

# Cherokee County



Cherokee County Development Service Center

1130 Bluffs Parkway, Canton Georgia 30114

Phone 770-721-7810

Website: [www.cherokeega.com](http://www.cherokeega.com)

E-mail: [dsc@cherokeega.com](mailto:dsc@cherokeega.com)

## Application for Home Based Occupation Tax Certificate

*As an applicant of a Home Occupation Tax Certificate, I have received a copy of Cherokee County Zoning Ordinance Article 9. I have read and understand I must comply with this ordinance. I understand that failure to comply with these regulations may result in revocation of the occupation tax certificate. Initial \_\_\_\_\_*

*Home Occupation Tax Certificates must be renewed beginning January 1<sup>st</sup> of each year. Your Home Based Occupation Tax Certificate is not transferable from one owner to another. The Development Service Center will email a renewal notice approximately 30 days prior to the renewal period. The notice is sent as a courtesy 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. E-mail address \_\_\_\_\_ Business website \_\_\_\_\_

4. Mailing Address \_\_\_\_\_ Suite# \_\_\_\_\_

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

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

6. # 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)*

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

8. Federal Employer Identification Number \_\_\_\_\_

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

10. Will this business address be used strictly as home office only? YES  NO

11. Please indicate ownership status: \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation/LLC \_\_\_ Non-profit

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

12. 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**

13. Officer/Partner \_\_\_\_\_ Title \_\_\_\_\_

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

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

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 \_\_\_\_\_

Will there be any retail sales from your home?  Yes  No If yes, explain \_\_\_\_\_

Will there be outside storage of goods, materials, products, equipment or machinery?  Yes  No If yes, explain \_\_\_\_\_

Will you utilize any accessory building or detached garage for storage?  Yes  No If yes, please provide the square footage of the accessory structure and describe what will be stored \_\_\_\_\_

Will you be accepting any business related deliveries at your home?  Yes  No If yes, how many per day? \_\_\_\_\_

What portion of the residence will be utilized for the home based business (in square footage)? \_\_\_\_\_

How many vehicles and of what type, will be parked on the property? (This includes vehicles utilized for the business, employee vehicles, and personal vehicles.) \_\_\_\_\_

Will you be storing any hazardous materials on your property?  Yes  No If yes, explain \_\_\_\_\_

Will employees of the business report to your home?  Yes  No If yes, how many? \_\_\_\_\_

Does this business require any state or federal approval? If so, please provide proof showing that said compliance and approval is current. (Before issuance of a Home Occupation Tax Certificate, applicant must demonstrate compliance with all state and federal requirements and regulations.)  Yes  No If yes, explain and attach \_\_\_\_\_ documentation \_\_\_\_\_

Is your business a family day care?  Yes  No If yes, how many children? \_\_\_\_\_

(Family day cares are allowed in the following zoning districts: AG, R-80, R-40, R-30, R-20 and R-15 provided that the parcel has a total acreage for said zoning classification.)

ARTICLE 9: HOME OCCUPATIONS DEVELOPMENT STANDARDS

For all home occupations, except as otherwise provided for child day care, the following requirements shall be applied:

9.3-1 Retail sales shall be prohibited on the premises except for products or goods produced or fabricated on the premises as a result of the home occupation. Said items may only be those produced on the premises or incidental supplies necessary for and consumed in the conduct of the home occupation. Samples, however, may be kept on the premises but neither sold nor distributed from the residence. Said retail sales shall not be defined to include the exhibition of a sample and the subsequent order and delivery of goods.

9.3-2 Except for permitted outdoor instructional services, the home occupation shall be conducted only within the enclosed living area of the home which may include the basement, or within an enclosed accessory building or detached garage.

9.3-3 A home occupation and any storage of goods, materials, or products connected with a home occupation shall be allowed in accessory buildings or detached garage.

9.3-4 No alteration of the residential appearance of the premises shall occur.

9.3-5 There shall be no display or storage of products, materials, equipment, or machinery where they may be visible from the exterior of the residence.

9.3-6 The conduct of the home occupation shall not increase the normal flow of traffic or on-street or off-street parking.

9.3-7 There shall be no increased noise, vibration, glare, fumes, odors or electrical interference created by the home occupation distracting from general appearance.

9.3-8 No process shall be used which is hazardous to public health, safety, morals or welfare.

9.3-9 In no case shall a customary home occupation be opened to the public at times earlier than 8:00 a.m. nor later than 10:00 p.m.

9.3-10 No more than two (2) vehicles shall be utilized in the business. In any event, no vehicle shall be allowed in violation of the Cherokee County Property Maintenance Ordinance

(Ord. No. 2009-Z-006, 10-20-09)

9.3-11 Adequate off-street parking in a manner consistent with the residential nature of the property shall be provided for the allowed use. (Ord. No. 2008-Z-002, 09-16-08)

9.3-12 The home occupation shall be conducted from the property upon which the owner's/ operator's principal domicile or permanent home is located. In no circumstance shall the residence and/or accessory building/detached garage be leased to others for use as a home occupation

/business

9.3-13 The number of part time or full time non-resident employees working on the premises of the home occupation shall not exceed two (2) employees.

**9.3-14 The home occupation shall utilize not more than 1,000 sq. ft. of floor area for operation or storage purposes, including space within the primary residence and any accessory structure or detached garage.**

**9.3-15 Owners/Operators of all home occupations shall maintain a current occupational tax certificate. Failure to hold a current occupation tax certificate will invalidate the home occupation.**

**9.3-16 Owners/Operators of a home occupation shall permit a limited inspection of the premises by the director or other duly authorized agent of the Board of Commissioners or other agency having jurisdiction or responsibility for enforcing applicable laws, requirements and regulations at the time of application, or after the home occupation has commenced operation in order to determine compliance with the requirements of this code. Failure to cooperate in providing such access may result in the immediate discontinuation of the home occupation.**

#### **Prohibited Home Occupations**

The following uses shall be prohibited. Including but not limited to:

- \*Major appliance repair
- \*Automobile, truck or motorcycle repair; parts sales, upholstery or detailing; washing service
- \*Boarding house, time share condominium
- \*Private clubs, special event facility
- \*Restaurants and taverns
- \*Tow truck services
- \*Veterinary uses, animal hospital
- \*Automobile and related vehicular sales lot, tire sales and storage
- \*Boat/watercraft, farm/construction equipment repair/service/maintenance, on premise
- \*Ambulance service
- \*Amusement or recreational activities
- \*Pawn shop
- \*Chemical storage and manufacturing, other manufacturing
- \*Repair service (lawn mower, small engine, appliance)
- \*Tanning salon, tattooing, body or ear piercing, massage therapy (on premise)
- \*Funeral services

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.

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**

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**OFFICE USE ONLY**

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

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

Total amount due \_\_\_\_\_

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

**Checklist:**

Proof of residency confirmed? \_\_\_\_\_

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

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

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

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

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

