



# Paulding County Occupational Tax Certificate

240 Constitution Blvd · 2nd Floor · Dallas, GA 30132

Office: 770-443-7596 Fax: 678-224-4514

## Home Based Residential Business

New applications must be filled in completion and submitted to the Paulding County Business License Office along with applicable tax payment. **Written notification is required to close business.**

- New Business in Paulding County
- Address change – Business ID # \_\_\_\_\_
- Name change – Business ID # \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

Corp ( ) LLC ( ) Sole Proprietor ( ) Partnership ( )

\*Must Provide Tradename and/or Articles

BUSINESS PHONE \_\_\_\_\_ BUSINESS EMAIL \_\_\_\_\_

*Pursuant to O.C.G.A 10-1-490 any business operating under a name other than the corporation name, limited partnership name, or limited liability company name shall be required to register its trade name with the Clerk of Superior Court.*

PHYSICAL LOCATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS TYPE/FULL DESCRIPTION \_\_\_\_\_

*Additional Documents May Be Required*

NAICS CODE ([www.census.gov/eos/www/naics](http://www.census.gov/eos/www/naics)) \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

### BUSINESS OWNER'S INFORMATION

OWNER NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_ DL # \_\_\_\_\_ \*Copy is Required\*

PARTNER NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_ DL # \_\_\_\_\_ \*Copy is Required\*

**I, \_\_\_\_\_, do hereby certify that the facts stated by me in the above and foregoing answers to questions are true and no false or fraudulent statement is made herein. I understand that any falsification of any part of this application could cause denial or revocation of the license.**

*By signing below you agree to comply with all Paulding County Ordinances. You also agree you full understand the restrictions and will abide by them.*

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARTNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Office Use Only				
Zoning Approval _____	Parcel # _____	Zone _____		
Planning & Zoning Comments _____				
Taxes Verified _____	Date _____			
BL Clerk _____	Business ID# _____	Date _____	Pmt Type _____	Pmt Amt _____



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## Occupation Tax Fee Schedule

<u>Number of Employees</u>	<u>Tax Liability</u> <sup>1</sup>		<u>Administrative Fee</u> <sup>2</sup>		<u>Total Fee</u>
0-5	\$75.00	+	\$25.00	=	\$100.00

<sup>1</sup>Tax liability reduced by 50% for new licenses issued starting July 1st

<sup>2</sup>Administrative Fee is non-refundable

### Penalty and Interest

Delinquent occupation taxes shall accrue interest at a rate of 1.5 percent per month starting Jan 1<sup>st</sup> and incur a 10 percent penalty after 90 days of the expiration date.

### Replacement Fee

There is a \$5 fee charged (per copy) to replace a license. This fee will apply to any license that has to be reprinted. All payments must be made in person or sent to:

Paulding County Business License  
240 Constitution Blvd.  
Dallas, GA 30132

### Forms of Payment Accepted

Cash, Money Order, Check (No Starter Checks)

Credit/Debit cards (Visa, MasterCard and Discover)

Make checks payable to: **Paulding County Business License**

**\*PAULDING COUNTY BUSINESS LICENSES ARE NOT  
TRANSFERABLE & NO REFUNDS ISSUED WILL BE ISSUED\***



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### Home Office Compliance Acknowledgement

Please read the following requirements set forth in the Paulding County, Zoning Ordinance in the operation of a “home office”. The Zoning Ordinance defines “Home Office” as an office conducted entirely within a dwelling which is carried on by the occupant(s) thereof and which is clearly incidental and secondary to the use of the dwelling for residential purposes subject to the following standards:

- (1) No more than one room of the dwelling may be used for the home office. The home office shall not occupy more than twenty-five (25) percent of the gross floor area of the dwelling.
- (2) The appearance of the dwelling shall not be altered or the occupation within the residence shall not be conducted in a manner that would cause the premises to differ from its residential character either by the use of colors, materials, construction, lighting, or the emission of sounds, vibrations, or other conditions that carry beyond the premises.
- (3) The use shall not be visibly evident from outside the dwelling.
- (4) The use shall not generate nuisances such as on-street parking, electrical interference, hazards, noise, or other nuisances.
- (5) Traffic generation for the dwelling with a home office shall not exceed that normally generated without a home office.
- (6) The use shall not include any business which involves the sale, manufacture, or repair of merchandise on the premises or the storage of inventory, raw material, or other materials to be used in the business. This does not apply to a mail order type business which has no on-site customers.
- (7) The use shall not include no more than two (2) clients per hour frequenting the services of the home office; however, during peak seasons (for example Certified Public Accountants), up to eight (8) clients per hour are permitted.
- (8) The use shall not involve any outside operations or outside storage or display of products or materials.
- (9) Only residents of the dwelling may be employed in the home office, except one incidental employee other than a resident of the dwelling is permitted.
- (10) One business vehicle is permitted. The vehicle shall be no larger in size than a pickup truck, panel truck, or van, and is limited in size to one-ton carrying capacity. No other larger business vehicles or equipment are permitted (such as tractor trailers, semi-trucks, or heavy equipment).
- (11) Pickups from and deliveries to the site in regard to the business shall be limited to vehicles having no more than two axles and shall be restricted to no more than two pickups or deliveries per day.

**By signing below, I hereby certify that I will comply with the requirements set forth under the Paulding County Zoning Ordinance. I further acknowledge that if at any time the said “Home Office” is determined to be in noncompliance with aforementioned requirements a request to the Paulding County Marshal Bureau will be made for citations to be issued. My Occupational Tax Certificate will be determined invalid; and I must cease operation of business unless a “Land Use Permit” is approved in accordance with the Paulding County, Georgia, Zoning Ordinance.**

Owner’s  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner’s  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*PLEASE ALLOW UP TO SEVEN BUSINESS DAYS FOR PROCESSING\***



Paulding County Board of Commissioners  
**Community Development Department – Planning & Zoning Division**  
Watson Government Complex, Administration Building 2<sup>nd</sup> Floor  
240 Constitution Boulevard  
Dallas, GA 30132  
Phone: 770-443-7601 Fax: 678-224-4510 [www.paulding.gov](http://www.paulding.gov)

### AFFIDAVIT – SIGNS

The undersigned hereby read, understands and agrees with the Paulding County Zoning Ordinance specifically Article XII SIGNS in regards to the placement and permitting of signs as noted below. The undersigned also certifies the following true:

Business Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sign Ordinance regulations regarding placement of signs in unincorporated Paulding County.

1. Signs are prohibited from being placed in public right-of-way.
2. Signs must be properly permitted and located on the business property.
3. No off-premise signs are allowed. (Excluding Paulding County Kiosk Signs and approved billboards)
4. Temporary signs (banners, human directional signs, etc.) must be properly approved and permitted by the Paulding County Planning & Zoning Division prior to installation.
5. One, on-premise standard information sign is allowed without permit approval. The standard information sign can be up to four square feet in size and a maximum of three feet in height. Off-premise standard information signs are prohibited.
6. Signs shall not contain symbols, language or imitate an official traffic sign.
7. A home based business is allowed one sign. The sign can be up to four square feet in size and located at the home based business location. The home based business sign must be ten feet from property lines and right-of-way.
8. Contact the Planning & Zoning Division for additional information regarding commercial signs. (770-443-7601 or [www.paulding.gov](http://www.paulding.gov))

**Business owner (or official representative) further deposes that he/she is aware unauthorized placement of commercial signs could result in land use citation being issued by the Paulding County Marshal Bureau with a minimum fine of \$300 and a maximum fine of up to \$1,000 per sign per day.**

Swore to before me and subscribed  
In my presence this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature and Seal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Commission expires:



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**Affidavit Verifying Status for Paulding County Public Benefit Application**

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

By executing this affidavit under oath, as an applicant for a Business Occupation Tax Certificate (Business License), as referenced in O.C.G.A. § 50-36-1, from Paulding County Board of Commissioners, 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: \_\_\_\_\_



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### Private Employer Affidavit (E-Verify) Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a *business license/occupational tax certificate* as referenced in O.C.G.A. § 36-60-6(d), from the Paulding County Board of Commissioners the undersigned applicant representing the private employer known as \_\_\_\_\_ [*print name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

**1) Please check only one:**

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or more employees<sup>1</sup>.

*If the employer selected please fill out Section 2 below.*

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed less than ten (10) employees.

**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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number  
\*\*This is not your EIN number\*\*

\_\_\_\_\_  
Date of Authorization

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 allowed by such statute.

Executed on the \_\_\_\_ date of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_(state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

<sup>1</sup>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.