



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: _____



APPROVED: _____

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

The application must be filled out completely with appropriate documents in order to obtain an Occupation Tax Certificate.

Legal Business Name: _____

Business Name-DBA: _____

Type of Business: _____

Business Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business email: _____

Business Contact Person: _____ Phone: _____

Mailing Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Company Type: Corporation * Limited Liability Limited Partnership * General Partnership *
 Limited Partnership * Non-Profit * Professional Corporation * Sole Proprietorship * Limited
Liability Company * Professional Limited Liability Company * Limited Liability Partnership

If you are an LLC we will need a copy of your Certificate of Organization from the State.

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)

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

GA State Professional License Number: _____ Expiration Date: _____

Other Information if applicable:

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

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.

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

DATE RECEIVED: _____ / AMOUNT PAID: \$ _____ CHECK • CREDIT CARD • CASH



CITY OF RINCON, GEORGIA
Planning & Development Department
Phone: (912) 826-5996 / Fax: (912) 826-2083
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 _____, 20_____ in Rincon (city), GA (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 RINCON, GEORGIA
 Building and Development Department
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 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:

*****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 submitted*****



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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