

CORPORATE OFFICERS/PARTNERS

President/Partner Full Name: _____ **Position:** _____

% of Ownership _____

Address: _____

Street Address Apt/Ste City/State Zip

Phone: () _____ SSN/EIN: _____

Vice President/Partner Full Name: _____ **Position:** _____

% of Ownership _____

Address: _____

Street Address Apt/Ste City/State Zip

Phone: () _____ SSN/EIN: _____

Treasurer/Partner Full Name: _____ **Position:** _____

% of Ownership _____

Address: _____

Street Address Apt/Ste City/State Zip

Phone: () _____ SSN/EIN: _____

Person completing application, if other than owner:

Applicant Name: _____ () Owner () Member/Partner () Other _____

Address: _____ Phone: () _____

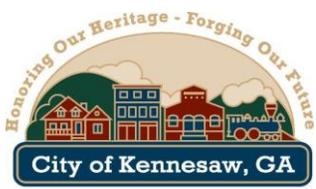
DISCLAIMER AND SIGNATURE

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: _____

Office Use Only					
Acct: _____	SIC: _____	State Issued ID _____	# _____	exp. _____	
Tax/Fee \$ _____	Penalty _____	Interest _____	Total Dues \$ _____		
Property Tax \$ _____		Utility Billing \$ _____		Date _____	
Method of Payment: Cash	Check	M/C	Visa	Money Order	ck/receipt# _____



City of Kennesaw
2529 J.O. Stephenson Ave.
Kennesaw, GA 30144

Contact Information
Phone: (770) 424-8274
Fax: (770) 429-4559
www.kennesaw-ga.gov

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 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 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.

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:

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 _____, __, 202__ 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 _____, 202__.

NOTARY PUBLIC

My Commission Expires: _____

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.



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 occupation 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 .



RESIDENTIAL PROPERTY- LIMITED HOME OCCUPATION AFFIDAVIT

Date Received _____
Staff's Initials _____

Office Use Only: **Zoning - Approved by:** _____ **Zoning District:** _____

By affixing my signature, I (Print) _____ hereby acknowledge and affirm that I have been provided a copy of the City of Kennesaw's zoning standards as they apply to home occupational permits. I hereby agree to comply with said standards (as established in Section Chapter 1 (Limited Home Occupation) of the Unified Development Code of the City of Kennesaw)

Business Address: _____

Phone# _____ **EmailAddress** _____

Zoning Department approval is required -This form must be notarized

UDC Chapter 1 Limited Home Occupations: Those occupations, which are customarily performed in a small area of a residence due to the low intensity nature of such uses subject to the following requirements:

- (a) There shall be no exterior evidence of the home occupation, including but not limited to, any type of identifying signs.
- (b) There are to be no clients, employees, sales, meetings, or deliveries or any other commercial activity that is beyond the customary traffic or activity for a residential dwelling.
- (c) No article, product, or service used or sold in connection with such activity shall be other than those found on the premises.
- (d) No mechanical equipment shall be used for such occupation except such equipment as is customary for purely household and hobby purposes.
- (e) Storage of inventory or equipment is not allowed on the premises.
- (f) Only one commercial vehicle not to exceed manufacturer's towing and/or carrying capacity rating of less than one and one-half tons; used exclusively by the resident/occupant may be parked at the residence.
- (g) Such use shall be conducted entirely within the dwelling unit and only persons living in the dwelling unit shall be employed in such occupation.
- (h) No more than 25 percent of the dwelling unit may be used for the operation.
- (i) No materials, equipment, or business vehicles may be stored or parked on the premises except that one business vehicle (with a manufacturer's towing and/or carrying capacity rating of less than one and one-half tons) used exclusively by the resident. The vehicle may be parked in a carport, garage, or rear or side yard. The off-site employees of the resident shall not congregate on the premises for any purpose concerning the business of the home occupation.
- (j) The limited home occupation shall not create a nuisance.

Detailed Description of Services and type of Business activities to be conducted at the above location _____

Homeowner () Renter () *Notarized letter from property owner needed for private property i.e., apartment, mobile home, and residential rentals**

Signature of Business Owner: _____ Date: _____

I understand that this is a residential location and agree to abide by the restrictions of a home occupation

Notary Public _____ Seal:



RESIDENTIAL PROPERTY- LIMITED HOME OCCUPATION AFFIDAVIT

CONSISTENT WITH THE UNITED STATES CONSTITUTION AND THE RELIGIOUS LAND USE AND INSTITUTIONALIZED PERSONS ACT OF 2000, THE CITY OF KENNESAW DOES NOT DISCRIMINATE ON THE BASIS OF RELIGION IN THE APPLICATION OF ITS LAWS, POLICIES, OR PROCEDURES, INCLUDING THE APPLICATION OF ITS LAND USE REGULATIONS AND ZONING LAWS.

Under the Religious Land Use and Institutionalized Persons Act of 2000 (“RLUIPA”), no government, including the City of Kennesaw, may apply its zoning or land use laws in a manner that imposes a substantial burden on the religious exercise of a person, including a religious assembly or institution. RLUIPA also provides that no government, including the City of Kennesaw, may apply a land use regulation in a manner that treats a religious assembly or institution (a church, for example) on less than equal terms than a nonreligious institution or assembly (a day care center or movie theater, for example). Finally, RLUIPA provides that no government, including the City of Kennesaw, may impose or implement a land use regulation in a manner that discriminates against a religious assembly or institution.

If you believe that the City of Kennesaw, or any other local government or municipality, has discriminated against you in the implementation of its zoning or land use laws, please contact the United States Department of Justice.

**United States Department of Justice
Civil Rights Division
Housing and Civil Enforcement Section
950 Pennsylvania Ave. N.W. –G St.
Washington, DC 20530**