

City of Kennesaw
2529 J.O. Stephenson Avenue
Kennesaw, GA 30144
(770) 424-8274
www.kennesaw-ga.gov



Business License Office
3080 Moon Station Road
Kennesaw, GA 30144
(770) 429-4540
businesslicense@kennesaw-ga.gov

Application for Occupational Tax Certificate: Residential Business

This application must be filled out completely to obtain a business license. Please print legibly with ink or type.
Note: Any information and/or documents provided in this application that are exempt from disclosure to third parties under O.C.G.A. 50-18-72 will be held confidential.

Business Information			
☐ New This business is: ☐ Change of Ownership ☐ Change of Name or Address This business is zoned as: ☐ Commercial ☐ Residential			
Business Name (Doing Business as):			
Address: Street Address		Suite	
City/State		Zip	
Mailing Address (if different): Street Address		Suite	
City/State		Zip	
Business Phone:		Email:	
State Identification Number:		Federal Identification Number:	
Describe the nature of the business in detail:			
Estimated Gross Receipts for the remainder of this calendar year: \$			
Number of Employees at this location:		Number of Independent Contractors at this location:	
Owner Information			
Type of Ownership: ☐ Sole Proprietorship ☐ Corporations/LLC* ☐ Partnership/LLP *Corporations must be active, in compliance, and provide a copy of the Corporate Certificate			
Corporate/Partnership Name:			
Sole Proprietor Name:			
Effective Date:		Date of Birth: ____ / ____ / ____	
Address: Street Address		Suite	
City/State		Zip	
SSN: ____ - ____ - ____		Phone:	
Email:		Cell Phone:	
Have you had a business license previously? ☐ Yes ☐ No			
If yes, where and when?			

If the business is corporate owned or is a partnership complete the Corporate Officers/Partners section on next page.

Corporate Officers/Partners

President/Partner Full Name:			
Position:		% of Ownership:	
Address: Street Address			Suite
City/State		Zip	
Phone:		SSN/EIN:	

Vice President/Partner Full Name:			
Position:		% of Ownership:	
Address: Street Address			Suite
City/State		Zip	
Phone:		SSN/EIN:	

Treasurer/Partner Full Name:			
Position:		% of Ownership:	
Address: Street Address			Suite
City/State		Zip	
Phone:		SSN/EIN:	

Person completing application: _____

Applicant Name: _____

☐ Owner

☐ Member/Partner

☐ Other: _____

Street Address

Suite/Apt.

Address: _____

City

State

Zip

Phone: _____

CHECKLIST FOR RESIDENTIAL BUSINESS LICENSE

- ☐ Application is completed in its entirety. The application and attachments must be typed or legibly printed in **black ink**. The Business License Office has the right to refuse an application or any attachments if it is illegible.
- ☐ Submitted an Affidavit Regarding Citizenship.
- ☐ Submitted a Private Employer Affidavit pursuant to O.C.G.A 36-60-6(d).
- ☐ Submit a Residential Property-Limited Home Occupation Affidavit
- ☐ Submit a State of Georgia Department of Revenue Official Addendum to Business Occupancy License Application Form

DISCLAIMER AND SIGNATURE

I certify that the facts stated by me are true and correct. I understand any misrepresentation or fraudulent information is grounds for automatic dismissal of this application and/or revocation of the license. I understand that all signs displayed on my premise must be approved and permitted by the City of Kennesaw Planning and Zoning Department. I also understand that my business must be operated in compliance with all applicable state, federal, and local law, ordinances, and regulations; and that the granting of this license or payment of this occupation tax does not waive any rights of any state, federal, or local entity to regulate, and enforce such laws, ordinances, and regulations. In addition, I understand my business location must conform to all zoning rules and regulations.

Signature: _____ Date: _____

Print Name: _____ Title: _____



Case # _____

Date Received _____

Received By _____

2529 J.O. Stephenson Avenue, Kennesaw, GA 30144 | (770) 590-8268 | www.kennesaw-ga.gov

Residential Property—Limited Home Occupation Affidavit

Please send the completed application and supporting documents to zoningdept@kennesaw-ga.gov in PDF format. All required documents must be provided at the time of the application submission for the application to be considered complete.

Applicant Information

Name _____

Phone # _____ Email _____

Business Information

Business Name _____

Business Address _____

Is the property within a subdivision with a Homeowners Association (HOA)? ☐ Yes ☐ No

***If applicable, a letter of approval by the Homeowners Association must be provided with the submitted application.**

There are 2 types of home occupations, **Type A** and **Type B**. Permit requirements and uses allowed in each type vary and are allowed only if they comply with all of the requirements of this ordinance. Deviation from any standard requires approval of a land use permit from the City Council.

Type of Occupancy Home occupancy type is determined based on the definitions provided below. ☐ Type A ☐ Type B

Type A (Limited Home Occupation)

Resident(s) use their home as a Virtual Home Office only. Employees, clients, or customers are prohibited from coming to the residence. For purposes of the section, Virtual Home Office means a single computer and related accessories dedicated to business use.

Type B (Land Use Permit Required)

Resident(s) use their home for work, home office, sales, deliveries, or business mailing address which requires or results in an employee, consultant, agent, subcontractor, customer, or delivery personnel coming to the residence. Examples are counseling, tutoring, and certain office uses. Type B home occupations must obtain a special land use permit from the City Council due to their greater possible impact on the surrounding neighborhood as a result of individuals and visitors from outside the neighborhood coming to the property.

**** Please contact Planning and Zoning at (770) 590-8268 or zoningdept@kennesaw-ga.gov as a consultation with the department is required prior to moving forward.**

Please provide a detailed description of the business activities to be conducted at the business location including any equipment and/or special materials used for the business. _____

FOR STAFF USE ONLY

Parcel Number _____ Parcel Zoning _____

Approved: ☐ Yes ☐ No

Conditions of Approval (if applicable) _____

Approved by _____ Date _____

****NOTE:** This approval is subject to applicant obtaining a City Business License from the Business License Office.



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Residential Property—Limited Home Occupation Affidavit

Applicant's Acceptance and Acknowledgement of Section 4.04.05

C. General Provisions and Prohibited Uses. All home occupations shall meet the following:

1. A home occupation shall be incidental and accessory to the use of a dwelling as a residence. No more than 750 square feet or 25% of the floor space of the dwelling unit, whichever is less (including attached garages), may be used for the occupation.
2. There shall be no exterior evidence of the home occupation or alteration of the residence and/or accessory buildings to accommodate the home occupation. Internal or external changes which will make the dwelling appear less residential in nature or function are prohibited. Examples of such prohibited alterations include construction of parking lots, paving of required setbacks, or adding commercial-like exterior lighting. Any alteration or addition which expands the floor area of the principal structure dedicated to the home occupation use shall void the existing business license and require a new business license be obtained, subject to property compliance verification by the Planning and Zoning Department. For Type B home occupations, a new public hearing must be held for the rights associated with the special land use permit to be reestablished.
3. There shall be no outside operations or exterior storage of inventory or materials to be used in conjunction with a home occupation.
4. Off-site employees of the resident shall not congregate on the premises for any purpose concerning the home occupation nor park their personal vehicles at the location.
5. No article, product, or service used or sold in connection with such activity shall be other than those normally found on the premises.
6. No more than 1 vehicle associated with the home occupation may be parked at the site. Such vehicle is limited to 1½-ton carrying capacity and must be used exclusively by the resident and parked on a valid improved surface.
7. No use or activity may create a nuisance, including but not limited to, noise, dust, glare, vibration, smoke, smell, electrical interference or any fire hazard.
8. All home occupations shall be subject to periodic inspections by the Business License Department or Code Enforcement.
9. Any type of repair or assembly of vehicles or equipment with internal combustion engines (such as autos, motorcycles, marine engines, lawn mowers, chain saws and other small engines) or of large appliances (such as washing machines, dryers, and refrigerators) or any other work related to automobiles and their parts is prohibited.
10. Group instruction, assembly, or activity shall be prohibited.
11. Accessory home occupations may not serve as headquarters or dispatch centers where employees come to the site and are dispatched to other locations.
12. Such use shall be conducted entirely within the dwelling unit, and only persons living in the dwelling unit shall be employed in such occupation.
13. The Business License Department must approve all business licenses which shall be recertified annually.

Property Owner's Authorization

Applicant is ☐ Homeowner ☐ Renter of the subject property.

APPLICANT:

I understand that this is a residential location and agree to abide by the restrictions of a Limited Home Occupation as outlined above.

Signature of Business Owner _____ Date _____

Notary Public _____

Seal:

**PROPERTY OWNER/ MANAGEMENT (if other than applicant):

Being owner of the subject property identified in this application, I hereby delegate authority to _____ (Name of Applicant) to use my property for Limited Home Occupation, Type A, as outlined in Section 4.04.05 of the Unified Development Code.

Signature of Property Owner _____ Date _____

Notary Public _____

Seal:

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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) employees.

**** If you selected A, please fill out Section 2 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 selected B, please SKIP Section 2 then execute below.****

Section 2.

The employee 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 follow:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

.....
I hereby declare that under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____, _____.
Month Day Year City State

Printed Name and Title of Authorized Officer or Agent

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

Signature of Authorized Officer or Agent

NOTARY PUBLIC
My Commission Expires: _____

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Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document such as driver's license or passport to the City of Kennesaw's Business License Office with your application.

Printed Name of Applicant: _____

Business License Number: _____ (to be completed by City staff)

APPLICANT AFFIDAVIT:

By executing this affidavit under oath, as an applicant for a(n) business license, occupational tax certificate, alcohol license, taxi permit or other public benefit, as referenced in O.C.G.A. § 50-36-1, from the City of Kennesaw, the undersigned applicant verifies one of the following with respect to my application for a public benefit (check one):

☐ 1. I am a United States citizen.

Please submit a copy of your current Secure and Verifiable Document(s) such as a driver's license, passport, or document indicated on the Attorney General's website.

☐ 2. I am not a United States citizen, but I am either a legal permanent resident of the United States or 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.

Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number. 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 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. 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

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

Signature of Applicant

Printed Name of Applicant

NOTARY PUBLIC
My Commission Expires: _____



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Office Use Only:

Acct #: _____

D/B/A: _____

Business Start Date: _____

FEIN: _____

Ownership Type (Corp, Partnership,
Sole Prop, LLC): _____

Owner Name: _____

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):

Mailing Address if Different From the Physical Address:

Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:

Sales Tax ID #, if Your Business is Required to Have One by Law:

Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupancy tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6758 or e-mail David.Smith@dor.ga.gov .