

**CITY OF STONE MOUNTAIN
HOME OCCUPATION TAX CERTIFICATE
YEAR ENDING _____**

(FOR OFFICE USE ONLY)

Received By (Employee): _____

Date Received (Meter Stamp) _____

License No. _____

Business Description: _____

Number of Employees (0-5) _____ \$ 180.00

Number of Employees over 5 _____ x \$30.00 \$ _____

Occupation Tax Due: \$ _____

Sanitation Fee \$ _____

(\$5.00 per month - fee will be prorated for the number of months or partial months remaining in the calendar year)

TOTAL AMOUNT DUE \$ _____

Approval/Clearance: (Attach Copy)

_____ SAVE Affidavit _____ Secure & Verifiable Document _____ Private Employer Affidavit
_____ Health _____ Water & Sewer

APPLICANT: _____ HOME PHONE: _____

ALTERNATE PHONE: _____ SSN #: _____

EMAIL ADDRESS: _____

BUSINESS NAME: _____

BUSINESS PHONE: (If Different than Home #) _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS: _____

OF FULL-TIME EMPLOYEES: _____ # OF PART-TIME EMPLOYEES: _____

(Only residents of the dwelling may be engaged in the home occupation)

An owner and/or manager, or an employee who works 40 hours or more per week, shall be considered a full-time employee. Employees who work less than 40 hours per week shall be considered part-time employees. Each part-time employee shall be considered to be equal to 1/2 of a full-time employee. The total number of employees shall be the sum of all full-time employees plus all part-time employees rounded to the next whole number.

1. What percentage of the dwelling unit is or will be used for business? _____ %
2. Will any employees, partners or other associates, other than those living in the home, come to this location for any purpose concerning the business? YES ____ NO ____

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3. Will any customers or clients come to this location for any purpose? YES____ NO ____

4. Will any material or equipment be stored anywhere at this location other than within the dwelling? YES____ NO ____

If YES, please state what type and where: _____

5. Will pick-up and delivery services be required for the type of business license being applied for? YES ____ NO____
(Per Ordinance Section 6-9(9) - Pick-up & Delivery Services are prohibited in any residential districts - R-1, R-2, R-3, R-4, VCM or MR-1)

6. Describe all vehicles used in connection with the home business and indicate who will operate the vehicle(s).

(The parking or storage of any commercial vehicle is prohibited in the R-1, R-2, R-3, R-4, VCM or MR-1 zoning districts except if the commercial vehicle is temporarily parked for less than eight hours or if an automobile, pickup truck, van or sport utility vehicle is used to provide daily transportation to and from work.)

<u>Type of Vehicle</u>	<u>Gross Vehicle Weight</u>	<u>Operator</u>
_____	_____	_____
_____	_____	_____

7. Please indicate where business vehicles will be parked at this location:

() Garage () Carport () Side Yard () Rear Yard

Please furnish below a detailed description of the activity which you seek permission to conduct at this location:

I do solemnly affirm to criminal penalties for false swearing, that the information in this application for Home Occupation Tax Certificate is true and no false or fraudulent information is made herein to procure the granting of this certificate. I acknowledge and accept responsibility as the business owner to inform the city, in writing, within 10 business days upon the closure or relocation of the business.

Applicant Signature

Date

- (a.) Each occupation tax shall be for the calendar year unless otherwise specifically provided.
- (b.) The certificate and annual occupation tax shall be due and paid within 30 days of January 1st of each year.
- (c.) Occupational Tax Certificates expire on December 31st of the year of its issuance.
- (d.) City ordinance prohibits the use of any home business/advertising sign(s) in any residential district.