

**WALTON COUNTY**  
**303 S Hammond Drive Suite 98, Monroe GA 30655**

**Application for Occupation Tax Certificate**

**MUST BE FILLED OUT COMPLETELY.** Please print with ink or type

**Please provide proper and current copy of State or Federal licensure, if applicable( ie, HVAC, Elec, Plumb, Contractor, Septic, Depart of Ag, Boarding /Stable). To obtain information on becoming incorporated please call (404) 656-2817.**

**OFFICE USE ONLY**

Map/Parcel# \_\_\_\_\_ Zoning \_\_\_\_\_ Occupation Tax Certificate # \_\_\_\_\_

This Occupation Tax has been \_\_\_\_\_ approved \_\_\_\_\_ denied with the above listed information. Reason: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

New Business License  Renewal  Filing new name or address change for # \_\_\_\_\_

1. Business Name or Corporaton/LLC \_\_\_\_\_

2. Please indicate type of license:  Commercial (**Commercial Zoned Property**)  Home Occupation\*\*  Temporary

**\*\*If you checked Home Occupation, complete the Home Occupation Compliance Questionnaire on the reverse side of the form\*\***

3. Business Address \_\_\_\_\_ Suite# \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

4. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business e-mail address \_\_\_\_\_

5. Mailing Address \_\_\_\_\_ Suite# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

7. # Full time Employees (**including owners/self**) \_\_\_\_\_ # Part time employees \_\_\_\_\_ (**fee chart on back of application**)

8. Please indicate ownership status:  Individual  Partnership  Corporation  Non-Profit  Limited Liability Corp

**Owners/Officers Information (attach additional sheet if more than two owners)**

9. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Drivers License# \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone \_\_\_\_\_

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

10. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Drivers License# \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone \_\_\_\_\_

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

I, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of the application and/or revocation of the license. I further understand that my business must be operated in compliance with all applicable state, Federal & local laws, ordinances & regulations, & that the granting of this 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.

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

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

Owner  Officer **\*\*\*Owner/Officer signing application must be person signing Affidavit\*\*\***

**THIS LICENSE EXPIRES DECEMBER 31 OF EACH CALENDAR YEAR**

**Home Occupation Compliance Questionnaire: MUST BE FILLED OUT COMPLETELY.**

1. Property Acreage \_\_\_\_\_ Do you live at the above address? \_\_\_\_\_

2. Number of **employees** that reside in the home (including self) \_\_\_\_\_

3. Will any employees (not living in home) come to home for business purposes, If yes explain \_\_\_\_\_

\_\_\_\_\_

4. Percent of home floor area to be used for business \_\_\_\_\_

5. List any equipment or supplies stored on the property and location in which they will be stored \_\_\_\_\_

\_\_\_\_\_

6. Will any part of business be conducted anywhere on property other than house or attached garage, If yes Explain \_\_\_\_\_

\_\_\_\_\_

7. List any vehicles (year, make, model) used for this business or employee vehicles and where they will be parked on the property \_\_\_\_\_

\_\_\_\_\_

8. Will there be any outdoor signage on property? If yes explain \_\_\_\_\_

\_\_\_\_\_

9. Will there be any customer contact at this home location? If yes explain \_\_\_\_\_

\_\_\_\_\_

I, affirm that the facts stated by me are true, and I received a copy of Article 6 Part 1 Home Occupation Regulations. I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of the application and/or revocation of the license. I further understand that my business must be operated in compliance with all applicable state, Federal & local laws, ordinances & regulations, & that the granting of this 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.

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

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

( ) Owner ( ) Officer \*\*\* Owner/Officer signing application must be person signing Affidavit\*\*\*

Fees	
Number of full time employees including owners/self _____	x 10.00.... =\$ _____
Number of part time employees.....	x\$5.00.....=\$ _____
Administrative Fee.....	=\$ 75.00
Amount Due.....	=\$ _____
25% Late fee if not renewed by <b>January 20th</b> .....	=\$ _____
Amount Due.....	=\$ _____

**THIS LICENSE EXPIRES DECEMBER 31 OF EACH CALENDAR YEAR**

O.C.G. A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate as referenced in O.C.G.A. Section 50-36-1, from Walton County, the undersigned applicant verifies one of the following with respect to my application for 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: