



CITY OF RINCON

302 S. Columbia Ave. • P.O. Box 232 • Rincon, GA 31326

Telephone: (912) 826-5996 • Fax: (912) 826-2083

WHAT IS A HOME OCCUPATION BUSINESS?

- Is carried on by the owner, or with the owner's permission;
- Is conducted entirely within the principal building and shall be clearly incidental and secondary to the use of the dwelling unit for residential purposes;
- Produces no alteration or change in the character or exterior or change in the principal building from that of a residential dwelling;
- Creates no disturbing or offensive noise, vibration, smoke, dust, odor, heat, glare, traffic hazard, unhealthy or unsightly condition;
- Provides sales or offering of sales of articles produced or assembled on the premises or products not produced on site, but, related and accessory to the service provided;
- No material, other than office supplies, may be stored on site;
- No outdoor storage allowed at the residence of materials, goods, articles, or items related to the home occupation;
- No work, repairing, assembly, or manufacture of merchandise, vehicles, motorcycles, or carts shall be conducted outside the residential dwelling;
- No goods, materials, supplies, or items of any kind, can be delivered whether to or from the premises in connection with the home occupation except in a passenger automobile or by a residential express mail company (UPS, FedEx, etc.).
- No deliveries to or from the premises shall be made by tractor trailer or semi-truck, or as allowed by other City of Rincon ordinances;
- No hazardous material, whatsoever, shall be stored at the location.
- Shall not generate pedestrian or vehicular traffic or demand for parking;
- No more than one commercial vehicle used in conduction of the business may be parked at the home location.
- There shall be no use of parking or storage of tractor trailers, vehicles over 10,000 pounds, heavy equipment, or pull-type trailers, greater than 18 feet in length, related to the home occupation.
- Displays no sign or external indication of the home occupation.

Deviation from the parameters of a permitted home occupation or home business office will result in the revocation if all applicable permits associated with the use and its operation.

WHAT YOU NEED	
	Occupational Tax Certificate application
	Zoning form
	SAVE affidavit
	Verifiable document (Picture ID)
	Private employer affidavit
	Professional License (if applicable)

You may view the home occupation ordinances on our website: www.cityofrincon.com

Signature: _____

Date: _____



City Of Rincon
Mailing Address: P.O. Box 232 – Rincon, GA 31326
Office Location: 302 S. Columbia Ave. – Rincon, GA 31326
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APPROVED:

Application for Occupation Tax Certificate

The application must be filled out completely to obtain an Occupation Tax Certificate. Payment must be filed with the application to obtain an Occupation Tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax or fee. You will not be billed. Please print with ink or type. In order for the appropriate tax or fee to be determined, the application must be accompanied by all appropriate documents.

Legal Business Name: _____

Business Name-DBA: _____

Business Address: _____

Suite: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Business email: _____

Business Contact Person: _____ Phone: _____

Mailing Address: _____

Suite: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Type of Business/ Use of Property: _____

Company Type: _____ Corporation _____ Limited Liability Limited Partnership _____ General Partnership
_____ Limited Partnership _____ Non-Profit _____ Professional Corporation
_____ Sole Proprietorship _____ Limited Liability Company (LLC)
_____ Professional Limited Liability Company _____ Limited Liability Partnership

Describe business activities: _____

Will commercial vehicles be used? _____

If yes, please describe (size, type, location of storage): _____

(Please attach a list of the quantities, types and storage location of any chemicals or hazardous materials that will be used for this Business)

Number of employees (full-time equivalent): _____

(Including self)

FOR SOLE PROPRIETORS OR PARTNERSHIPS

Business Owner's Name: _____ If Partnership (Partner's Name): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Number: _____ Fax Number: _____

Federal ID #/ EIN (Federal IRS Tax ID): _____

Federal Work Authorization User Id Number/E-Verify # _____

(Required if employ more than 10 full-time employees or hold a public contract)

GA State Professional License Number: _____ Expiration Date: _____

FOR CORPORATIONS, LLC, OR OTHER CORPORATE ENTITIES

Corporate Business Name: _____

Home Office Address: _____ City: _____ State: _____ Zip: _____

Home Office Main Phone Number: _____ Fax Number: _____

Federal ID #/ EIN (Federal IRS Tax ID): _____

Federal Work Authorization User Id Number/E-Verify # _____

(Required if employ more than 10 full-time employees or hold a public contract)

GA State Professional License Number: _____ Expiration Date: _____

Other Information:

Square footage of building: _____

Number of coin operated machines: _____

Number of Rental Units (apt, storage, etc.): _____

Provide a detailed list of all services offered to customers at your business. Be specific. _____

Provide a detailed list of all products to be sold from the premises. Be specific when listing these products. Failure to do so could cause your occupational tax certificate to be revoked. Attach an additional sheet if necessary:

Restrictions:

The undersigned hereby certifies or declares under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct. All information given is subject to verification with the City of Rincon.

Applicant Name: _____ Date: _____

Phone #: _____

Signature: _____ Title: _____

APPLICANT MUST COMPLETE THE AFFIDAVITS AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT

OFFICE USE ONLY

License Fee Amount: _____ Admin. Fee: _____ Total Fee Paid: _____

Application Type

<input type="checkbox"/> New Application <input type="checkbox"/> Change of Information <input type="checkbox"/> Renewal Application
--

License Type

<input type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Profit
--

PAYMENT

RECEIVED: _____

<input type="checkbox"/> CHECK # <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH



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Business Zoning Approval Form

☐

Primary Use

☐

Secondary Use

☐

Conditional Use

Intended property use: _____

Property address: _____

To be completed by the applicant

To be completed by owner of property

Applicants Name: _____

Owners Name: _____

Applicants address: _____

Owners Address: _____

Telephone # _____

Telephone # _____

E-mail Address: _____

E-mail Address: _____

Signature: _____

Signature: _____

Zoning: _____ Parcel Number: _____

Date received

Building Inspector

City Planner



CITY OF RINCON, GEORGIA
Building and Zoning Department
(912) 826-5996 Ph / (912) 826-2083 Fax
www.cityofrincon.com

By executing this affidavit under oath, as an applicant for a City of Rincon, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Rincon, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____.
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

1) _____ I am a United States citizen

OR

2) _____ I am a legal 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 make 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:

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

*

Alien Registration number for non-citizens

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



CITY OF RINCON, GEORGIA
Building and Zoning Department
(912) 826-5996 P / (912) 826-2083 F
www.cityofrincon.com

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

By executing this affidavit under oath, as an applicant for a(n) business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the **City of Rincon**, the undersigned applicant representing the private employer known as _____ [printed name of private employer] 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 more than ten (10) employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected (a) please fill out Section below.

The employer has registered with and utilizes the federal work authorization program commonly known as *E-Verify* 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

Date of Authorization

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 _____, 201__ 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 _____, 201__.

NOTARY PUBLIC

My Commission Expires:



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I have received a copy of the City of Rincon Home Occupation License Ordinance. I understand that any deviation from the parameters of a permitted home occupation or home business office will result in the revocation of all applicable permits associated with the use and its operation.

Signature

Printed Name

Date