HOME OCCUPATION TAX CERTIFICATE APPLICATION

CITY OF RINCON
Planning & Development Department
302 S Columbia Avenue
Rincon, GA 31326
P: 912-826-5996
www.cityofrincon.com

• Is carried on by the owner, or with the owner's permission.
• Shall be clearly incidental and secondary to the use of the dwelling unit for residential purposes.
• Utilizes not more than 20 percent of the total floor area of the total building area on parcel.
• Involves the sale or offering for sale of articles produced or assembled on the premises or products not produced on site, but, related and accessory to the service provided.
• Creates no disturbing or offensive noise, vibration, smoke, dust, odor, heat, glare, traffic hazard, unhealthy or unsightly condition.
• No material, other than business supplies, may be stored on site.
• 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 the 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.
• Produces no alteration or change in the character or exterior or change in the principal building from that of a residential dwelling.
• Displays no sign or external indication of the home occupation.

Note: *The following uses are not permitted as home occupations:*	
*Vehicle and/or body and fender repair.	*Day care, for more than six (6) minors.
*Greenhouse or commercial nursery.	*Adult daycare centers.
*Medical or dental lab.	*Restaurants.
*Food handling, processing or packing of food, or production of food items.	

I have read the above and agree to conduct my business in accordance with the ordinance.

Print Name: _____   **Signature:** _____

Date: _____   **Address:**_____

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The application must be filled out completely and the appropriate documents provided in order to obtain an Occupational Tax Certificate.

Legal Business Name:

Business Name - DBA:

Type of Business:

Business Address: Suite:

City/State/Zip Code:

Business Phone: Business Email:

Business Contact Person: Phone:

Mailing Address of Business: Suite:

City/State/Zip Code:

Emergency Contact: Phone:

COMPANY TYPE (Please check one)		
☐ Limited Liability Company	☐ Corporation	☐ Sole Proprietorship
☐ Non-Profit	☐ General Partnership	☐ Professional Corporation
☐ Limited Liability Limited Partnership	☐ Limited Partnership	☐ Limited Liability Partnership
☐ Professional Limited Liability Company		
***If you are an LLC you must provide a copy of your Certificate of Organization from the State.**		

Describe Business Activities:

Will Commercial Vehicles be Used:
☐ No   ☐ Yes*

*If yes, describe size, type, location of storage:

_____

_____

Please attach a list of the quantities, types and storage location of any chemicals or hazardous materials that

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will be used for this Business.

Number of Employees (including self) [full-time equivalent]:

Federal ID#/EIN (Federal IRS Tax ID: E-Verify #:

GA State Professional License #:   Expiration Date:

Is the owner of the Company a disabled Veteran with an honorable discharge: ☐ Yes   ☐ No

Other Information if applicable:

Number of Coin Operated Machines: Number of Rental Units: (apt, storage, etc.):

The undersigned hereby certifies or declares under penalty or 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.

Signature: _____   Date: _____

Print Name: _____   Title: _____

Applicant must complete the Affidavits and provide a secure and verifiable document.

TYPE: ☐ NEW ☐ CHANGE INFORMATION	
LICENSE: ☐ HOME ☐ COMMERCIAL ☐ NON-PROFIT	

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PRIVATE EMPLOYER AFFIDAVIT	**CITY OF RINCON** Planning & Development Department 302 S Columbia Avenue Rincon, GA 31326 P: 912-826-5996 www.cityofrincon.com

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 the below section:

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 _____, 20_____ in _____ (city),

_____ (state).

_____   _____

Signature of Authorized Officer or Agent   **Printed Name** and Title of Authorized Officer or Agent

Sworn and subscribed before me this _____ day of _____, 20_____.

_____   My commission Expires: _____

Notary Public, State of Georgia

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SAVE AFFIDAVIT	**CITY OF RINCON** Planning & Development Department 302 S Columbia Avenue Rincon, GA 31326 P: 912-826-5996 www.cityofrincon.com

AFFIDAVIT

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. § 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.)*

   a. ☐ I am a United States citizen.

   OR

   b. ☐ 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   *Alien Registration number for non-citizens

Sworn and subscribed before me this _____ day of _____, 20_____.

_____   My commission Expires: _____

Notary Public, State of Georgia

*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:

**This form is required to be completed. In order for the application process to be complete, a color copy of a verifiable identification must be provided.

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CITY OF RINCON
302 Columbia Ave ● P.O. Box 232 ● Rincon, GA 31326
Telephone: (912) 826-5996

Business Zoning Approval Form

Property address: _____

Name: _____   Name: _____

Address: _____   Address: _____

Telephone #: _____   Telephone #: _____

E-mail Address: _____   E-mail Address: _____

Signature: _____   Signature: _____

Zoning: _____   Parcel Number: R _____

_____   _____
Building Inspector   City Manager

_____
City Planner