City of Austell
5000 Austell-Powder Springs Road., Suite 137
Austell, Georgia 30106
770-944-4326 / Fax 770-944-9177

FOR OFFICE USE ONLY

APPLICATION FOR BUSINESS LICENSE

Date: _____ Phone: ( ) _____

Name of Business: _____

Business Address: _____
Street City State Zip Code

Mailing Address (if different) _____
Street City State Zip Code

E-Mail Address: _____

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

☐ New Business
☐ Address Change
☐ Name Change
☐ Existing Business Purchased

Beginning date of business in City of Austell _____
Previous Address _____
Previous Name _____
Date of Purchase _____ Type of Ownership _____
(Sole Proprietor, Partnership, Corporation)

Name of Corporation _____

Number of employees _____

Has applicant ever had a license revoked or suspended? ☐ No ☐ Yes (If yes, please explain)

Is off street parking provided? ☐ Yes ☐ No (If NO, City's Parking Ordinance must apply)

Will alcoholic beverages be sold? ☐ Yes ☐ No Will there be outside storage? ☐ Yes ☐ No

Will there be a sign on the outside of the business? ☐ Yes ☐ No (If YES, a sign permit is required)

How will garbage service be provided? _____

Will there be outside displays of merchandise? ☐ Yes ☐ No

☐ Owner ☐ Partner ☐ President

PERSONAL INFORMATION

Home Telephone _____

Name _____

Address _____
Street City State Zip County

Social Security No. _____ Drivers License No. _____

Description of business; products/services sold

_____

_____

FOR ISSUANCE OF A BUSINESS LICENSE FOR IN-HOME BUSINESSES THROUGH THE CITY OF AUSTELL, THE FOLLOWING MUST BE ADHERED TO: (1) NO OUTSIDE STORAGE OF MATERIALS OR EQUIPMENT; NO OUTSIDE SIGNAGE; AND (3) NO MORE THAN ONE VEHICLE WITH SIGNAGE PARKED AT THE PREMISES.

Are liquid wastes in excess of five thousand (5,000) gallons per day discharged by the sewer? ☐ Yes ☐ No

Does this business handle any toxic or hazardous wastes? ☐ Yes ☐ No

Does this business require a health license? ☐ Yes ☐ No

Is this business going to be in the home? ☐ Yes ☐ No (If yes, initial in the space provided that you have received a copy of the Home Occupation Ordinance 9.1.2. _____) (City Staff initials: _____)

I AFFIRM THAT THE FACTS STATED BY ME ARE TRUE. I UNDERSTAND ANY MISREPRESENTATION OR ANY FRADULENT STATEMENTS, IS GROUNDS FOR AUTOMATIC DISMISSAL OF THIS APPLICATION AND REVOCATION OF LICENSE.

Applicant's Signature: _____ Date: _____

EVIDENCE OF QUALIFICATION REQUIRED IF APPLICABLE. Any business required to obtain health permits, bonds, certifications of qualifications, certificates or competency, or any other regulatory matter shall first, before the issuance of a City of Austell business registration, show evidence that such requirements have been met.

EACH LINE OF BUSINESS TO BE IDENTIFIED IF APPLICABLE. The business registration of each business operated in the City of Austell shall identify the dominant line that the business conducts.

Notice: Any payment submitted with this application will be deposited by the City of Austell. However, the depositing of such payment and the submittal of an application does not entitle the applicant to engage in the business applied for. Every application must follow the established review process prior to a final determination on whether to grant or deny the application. Only the final and complete issuance of the business license and/or occupational tax certificate constitutes authority to transact such business.

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PLEASE DO NOT WRITE BELOW THIS SPACE.

Zoning Code: _____ Business License Number: _____

Building Permit: _____ SIC Code: _____

Sign Permit: _____ Category: _____

Other: _____ Account Number: _____

☐ Approved ☐ Denied Regulatory Fee: $ _____

Comments: _____ Occupational Tax: $ _____

Approval By: _____ Date: _____

<u>CUSTOMARY HOME OCCUPATION ORDINANCE</u>
(For In-Home Businesses Only)

9.1.2 Customary Home Occupation (RR, R-80, R-40, R-30, R-20, R15, MHP, RD, RM, FST) only as permitted by the City of Austell.

(a) There shall be no exterior evidence of the home occupation, including any type of identifying signs.

(b) No mechanical equipment shall be used for such occupation except such equipment as is customary for purely household and hobby purposes.

(c) Such use shall be conducted entirely within the dwelling unit and only persons living in the dwelling unit shall be employed in such occupation.

(d) No more than twenty-five (25) percent of the dwelling unit may be used for the operation.

(e) Group instruction, assembly, or activity shall be limited to five (5) persons.

(f) No goods shall be sold on the premises, and no more than $500.00 worth of inventory shall be stored on the premises.

(g) No materials, 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) used exclusively by the resident may be parked in a carport, garage, or rear or side yard. The off-site employees of the residence shall not congregate on the premises for any purpose concerning the home occupation.

(h) There shall be no deliveries of supplies for use in the home occupation or pickups of the items by the occupant by commercial carriers.

(i) No business that would provide a personal service to individuals or groups such as hair braiding, tattooing, body piercing, nail, hair, makeup service, or massage therapy, etc.

9.1.3 Off-Premises Signs (General Advertising). (GC, LI, HI)

All general advertising signs must be erected and installed in compliance with the provisions established in Section 19.8.5 of the Zoning ordinance.

9.2. Agriculture and Forestry

9.2.1 Agricultural produce stands. (RR)

(a) Such use shall comply with front yard setback established for the district in which it is located.

(b) There shall be a minimum of four (4) off-street parking spaces.

9.2.2 Commercial greenhouses or plant nursery. (RR, GC, LI, HI)

Any structure shall be set back at least one hundred (100) feet from any residential property line.

O.C.G.A. 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Business License as referenced in O.C.G.A. 50-36-1 from the City of Austell, the undersigned applicant verifies one of the following with respect to his or her application for a public benefit:

1) _____ I am a United States citizen.
2) _____ I am a legal permanent resident of the United States
3) _____ 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:

_____.

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 statue.

Executed in Austell, Georgia.

_____
Signature of Applicant

_____
Printed Name of Applicant

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

_____
NOTARY PUBLIC
My Commission Expires: