



# *City of Holly Springs*

## *Occupation Tax Registration*

### **- Business License Application -**

*Welcome to the City of Holly Springs, Georgia!*



*We're Open for Business and Glad You're Here!*

### **Application Checklist**

- Complete the occupation tax application form, p. 2 - 3
- Calculate rate, payable to the *City of Holly Springs*, p. 4
- Complete Attachment A – Zoning Clearance Certificate, p. 6
- Complete Attachment B – Affidavit Verifying Status, p. 7
- Submit completed application to the Community Development Department
- Please call us for assistance, 770-345-5533, or drop by M-F, 8:00 am – 5:00 pm<sup>1</sup>

**City of Holly Springs  
Community Development Department  
3237 Holly Springs Parkway  
Holly Springs, Georgia 30115  
Ph. 770-345-5533  
FAX 770-345-0209  
[www.hollyspringsga.us](http://www.hollyspringsga.us)**

<sup>1</sup> Community Development offices are in City Hall, in the green building behind the police department

City of Holly Springs  
Occupation Tax Registration  
PO Box 990  
Holly Springs, GA 30142  
Phone: 770-345-5533 Fax: 770-345-0209

*Please Print*

**Section 1: Business Information**

Business Name			Business Started
Business Street Address			
City	State	Zip Code	Bus. Phone No.
Business Mailing Address			
City	State	Zip Code	Bus. Fax No.
Website		Email Address	
Do you want to include your business information in our online business directory?			
Map and Parcel		Zoning Classification	

**Section 2: Owners Information**

Please indicate ownership status	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit
First Name	Last Name		Social Security No.	
Address	City	State	Zip Code	
Phone No.	Alternate Phone No.			
First Name	Last Name		Social Security No.	
Address	City	State	Zip Code	
Phone No.	Alternate Phone No.			
Corporation Name (if applies)				

**Section 3: Additional Business Information**

Is this business located in the City of Holly Springs?				
<b>Type of Business:</b>				
Services offered (please give details):				
Number of employees (including owners):			Federal ID #	State ID #
Full-Time:	Part-Time (PT):	PT Hours/Week:		

**Section 4: After Hours Emergency Contacts**

First Name		Last Name		
Address		City	State	Zip Code
Phone No.		Alternate Phone No.		

Please write a brief statement of exactly what you will be doing, list equipment and materials used and stored at this business location. Add additional sheets, if necessary.

*Please Print*

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A building inspection for occupancy and compliance with applicable building and fire codes is required. Please contact the Holly Springs Community Development Department, 770-345-5533, for permit requirements and/or inspections.

I certify that the information provided is true and correct to the best of my knowledge and employment records shall be available for inspection as specified in the code of the City of Holly Springs, Georgia.

\_\_\_\_\_  
**Print Name / Title**

\_\_\_\_\_  
**Applicant Contact Phone**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**This license expires December 31 of each calendar year.**

## Occupation Tax Schedule

For assistance calculating fees, please contact the Community Development Department, 770-345-5533.

**Table A: Per Employee Levy**

Number of Employees	Tax Amount	Admin. Fee <sup>1</sup>	Flat Rate
0-2 (Owner counts as 1)			\$65.00
3+ (Owner counts as 1)	\$30.00 per employee	\$30.00	

Part-time employees are considered (1/2 OR .5) of an FTE.

\*Max Tax Amount: \$6,000.00

**Table B: Regulatory Levy<sup>2</sup>**

Regulatory Activity	Regulatory Flat Fee
See City Code Section 22-38	\$100/year or \$25/job

**Table C: Professional, Insurance, and Financial Institutions Levy**

Professional Flat Rate <sup>3</sup>	Insurance Company Flat Rate	Financial Institutions
\$300.00	\$50.00	See City Code Section 22-226

**Notes**

- 1 - The administrative fee shall be added to the occupational tax amount assessed from Table A.
- 2 - See list of regulatory activities in Section 22-38 in the Code of the City of Holly Springs and State Law.
- 3 - See list of professions in Section 22-43 in the Code of the City of Holly Springs and State Law.

### Occupation Tax Fee Calculation

Depending on the Business Activity, choose 1, 2, or 3 below

1.) **Home Based Business**.....\$ 65.00 Due  
**Sole Proprietor or Independent Contractor not regulated**  
 (Individuals with 0-2 employees--Owner counts as one (1) employee)

2.) **Per Employee Rate**  
 Businesses with 3 + employees (# of employees x \$30.00) =..... \$ \_\_\_\_\_

Number of Full-Time Employees (Owner Counts as One (1) employee) \_\_\_\_\_  
Number of Part-Time Employees X 0.5 + \_\_\_\_\_ (Round up to nearest whole number)

**Total Number of Employees** \_\_\_\_\_ (Use in calculation above)

**PLUS Administrative fee**.....\$ 30.00

**TOTAL**.....\$ \_\_\_\_\_ Due

3.) **Professional's Rate**

Practitioner of Professions Flat Fee.....Number of Professionals \_\_\_\_\_ x \$300 = \$ \_\_\_\_\_ Due  
 (attorneys, doctors, etc., see Sec. 22-43 (c) for complete list)

4.) **Regulatory Rate**

Regulatory Activities & Operations.....\$100.00 calendar year or \$25.00/job = \$ \_\_\_\_\_ Due  
 (contractors, carnivals, peddlers, etc., see Sec. 22-38 (b) for complete list)

\*\*\*For insurer and financial institution rates, please contact the Community Development Department, 770-345-5533

\*\*\*After July 1 taxed at 90% of annual rate, after October 1 taxed at 75% of annual rate, on or after December 1 taxed at 50% of annual rate

\*\*\*Late penalties are assessed at 1.5% per month until paid, in addition to a one time 10% penalty after 60 days overdue



# CITY OF HOLLY SPRINGS ZONING CLEARANCE CERTIFICATE

Prior to completing an occupational tax form or "business license" application, the Zoning Administrator must first identify the zoning district of the proposed business use location. The Zoning Administrator will then contact the applicant to confer zoning compliance; subsequently, this form is forwarded to the Business License Clerk and the applicant may then proceed to complete the occupational tax application and proceed with the business license process. Should the business use location not conform with the zoning district requirements, the Zoning Administrator will contact the applicant immediately, identifying the deficiency(s) and recommending a course of action to achieve zoning compliance. **PLEASE ALLOW ONE (1) BUSINESS DAY FROM FILING TO PROCESS**

Please complete this form truthfully, to the best of your knowledge. In addition to the possible on-site inspection of the premises, the City will rely upon the answers given in this application. If it appears that after the permit is issued and business begins the answers were untruthful, penalties in accordance with City Code will be assessed.

**RETURN THIS FORM TO: City of Holly Springs, 3235 Holly Springs Pkwy. (See U.S. Mail Address Below)**

**PLEASE PRINT OR TYPE**      Filing Fee: \$5.00\*      FAX (770) 345-2827      OR Mail: P.O. Box 990, Holly Springs, GA 30142

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Business/Corporation Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Location: \_\_\_\_\_ Suite No. \_\_\_\_\_

Business Phone: \_\_\_\_\_ Corporate Phone: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Nature of Business: (Describe the requested use in detail, including **all** the products, services or trades to be conducted at the above location.) \_\_\_\_\_

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR ZONING ADMINISTRATOR USE ONLY:**

*\*Fee Discounted Against Occupation Tax Due Upon Business License Issuance*

Tax Parcel Number \_\_\_\_\_ Map Number \_\_\_\_\_ Zoning District \_\_\_\_\_  
LCI District \_\_\_\_\_ Main Street District \_\_\_\_\_

Is this requested use classified as a permitted use within the zoning district? Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, please identify the permitted use classification: \_\_\_\_\_

Is this requested use listed as a conditional use within the zoning district? Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, please identify the conditional use classification & additional requirements (if any): \_\_\_\_\_

Mark-X if Request Includes Zoning Stipulations ( ) **Attach Relevant Zoning Stipulations, if any**

**Applicant Cleared to Apply for Occupational Tax Permit:** Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator



City of Holly Springs

**SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE)**

Affidavit of Compliance with O.C.G.A. 50-36-1 “Verification of Lawful Presence within the United States.”

O.C.G.A. 50-36-1 requires that applicants applying for such things as licenses for public benefits complete a signed and sworn affidavit verifying the applicant’s lawful presence in the United States. Therefore, the applicant must answer the following questions:

The applicant is a U. S. citizen or legal permanent resident at least eighteen (18) years old.

       YES                             NO                      or                      IF NOT:

The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. *A photo static copy of the applicant’s alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.\**

O.C.G.A. 50-36-1 states that “Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to this Code section shall be guilty of a violation of Code Section 16-10-20.”

**I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Legal Company Name

\_\_\_\_\_  
Company Address

(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. **A STAMPED SIGNATURE IS NOT ACCEPTABLE.**)

I hereby certify that \_\_\_\_\_ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

SUBSCRIBED AND SWORN BEFORE ME ON THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_

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

AFFIX SEAL

\*All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-36-2.