



Cherokee County Development Service Center
1130 Bluffs Parkway, Canton GA 30114 Phone 770-721-7810

Website: www.cherokeega.com

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Application for Commercial Occupation Tax Certificate

Occupation Tax Certificates should be renewed beginning January 1st of each year. Your Occupation Tax Certificate is not transferable. The Development Service Center emails a renewal notice approximately 30 days prior to the renewal period. The notice is sent as a courtesy only and non-receipt of the notice does not relieve the business owner from the responsibility of renewing the occupation tax certificate. Initial \_\_\_\_\_

1. Business Name \_\_\_\_\_ NAICS Code \_\_\_\_\_

2. Business Address \_\_\_\_\_ Suite# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

3. Business E-mail address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Date Business began in Cherokee County \_\_\_\_\_ E-Verify Number \_\_\_\_\_

5. # of Owners \_\_\_\_\_ # Full time employees \_\_\_\_\_ # Part time employees \_\_\_\_\_

(As it appears on Form 941 of your Employer's Quarterly Federal Tax Return, line 1-Number of employees who received wages, tips or other compensation)

6. Sales and Use Tax Identification Number \_\_\_\_\_

7. Federal Employer Identification Number \_\_\_\_\_

8. Full Detailed Description of Business \_\_\_\_\_

9. Is this an existing building? Yes No If yes, you will be required to have approval from Planning & Zoning for the use as well as have an inspection. If it is a new building, the Certificate of Occupancy is required prior to issuance of the Occupation Tax Certificate.

10. If this is an existing building, what was the previous business type? \_\_\_\_\_

11. Property Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Please indicate ownership status:  Sole Proprietor  Partnership  Corporation/LLC  Non-Profit

(Please provide copy of the Certificate of Incorporation, 501c3 status if applicable)

13. Business Owner Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

*\*Corporations/Partnerships must provide the names of all officers or partners, their titles, resident addresses and phone numbers. If more space is needed, please attach to the application.*

**Corporate/Partner Information**

14. Officer/Partner \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

15. Officer/Partner \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

I, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/or revocation of the license. I understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this home based occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce such laws, ordinances & regulations.

I Understand that any changes to the structure, signage, miscellaneous plumbing, electrical connections, equipment or HVAC system requires a commercial permit and /or plan review with associated inspections and fees. This permit is only valid for a change in tenant where there is no changes in the nature of occupancy or use of the building or areas within the building.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

\_\_\_\_\_ Owner \_\_\_\_\_ Manager Other, specify \_\_\_\_\_

**THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE PLANNING AND ZONING DEPARTMENT PRIOR TO ISSUANCE**

**OFFICE USE ONLY**

Map & Parcel \_\_\_\_\_

Zoning Classification \_\_\_\_\_

Total amount due upon approval \_\_\_\_\_

NAICS code \_\_\_\_\_

**Checklist:**

Application is complete? \_\_\_\_\_

Copy of registration of business with Deeds & Records? \_\_\_\_\_

All affidavits have been completed and notarized? \_\_\_\_\_

Copy of professional state license (if applicable) \_\_\_\_\_

Copy of Certificate of Incorporation received? \_\_\_\_\_

Activity generated to Zoning? \_\_\_\_\_

Copy of food service permit (if applicable) \_\_\_\_\_

