



CITY OF MOUNTAIN PARK
Incorporated 1927

BUSINESS LICENSE ADMINISTRATIVE/REGULATORY FEES & OCCUPATION TAX

APPLICATION:

- 1) Fill out all forms completely.
- 2) Sign & date all forms where indicated.
- 3) Return completed/signed forms to City Hall with copy of State Card if applicable.
- 4) Payment must be submitted with the application (see below).
- 5) Business License may be picked up at City Hall or mailed to you.
- 6) Application must be notarized.

BUSINESS LICENSE REGISTRATION & TAXES DUE & PAYABLE:

Registration of a Business License and payment Occupation Taxes are due to the City on March 1st of each year and delinquent if not registered and paid by March 31st of each year.

DEFINITIONS:

- I. *Employee* means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issued to such individual for purposes of documenting compensation a form IRS W-2, but not a form IRS 1099.
- II. *Home Occupation* means any use, occupation or activity conducted entirely within a dwelling by the resident thereof, which is clearly incidental and secondary to the use of a dwelling for residence purposes and does not change the character thereof, and in connection with which there is no display; no stock-in-trade not commodity sold or stored on the premises, and no person not a resident on the premises is employed specifically in connection with the home occupation. Provided further, that no mechanical equipment is installed or used except such as is normally used for domestic purposes, and that not more than 10% of the total floor space of any dwelling is used for such premises by a physician, dentist, lawyer, clergyman or other professional person for consultation or emergency treatment, but not for the general practice of the profession.
- III. *Practitioner of profession or occupation* is one who by state law requires state licensure regulating such profession or occupation as designated by O.C.G.A. § 48-13-9, but shall not include a practitioner who is an employee of a business, if the business pays an occupational tax.

FEES:

<i>Administrative Fee:</i>	<i>\$150.00</i>
<i>Regulatory Fee:</i>	
a) 1-10 employees.....	\$20, plus \$20 each for every employee over 1.
b) 10-15 employees.....	\$200, plus \$30 each for every employee over 10.
c) 15 or more.....	\$350, plus \$40 each for every employee over 15.

OCCUPATION TAX: *Rate determined by number of employees (including contract employees) for each business, trade, profession or occupation.*

<i>Number of Employees:</i>	
a) 1-10.....	\$50, plus \$50 each for every employee over 1.
b) 10-15.....	\$500, plus \$100 each for every employee over 10.
c) 15 or more.....	\$1,000, plus \$150 each for every employee over 15.



CITY OF MOUNTAIN PARK

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APPLICATION FOR REGISTRATION OF A HOME BUSINESS

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone: Home: _____ Work: _____ Cell: _____

Name of Business: _____

Type of Business: _____ New Business: Yes _____ No _____

Beginning Date of Business in Mountain Park: _____ Number of Employees(including self): _____

Business is: Sole Proprietorship _____ Partnership _____ Limited Liability Company _____ Corporation _____

Federal Tax ID Number: _____ Georgia Tax ID Number: _____

Does business handle toxic or hazardous materials? Yes _____ No _____

Is business regulated by the State of Georgia? Yes _____ No _____

If yes:

State Card Number: _____ Expiration Date: _____

PROVIDE COPY OF STATE CARD.

THE FOLLOWING QUESTIONS RELATE ONLY TO THE ADDRESS SHOWN ABOVE. SEE CITY OF MOUNTAIN PARK HOME OCCUPATION ORDINANCE NUMBER 254-02 AND LIST OF RESTRICTIONS ATTACHED HERETO.

Will all business activity conducted at the above location take place entirely within the dwelling? Yes _____ No _____
If no, explain fully.

Will accessory buildings or outside storage be used in connection with the business? Yes _____ No _____
If yes, explain fully.

Describe all vehicles used in connection with the business including who will operate vehicles.

Will any electrical transmitting equipment be used? Yes _____ No _____

If yes, explain fully.

Will the business create noise, dust, vibration, odor, smoke, glare or electrical interference that would be detectable beyond the interior of the dwelling? Yes _____ No _____

If yes, detail below.

Will activities associated with the business be conducted entirely within the dwelling? Yes _____ No _____

If no, detail below.

Will any persons other than those residing in the dwelling be employed to perform business related activities at the dwelling?

Yes _____ No _____

If yes, specify below.

Will more than ten (10) percent of the interior square footage of the dwelling be used for conducting business? Yes _____ No _____

If yes, detail below.

Will there be more public contact in connection with the business than two (2) non-resident visitors at any one time? Yes _____ No _____

If yes, detail below:

NOTE: THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

1. Copy of State Business Card, if applicable.
2. Copy of Identification of Applicant showing address of the home occupation (i.e. Driver's License)

THERE SHALL BE NO EXTERIOR EVIDENCE OF THE HOME OCCUPATION INCLUDING EXTERIOR ADVERTISING SIGNS.

HOME OCCUPATIONS ARE SUBJECT TO THE OCCUPATIONAL TAXES SET FORTH IN ARTICLE III OF CHAPTER 54 IN THE CODE OF ORDINANCES FOR THE CITY OF MOUNTAIN PARK, GEORGIA.

I, the undersigned Applicant, hereby attest that the preceding questions have been answered completely and truthfully to the best of my knowledge. I hereby acknowledge that I have read the City of Mountain Park Home Occupation Ordinance and the City of Mountain Park Restrictions on Home Occupations and that I am aware that failure to comply with said requirements and restrictions will result in revocation of my Home Occupation License (Business License) and/or legal action by the City of Mountain Park, Georgia.

I, the undersigned applicant, understand that this application is not complete until the above information is provided, all listed documents are submitted in completed form and all fees paid.

This application is hereby made according to the requirements of the Code of Ordinances, City of Mountain Park, Georgia for a home occupation license as described herein. I/We agree to conform to all laws, ordinances and resolutions regulating the same.

Signature of Applicant

Date

City Hall Use Only

OCCUPATIONAL TAX ASSESSED: \$ _____ OCCUPATIONAL TAX PAID: \$ _____

DATE OCCUPATIONAL TAX PAID: _____

PAID BY: Cash _____

Check _____ Check # _____

Money Order _____ Money Order # _____

Official/Cashier's Check _____ Official/Cashier's Check # _____

APPROVED BY: _____

DATE ISSUED: _____ HOME OCCUPATION LICENSE NUMBER: _____

RESTRICTIONS GOVERNING HOME OCCUPATIONS

Home occupations, as defined in section 14-31 may be established in a dwelling in a residential district. The following requirements and restrictions shall apply in addition to all other applicable requirements, provisions and restrictions of the Code of the City of Mountain Park, Georgia:

1. Home occupations are subject to the occupational taxes set forth in Chapter 54, in section 54-101 through section 54-136 of this Code of Ordinances.
2. No accessory buildings or outside storage shall be used in connection with the home occupation.
3. No internal or external alterations inconsistent with the residential use of the building shall be permitted.
4. Only one vehicle designed and manufactured to be used primarily as a passenger vehicle shall be permitted in connection with the conduct of the home occupations.
5. No equipment that interferes with radio and/or television reception shall be allowed.
6. There shall be no exterior evidence of the home occupation.
7. No use shall create noise, dust, vibration, odor, smoke, glare or electrical interference that would be detectable beyond the interior of the dwelling unit.
8. All activities associated with the home occupation shall be conducted entirely within the dwelling unit and only persons residing in the dwelling unit shall be employed to perform those specific home occupation related activities which occur at the location of the home occupation.
9. No more than ten percent of the interior square footage of the dwelling unit shall be used for the conduct of the home occupation.
10. No use shall involve any type of public contact in connection with the home occupation other than occasional and incidental public contact, which shall be limited to no more than two non-resident visitors at any one time at the location of the home occupation and furthermore, no article, product, or service shall be sold, traded or exchanged on the premises other than by telephone.
11. No business vehicles, materials or equipment shall be stored or parked on the exterior of the dwelling except that one vehicle as described in subsection (4) of this ordinance and used exclusively by the resident may be parked at the location of the home occupation.
12. No off-site employees of the home occupation shall congregate on or adjacent to the premises for any purpose concerning the home occupation.
13. No home occupation shall be operated so as to cause a nuisance or create a fire hazard or any other hazard to public safety.

I have read and understand the above restrictions governing home occupations. I understand that failure to comply with these restrictions could result in revocation of my business license.

Signature: _____

Date: _____

Print name: _____

Sworn to and subscribed before me

this _____ day of _____, 20_____.

Notary Public

CITY OF MOUNTAIN PARK

SAVE AFFIDAVIT

VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFIT

By executing this affidavit under oath, as an applicant for a 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 Mountain Park 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. ***All non-citizens must provide their Alien Registration 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.

Signature of Applicant:

Date:

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20__

*

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:

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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

Executed on _____, ____, 201__ 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 THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

¹To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

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.

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

Executed on _____, _____, 201__ in _____ (city) _____ (state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:
