



City of Holly Springs, Georgia

Application for Home Based Business License

Please Print

Applicant Name: _____ Business Name: _____

Section 1: Qualifications and Conditions:

Please use this form when applying for an Occupational Tax Certificate (also know as a business license) for a business operated from your residence in the City of Holly Springs.

Prior to completing this application, please carefully read the Qualifications and Conditions listed below. If, for any reason, you or your business are unable to comply with these guidelines, the subject business cannot be operated from your residence.

Also, prior to completing this application, please review the covenants of your neighborhood or contact your homeowners association, landlord, or management company for your neighborhood, to verify any of their rules regarding home based business.

A Home Based Business is an occupation, business, 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 meet all of the following conditions:

- 1) The use shall be carried out wholly within the dwelling unit. The attachment of an accessory building by a breezeway, roof or similar structure shall not be deemed as sufficient for the accessory building to be considered as a portion of the primary buildings.
- 2) Not more than twenty-five percent (25%) of the floor area, not to exceed five hundred (500) square feet, of the unit shall be used for the conduct of the home based business. To ensure this criterion is met, applicant is required to include a sketch of the area to be used for home based business use.
- 3) No merchandise or articles shall be displayed for advertising purpose, nor be displayed in such a way as to be visible from outside the dwelling unit. Garage doors shall not be left in the open position when the garage is used for storage of business-related materials.
- 4) No merchandise or articles shall be stored other than inside the dwelling unit.
- 5) No equipment or business vehicles may be stored or parked on the premises, except that one (1) business vehicle (the carrying capacity of which shall not exceed one and one-half (1-1/2) tons and shall not exceed six (6) tires and/or two (2) axels) used exclusively by the resident may be parked in a carport, garage or an approved parking space in the rear or side yard and not within the public right-of-way.
- 6) Delivery trucks shall be limited to U.S. Postal Service, United Parcel Service, Federal Express, and other delivery services providing regular service to residential uses. All vehicular traffic to and from the home office use shall be limited in volume, type and frequency to what is normally associated with other residential uses.
- 7) There shall be no alterations of the residential character of the dwelling unit or structures on the premises.
- 8) Only residents of the premises may be employed on the premises in pursuit of the business, trade or occupation or profession.
- 9) One (1) off-street paved parking space for each two hundred fifty (250) square feet of floor area devoted to the home occupation shall be provided in addition to the required parking for residential use of the building.
- 10) No motor power, other than electricity operated motors, shall be used, and the total horsepower of such motors shall not exceed three (3) horsepower or one (1) horsepower for any single motor.
- 11) No business, trade, profession or occupation shall qualify as a home occupation if the pursuit of such generates noise which is audible beyond the property lines of the property upon which the premise is located.
- 12) No aspect of the home occupation which is noticeable to neighbors shall be conducted between the hours of 9:00 PM of one evening and 7:00 AM of the next day.

13) **Prohibited Home Based Business.** The following uses shall be prohibited:

- A. Major appliance repair.
- B. Automobile, truck or motorcycle repair; parts; sales, upholstery, or detailing; washing service
- C. Boarding house, time-share condominium
- D. Private Clubs
- E. Restaurants and taverns
- F. Tow truck service
- G. Veterinary uses (including care, grooming, or boarding).
- H. Retail and wholesale business
- I. Any outside storage

*** Please note: If you operate one of the abovementioned “prohibited businesses” and seek a business license to operate a **HOME OFFICE ONLY**, just maintaining an office in your home, your business may still qualify for a home based business license; please contact the Community Development Department for more information, 770-345-5533.

14) **Unspecified Home Based Business.** Any proposed home based business that is not specifically listed as permitted or prohibited shall be evaluated by the Zoning Administrator, subject to approval based on criteria as listed above and provided in Section 3.6 of the Holly Springs Zoning Ordinance.

Section 2: General Business Information

Business Name: _____

D.B.A. (if applicable): _____

Business Address: _____

City: _____ State: _____ Zip: _____ - _____

Ownership Structure: _____ Corporate Control # _____
Sole Proprietor, S-Corp, LLC Found on annual corporate registration from Secretary of State.

Federal ID (FEIN): _____ GA Taxpayer ID#: _____
For information, visit www.irs.gov/business/small For Information, visit www.etax.dor.ga.gov

Primary business use: _____

Description of proposed business activities: _____

(attach additional sheets, if necessary)

Please Mark (x) the following:

1.) Will the business activity occupy more than 25% of the floor area or greater than 500 sq. ft of the dwelling unit? Yes No
(Please attach a sketch that illustrates the floor area utilized by the home-based business)

2.) Will the business activity require the storage of materials, inventory, or supplies? Yes No (If Yes, please indicate the items stored: _____)

(attach additional sheets, if necessary)

3.) Will business vehicles or equipment be parked or stored on the premises? Yes No (If Yes, please indicate the vehicles and/or equipment: _____)

(attach additional sheets, if necessary)

4.) How many employees to you expect to employ on the premises? _____ (part-time and full-time, including owners)
Do all of your employees reside on the premises? Yes No

5.) Is your home based business activity expected to generate noise? Yes No (If Yes, please indicate the noise source and expected hours the noise will be audible: _____

(attach additional sheets, if necessary)

6.) What are your anticipated hours of operation on the premises? _____

7.) How many non-residential trips per day to the home will be generated? _____
(Exclude occupant trips)

Section 3: Business Owner/Operator Information

The individual listed below must, at the time of application, provide a copy of their driver's license or other photo identification proving residency at the address referenced above as the location of the Home Occupation.

Name: _____ Drivers License #: _____

Primary Phone: _____ - _____ - _____ Mobile Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email Address: _____

Do you want to include your business information in our online business directory? Yes No

Section 4: Licensed Professionals

Practitioners of certain professions are subject to licensure by the Professional Licensure Division of the Office of Georgia Secretary of State. A list of practitioners of professions is maintained by the Community Development Department. Also, to determine if your business is subject to such licensure, please visit the Secretary of State's website at www.sos.state.ga.us or contact the Professional Licensure Division at 478-207-2440.

If the business for which this application is being submitted is subject to licensure by the State of Georgia, a copy of the current state license for the business must be provided and attached to your application at the time of submittal in order for your application to be processed and at the time of renewal.

Section 5: Calculation of Annual Occupation Tax

The City of Holly Springs charges a flat rate amount of occupation tax for home based businesses in the amount of \$65.00. The home based business license is based on the calendar year, and renewal notices are issued to all license holders in November of each year.

Flat Tax Rate: _____ \$65.00

Discount *(If Applicable): _____

Total Due: _____

*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

Section 7: Payment and Submittal Instructions

Payment of occupation taxes may be made to the City of Holly Springs in the form of cash, check, or credit card (4% convenience fee). Checks must be made payable to “City of Holly Springs.” Attach all required additional documentation to your completed application. Incomplete, noncompliant applications and/or those missing any required documentation will be rejected and/or denied.

Complete applications packages, including payment, may be mailed or delivered in person between the hours of 8:00 AM and 5:00 PM to the City of Holly Springs Community Development Department at:

Hand Delivery:
3235 Holly Springs Parkway
Holly Springs, GA 30188

Mailed Delivery:
The City of Holly Springs
C/O Community Development Tech
P.O. Box 990
Holly Springs, GA 30142

Section 8: Swear and Attest

By completing and submitting this application for a home based business license, I hereby swear and attest that all information provided herein is complete and accurate to the best of my knowledge. I confirm that my home based business meets all of the requirements for the operation of a home occupation as defined by the City of Holly Springs under Section 3.6 of the Holly Springs Zoning Ordinance. I and the applicant business agree to abide by all ordinances, rules, and regulations of the City of Holly Springs. I understand that any false statements on this application or failure to meet with requirements of Section 3.6 in the operation could result in the voiding of the Home Based Business License and additional penalties provided by law.

Business Owner/Operator Name (Please Print): _____

Business Owner/Operator Signature: _____

Date: _____

-----Please Do Not Write Below This Line-----

Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Payment Amount: \$	Date Paid:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason for Denial:	
Zoning Administrator Signature:		Date:



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.