



For Office Use Only

Account # _____ Computer Receipt _____
Fee \$ _____ Notification _____
Category _____

OCCUPATIONAL TAX APPLICATION FOR UNINCORPORATED HOUSTON COUNTY

I hereby register my business with Houston County at the address below. In doing so, I certify that the information provided below is true and accurate to the best of my knowledge. I understand that this application shall be reviewed by the appropriate county officials and, if complete, shall be processed within three (3) business days. All monies are due and payable once the application is approved.

1. Name of Business _____
2. Mailing Address of Business _____
City _____ State _____ Zip Code _____
3. Exact Location of Business (if different from above) _____

City _____ State _____ Zip Code _____
4. Phone Number () _____ Home () _____ Mobile _____
5. Email Address _____
6. Full Name of Owner/Manager _____
Address _____
City _____ State _____ Zip Code _____
Phone Number () _____ Home () _____ Work _____
SSN# _____ Tax ID# _____ Date of Birth _____
7. Please Describe the Dominant Line of Business _____

Note: Any person engaged in a profession or business required to be licensed by the State under Title 43, must provide copy of such license with this application.

8. Is this business to be operated out of your home? _____ Yes _____ No
Note: If the business is a home occupation, please sign the attached Home Occupation section of this form, indicating your business will abide by the Special Requirements for Home Occupations. If the business is not a home occupation, then the commercial structure must be inspected by the building inspections department (542-2018), the fire department (542-2040) and environmental health (218-2020) before a license will be issued. The applicant is responsible for coordinating these inspections.
9. Number of Full-time Employees _____ (include the Owner/Manager)
Number of Part-time Employees _____

10. Are you the owner of the real estate where business is to be located? Yes No
Note: If no, please provide written and notarized authorization from the owner of the real estate.

11. If business is a Partnership, please list partner:

12. Full Name of Partner _____

Address _____

City _____ State _____ Zip Code _____

Phone Number () _____ Home () _____ Work _____

SSN# _____ Tax ID# _____ Date of Birth _____

The applicant hereby certifies that he/she is familiar with the business regulations of Houston County, Georgia as herein defined, and that the granting of an Occupational Tax Certificate (business license) constitutes a privilege that may be revoked as provided in the Code of Ordinances of Houston County, Georgia. The applicant further certifies that he/she understands that the Occupational Tax Certificate for which application is made is for the current year only and that no false or fraudulent statement is made herein to procure the granting of such certificate.

The applicant understands that: (1) all fees are due and payable by February 28 of each year; (2) a tax certificate shall not be issued or a current tax certificate shall be revoked if the business fails to pay personal property taxes to Houston County. Payment of said taxes shall allow said tax certificate to be issued or reinstated; (3) the Occupational Tax Certificate must be clearly posted in the business; and (4) the applicant MUST notify the Commissioner's Office in writing if the business closes or moves its operation to a new address. If you have not responded to (1), (2), or (4) within the time aloud a summons will be issued to appear in Magistrate Court.

Name of Owner/Applicant (Please Print)

Signature of Owner/Applicant Date

Office Use Only
Commissioner's Office Recommends: Approval <u> </u> Denial <u> </u> Sign/Date: _____
Comments: _____



Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Houston County, Georgia Business Occupational Tax Certificate, Alcohol License or other public benefits as referenced in O.C.G.A. Section 50-36-1, I am stating that I, _____, applying on behalf of [(circle one) myself, a business, a corporation, a partnership or other private entity]

- 1) _____ I am a United States citizen (*please attach document verifying your identify to include: drivers license, US Passport, Military ID or other secure and verifiable document under OCGA 50-36-2*)

OR

- 2) _____ I am a legal permanent resident of 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 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.

Signature of Applicant

Date

Printed Name

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

Notary Public
My Commission Expires:

*Alien Registration Number for
Non-Citizens

*** Copy of Documentation and
Identification must be provided**

*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:



E-VERIFY Affidavit of Exemption

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 or fewer employees, or is not currently 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. § 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, __, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires _____

Houston County Occupational Tax Application Procedure

Notice: The Houston County Code of Ordinance requires all businesses to annually register and pay an occupation tax for the privilege of operating a business in Houston County. Failure to register and pay the annual occupation tax will result in legal action and fines.

1.	<p>All business locations must have a Zoning Compliance issued by the Houston County Planning and Zoning Commission. Please attach the zoning compliance to the application. Planning and Zoning is located at:</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: center; padding: 5px;">200 Carl Vinson Parkway (478) 542-2018</td> <td style="text-align: center; padding: 5px;">Monday through Friday 8:00 a.m. until 5:00 p.m.</td> </tr> </table>	200 Carl Vinson Parkway (478) 542-2018	Monday through Friday 8:00 a.m. until 5:00 p.m.		
200 Carl Vinson Parkway (478) 542-2018	Monday through Friday 8:00 a.m. until 5:00 p.m.				
2.	<p>All business locations must have a Building Inspection. Home Occupations are the exception to this rule unless there will be customers and/or employees coming into the home. Appointments with Inspectors may be arranged by calling:</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: center; padding: 5px;">200 Carl Vinson Parkway (478) 542-2018</td> <td style="text-align: center; padding: 5px;">Monday through Friday 8:00 a.m. until 5:00 p.m.</td> </tr> </table> <p>An inspection of the business location has been performed and the structure appears to be in a reasonably suitable condition for occupancy.</p> <p>Inspector's Printed Name: _____ Inspector's Signature: _____</p> <p>Date of Inspection: _____</p>	200 Carl Vinson Parkway (478) 542-2018	Monday through Friday 8:00 a.m. until 5:00 p.m.		
200 Carl Vinson Parkway (478) 542-2018	Monday through Friday 8:00 a.m. until 5:00 p.m.				
3.	<p>All business locations must have a Fire Inspection. Home Occupations are the exception to this rule unless there will be customers and/or employees coming into the home. The Houston County Fire Department may be reached by calling:</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Houston County Fire Department Headquarters</td> </tr> <tr> <td style="text-align: center; padding: 5px;">200 Carl Vinson Parkway (478) 542-2040</td> <td style="text-align: center; padding: 5px;">Monday through Friday 8:00 a.m. until 5:00 p.m.</td> </tr> </table> <p>The Houston County Fire Department has inspected the business location and hereby approves the structure to be in reasonably suitable condition for occupancy.</p> <p>Inspector's Printed Name: _____ Inspector's Signature: _____</p> <p>Date of Inspection: _____</p>	Houston County Fire Department Headquarters		200 Carl Vinson Parkway (478) 542-2040	Monday through Friday 8:00 a.m. until 5:00 p.m.
Houston County Fire Department Headquarters					
200 Carl Vinson Parkway (478) 542-2040	Monday through Friday 8:00 a.m. until 5:00 p.m.				
4.	<p>Some business locations may be required to have an Environmental Health Inspection. Home Occupations are the exception to this rule unless there will be customers and /or employees coming into the home. The Environmental Health Department may be reached by calling:</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: center; padding: 5px;">98 Cohen Walker Drive (478) 218-2020</td> <td style="text-align: center; padding: 5px;">Monday through Friday 8:00 a.m. until 4:30 p.m.</td> </tr> </table> <p>The Houston County Environmental Health Department has inspected the business location and hereby approves the structure to be in reasonably suitable condition for occupancy.</p> <p>Inspector's Printed Name: _____ Inspector's Signature: _____</p> <p>Date of Inspection: _____</p>	98 Cohen Walker Drive (478) 218-2020	Monday through Friday 8:00 a.m. until 4:30 p.m.		
98 Cohen Walker Drive (478) 218-2020	Monday through Friday 8:00 a.m. until 4:30 p.m.				
5.	<p>After completion of steps 1, 2, 3 and 4 return this form, copy of Zoning Compliance, completed Occupation Tax Application and payment to:</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: center; padding: 5px;">Business License Office : 200 Carl Vinson Parkway</td> <td style="text-align: center; padding: 5px;">Mailing Address: 200 Carl Vinson Parkway Warner Robins, Ga. 31088</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Monday through Friday 8:00 a.m. through 5:00 p.m.</td> </tr> </table>	Business License Office : 200 Carl Vinson Parkway	Mailing Address: 200 Carl Vinson Parkway Warner Robins, Ga. 31088	Monday through Friday 8:00 a.m. through 5:00 p.m.	
Business License Office : 200 Carl Vinson Parkway	Mailing Address: 200 Carl Vinson Parkway Warner Robins, Ga. 31088				
Monday through Friday 8:00 a.m. through 5:00 p.m.					

I hereby certify the above information to be true and correct. I have read and understand the application procedure. I also understand that I will not open until my business has been registered and occupation tax paid for this location.

Name of Business and Address: _____ _____	Exact Business Location: _____ Type of Business: _____
Phone Number: _____	Signature of Applicant: _____

The following businesses will require a State, Federal, or Professional License as a prerequisite for applying for an occupational tax to operate a business in Houston County:

Agency - Real Estate Development/Sales/Rentals
Agency -Travel
Auctioneer
Auto Dealer - New/Used/Rental
Barber/Beauty Shop
*Beer – Retail on and Off Premises Consumption
Cemetery, Burial Vaults, Etc
Electrical Contractor
General Contractor
Heating and Air Conditioning Contractor
Daycare – children
Deer Processing
Firearms Sales/Repair
Funeral Home
Hospital (Animal)/Kennel
Junk Dealer/Salvage All Types
Kennel
*Liquors – Mixed Drinks Sales/Retail
Manicurist
Massage Therapy
Mobile Home Setup
Nursery /Greenhouse
Nursing Homes
Package Store
Pest Control
Poultry Processing
Waste Disposal Companies
Wine Retail – On/Off Premises Consumption

This may not be a complete list of businesses that require a State, Federal, or Professional License.

*Beer and Liquor Sales also require the Commissioners approval.



Houston County Sheriff's Office Communications Division

200 Carl Vinson Pkwy
Warner Robins, Ga 31088
(478)542-9911
Fax: 478-542-9917



Business Emergency Contact Information

Providing this information to the Houston County E-911 Center allows us to better assist you in the event of an after-hours emergency (burglary, fire, open door, etc.) If you have any questions, please contact 478-542-9911.

Business Name: _____ Business Phone Number: _____

Business Address: _____ City: _____ Zip: _____

Hours of operation: _____ Owner/Manager email: _____

In case of an after-hours emergency, Houston County 911 can contact the following:
(Please include first and last name of the contact person)

Name: _____ Home#: _____ Mobile #: _____

Name: _____ Home#: _____ Mobile #: _____

Name: _____ Home#: _____ Mobile #: _____

Name: _____ Home#: _____ Mobile #: _____

Additional Information:

(Any information or special instructions to better assist the Police Department, Fire Department or Emergency Medical Services in the event that there is an emergency at your business.)

If at any time during the year you need to make changes to this information, please contact Sheena Cannon at 478-542-9911 or email scannon@houstoncountyga.org. You may also access this form on our website www.houstoncounty911.com under the "Contact Us" tab.

Print Name

Signature

Date