



Coweta County, Georgia
Home Based Business License Application
(Please allow up to two weeks to process applications)

New Applications All forms must be filled out completely, including mailing and business addresses and all available phone/fax/email information. Currently we do not accept applications by mail. \$35.00 application fee

Purchase of existing business If you have purchased an existing business, the prior business owner must close out their business and pay all associated taxes in full prior to the issuance of the new owner’s Occupational Tax Certificate.

- Non Mfg. Mfg. / Whs. / Dist. Professional Gen Contractor Sub Contractor

The following must be checked off and included with the original, signed application (APPLICATIONS WILL NOT BE ACCEPTED WITHOUT ALL PAPERWORK)

- Pg. 2 (attached) Completed Application
- Pg. 3 (attached) Notarized - Public Benefit Affidavit O.C.G.A. § 50-36-1(e) (2)
- Pg. 4 (attached) Notarized - Private Employer Affidavit of Compliance Pursuant to O.C.G.A. § 36-60-6(d)
- Copy of owner’s driver’s license (home based driver’s license MUST have current address) / (if more than two owners, attach a list with all contact information for each additional owner.)
- Copy of one of the following: taxes paid statement for business location / signed lease / buyer’s agreement / closing statement
- Copy of FEIN paperwork - 800-829-4933 - <https://www.irs.gov>

Copies of the following must be checked off and provided if applicable to the license being issued:

- State License (if required by the State of Georgia)
- Health Inspection Certificate (770) 683-7345
- Incorporation Letter - <http://sos.ga.gov>
- Dept. of Agriculture Inspection (404) 656-3645
- (Required for corporations, closed corporations or LLC’s)
- Amber Light Permit (404) 624-7460 <https://dps.georgia.gov>
- Copy of Sales Tax ID paperwork - 877-423-6711 - <https://dor.georgia.gov/sales-use-tax>

Contact Information:

Business License Division	Joy Thompson	770-254-2626
Community Development	Teresa Crow	770-254-2635
Building Division	Tina Chamberlain	770-254-2660
Fire Department	Enrico Dean	770-254-3900

Home Based Business License Application

Please Fill In All Information COMPLETELY
Please Type or Print With Ball Point Pen

CALENDAR YEAR _____

PENALTY FOR FAILURE TO FILE RENEWAL BY APRIL 15th EACH YEAR

Parcel Number:	Approved:
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BUSINESS NAME:		BUSINESS LOCATION STREET ADDRESS and ZIP CODE (Not PO Box)		BUSINESS DESCRIPTION:
MAILING/CONTACT INFORMATION FOR BUSINESS →	ATTENTION:	BUSINESS MAILING ADDRESS, CITY, STATE, ZIP CODE (if different)		BUSINESS PHONE #
	ADDITIONAL CONTACT →	BUSINESS FAX #	BUSINESS WEB ADDRESS	EMAIL
LICENSEE TYPE: CHECK ONE →	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> OTHER	PRINCIPAL OFFICE AND CORPORATE NAME	STREET OR PO BOX	CITY, STATE, ZIP CODE
PLEASE PROVIDE COPY OF DRIVERS LICENSE AND CITIZENSHIP AFFIDAVITS FOR ALL OWNERS, PARTNERS AND MEMBERS	OWNER NAME	STREET	CITY, STATE, ZIP CODE	PHONE#
	OWNER NAME	STREET	CITY, STATE, ZIP CODE	PHONE #
	OWNER NAME	STREET	CITY, STATE, ZIP CODE	PHONE #

In accordance with the Business Tax Ordinance, Coweta County, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this application, including the accompanying documentation and that the information contained in these documents is true, correct and complete. I hereby make application for an Occupational Tax Certificate to conduct the above-described business in the County. I understand that approval must be obtained from the departments having the authority prior to issuance of the certificate. By signature below, I do solemnly swear, subject to criminal penalties for false swearing, that information contained in the application is true and no false or fraudulent information is made herein to procure the granting of this certificate and the purposed business is in compliance with Sec. 60A. of the Coweta County Zoning Ordinance.

Owner's Signature _____

Date: _____

O.C.G.A. § 50-36-1(e)(2) S.A.V.E Affidavit

By executing this affidavit under oath, as an applicant for a(n) other public benefit (Business / Alcohol License), as referenced in O.C.G.A. § 50-36-1, from Coweta County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

- Driver's License Social Security Card Green Card
- Passport / Visa (US only) Perm Resident Card Other _____

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____, _____.

Signature of Applicant

Printed Name of Applicant

Printed Name of Business

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, _____

NOTARY PUBLIC
My Commission Expires: _____

**Private Employer Affidavit
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) employees.

***** 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: _____

To 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.