



## Occupational Tax Certificate Return

### City of Chatsworth, Georgia

City Clerk's Office  
Chatsworth, Ga. 30705  
P.O. Box 516  
Phone: (706-695-2834)  
Fax: (706-517-1623)

Office Use Only:

Account Number: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Amount Due: \_\_\_\_\_

### Section I: Please Answer Questions 1 through 8, If Applicable

- 1) Is business located within the City limits? ☐ Yes ☐ No
- 2) Street Location \_\_\_\_\_
- 3) Describe type of business \_\_\_\_\_
- 4) Number of Employees \_\_\_\_\_ (Full-time Employees are based on 40 hrs per week.)
- 5) Is this business ☐ Permanent ☐ Seasonal ☐ Temporary
- 6) Is the business newly constructed? ☐ Yes ☐ No
- 7) Has the business been remolded or renovated? ☐ Yes ☐ No
- 8) Do you own the building? \_\_\_\_\_ Do you lease the building? \_\_\_\_\_

### Section II: Please Complete the Following Accordingly

Owner Name (Corporate Name or Individual Owner) \_\_\_\_\_

D/B/A (Name of Business) \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Contact Person \_\_\_\_\_

Page 1 of 2 Continue next page

### State Licenses/Certification

Certain Professions are required to obtain Licenses-Certification from the State of Georgia. A few examples of these professions are: **Plumbers, Electricians, HVAC Contractors, Physicians, Massage**



***Therapist, and Cosmetologists.*** Documentation of this certification must be presented, and a copy of the license or certificate number must be provided to the City.

**Section III-Read Carefully Before Signing**

This return is due in the Clerk's Office on the 1<sup>st</sup> of January of each year before a certificate can be issued. Failure to file this return by the 1<sup>st</sup> of April will result in penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC  
BENEFIT APPLICATION  
CITY OF CHATSWORTH, GEORGIA

By Executing This Affidavit Under Oath, As An Applicant For A City Of Chatsworth 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 Chatsworth, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit 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 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. •

2a) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\*Alien Registration Number For Non-Citizens

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

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.

The secure and verifiable document provided with this affidavit can best be classified as:

(Please submit a copy or the secure and verifiable document along with the application. E.g., Driver's License)

Signature of Applicant

Printed Name

MUST BE AFFIXED WITH NOTARY SIGNATURE AND  
SEAL

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

Notary Public

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. §  
36-60-6(d)  
CITY OF CHATSWORTH, GEORGIA

CHECK ONLY ONE:

☐ By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes 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. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number  
(E-Verify Company ID Number)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

OR

☐ By executing this affidavit, the undersigned private employer 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.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

MUST BE AFFIXED WITH NOTARY SIGNATURE AND  
SEAL

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

CITY OF CHATSWORTH,  
GEORGIA  
Customary Home Occupation

I Hereby Agree to Operate My Business in My Home in Accordance with the Regulations Set-forth in the Zoning Ordinance of the City of Chatsworth, Georgia. I Verify That I Have Read and Fully Understand the Following Regulations:

Customary Home Occupation

An Occupation, Profession or Trade Customarily Carried on by an Occupant in a Dwelling Unit as a Secondary Use Which Is Clearly Incidental to the Dwelling Unit for Residential Purposes and Which Meets the Following Conditions: Article VIII – Supplement Regulations, sec. B-2 Customary Occupation Zoning

There shall be no exterior of the home occupation other than a non-illuminated identification sign having an area of not more than two square feet which shall be attached wholly to the dwelling structure within such activity is conducted.

All retail sales upon the premises shall be prohibited, except for products or goods fabricated or produced at the premises as a result of the home occupation;

All home occupations shall be conducted within the enclosed living area, including basement, if any, of the dwelling provided that no more than 25 percent of the total enclosed square footage of the dwelling may be used in furtherance of a home occupation;

No products, materials, equipment, fixtures, or machinery fabricated or used in the home occupation may be visible from the exterior of the dwelling;

No alteration of the residential appearance of the dwelling shall occur;

No entrance to the dwelling shall be used exclusively for the home occupation;

No increased traffic flow or increased on or off-street parking shall occur;

No hazardous or other materials or equipment adverse to the public health, welfare, and safety shall be used in the home occupation;

No increased noise, glare, vibration, fumes, odors, or electrical interference shall occur; and no commodity shall be stocked or sold on the premises.

No commercially licensed or titled vehicles shall be used in the home occupation.

There shall be no group instruction, assembly or activity.

Name of Home Occupation: \_\_\_\_\_

Owners Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location of Home Occupation: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Georgia Secretary of State Licensing Board - Brian P. Kemp

CONTACT

237 Coliseum Drive  
Macon, Georgia 31217-3858

Local (478) 207-2440

Toll Free (844) 753-7825

Hours: Mon - Fri 8:00 - 5:30

<http://sos.ga.gov/index.php/licensing>

Occupational Tax Requirement

- Sec. 26-39. - Evidence of state registration when required.  
Each person who is licensed under O.C.G.A. tit. 43 by the examining boards of the secretary of state's office shall provide evidence of proper and current state Licensure before any city occupation tax certificate or regulatory fee certificate may be issued.

(Code 1983, § 12-28; Ord. of 11-6-1995, § 2(2)(12-28))

- Sec. 26-40. - Evidence of qualification required if applicable.
  - (a) Any business required to obtain health permits, bonds, certificates of qualification, and certificates of competency, motor vehicle liability insurance or any other regulatory matter shall first, before the issuance of an occupation tax certificate or a regulatory fee certificate, show evidence of such qualification.
  - (b) Any business required to submit an annual application for continuance of the business shall do so before the occupation tax or regulatory fee certificate is issued.

(Code 1983, § 12-29; Ord. of 11-6-1995, § 2(2)(12-29))