



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) _____

Private Employer Affidavit Pursuant To 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) employees¹.

*** 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 _____, __, 2021__ 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: _____

¹ 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.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____ [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from _____ [name of government entity], the undersigned applicant verifies one of the following with respect to my 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 statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires: