parked at the site. Such vehicle is limited to 1½-ton carrying capacity and must be used exclusively by the resident and parked on a valid improved surface.
- 6) No use or activity may create noise, dust, glare, vibration, smoke, smell, electrical interference or any fire

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hazard.

7) All home occupations shall be subject to periodic inspections by the Administrator.

8) Any type of repair or assembly of vehicles or equipment with internal combustion engines (such as autos, motorcycles, marine engines, lawn mowers, chain saws and other small engines) or of large appliances (such as washing machines, dryers, and refrigerators) or any other work related to automobiles and their parts is prohibited.

9) Group instruction, assembly or activity shall be limited to five persons at one time (day care excluded).

10) Accessory home occupations may not serve as headquarters or dispatch centers where employees come to the site and are dispatched to other locations.

11) The Administrator must approve all business licenses which shall be recertified annually.

12) No clients, non-resident employees or customers are allowed on the premises.

13) Pickups from and deliveries to the site in regard to the business shall be restricted to vehicles which have no more than two axles and shall be restricted to no more than two pickups or deliveries per day between the hours of 8 a.m. and 6 p.m.

14) No advertisement shall be placed in any media (including flyers soliciting business) containing the address of the property.

15) Family day care facilities must be certified by Georgia Department of Human Resources prior to the issuance of a business license and must accompany all applications for a Special Land Use Permit. The number of children allowed by this ordinance shall be calculated at one child per 250 gross square feet of the residence with a maximum of eight (excluding those of the proprietor).

16) Each home occupation is permitted signage according to the following criteria:

- a) Sign shall be an attached wall sign limited to 6 square feet;
- a) Signs may not be illuminated in any fashion;
- b) All signs shall be permitted

I have read the rules governing home occupations, understand these rules and agree to abide by these rules.

Applicant Signature: _____

Date: _____