



Updated November 2021

# CITY OF ALPHARETTA

## BUSINESS LICENSE APPLICATION

### FOR HOMEBASED BUSINESSES

*Please use this form when applying for an Occupational Tax Certificate (also known as a business license) for a business operated from your residence in the City of Alpharetta.*

*Prior to making application, please carefully read the Qualifications and Conditions listed below. If, for any reason, you or your business are unable to comply with these guidelines, the subject business cannot be operated from your residence.*

*Also, prior to making application, please review the covenants of your neighborhood or contact your homeowners association, landlord, or management company for your neighborhood to verify any of their rules regarding home-based businesses.*

### Qualifications And Conditions:

A *Home Occupation* is an occupation, business, profession or trade customarily carried on by an occupant in a dwelling unit as a secondary use which is clearly incidental to the dwelling unit for residential purposes, and which meet all of the following conditions:

The use shall be carried out wholly within the dwelling unit. The attachment of an accessory building by a breezeway, roof or similar structure shall not be deemed as sufficient for the accessory building to be considered as a portion of the primary building.

Not more than twenty-five percent (25%) of the floor area, not to exceed five hundred (500) square feet of the unit shall be used for the conduct of the home occupation.

No merchandise or articles shall be displayed for advertising purpose, nor be displayed in such a way as to be visible from outside the dwelling unit. Garage doors shall not be left in the open position when the garage is used for storage of business-related materials.

No merchandise or articles shall be stored other than inside the dwelling unit.

No equipment or business vehicles may be stored or parked on the premises, except that one (1) business vehicle (the carrying capacity of which shall not exceed one and one-half (1-1/2) tons and shall not exceed six (6) tires and/or two (2) axles) used exclusively by the resident may be parked in a carport, garage or an approved parking space in the rear or side yard and not within the public street right-of-way.

A home occupation may not generate more than six (6) non-residential trips per day to the home, excluding occupant trips.

There shall be no alterations of the residential character of the dwelling unit or structures on the premises.

No person not a resident of the dwelling unit shall work in the dwelling unit in connection with the home occupation. This prohibition shall also apply to independent contractors and employees who serve the resident of the dwelling.

One (1) off-street paved parking space for each two hundred fifty (250) square feet of floor area devoted to the home occupation shall be provided in addition to the required parking for residential use of the building.

No motor power, other than electrically operated motors, shall be used, and the total horsepower of such motors shall not exceed three (3) horsepower or one (1) horsepower for any single motor.

No nameplate or sign shall be displayed upon the dwelling unit or structure on the premises except one (1) square foot in area and located not less than twenty (20) feet from any property line.

No aspect of the home occupation which is noticeable to neighbors shall be conducted between the hours of 9:00 PM of one evening and 7:00 AM of the next day.



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All businesses operating within the City of Alpharetta must possess a current Occupational Tax Certificate upon the first day of business. Businesses found to be operating within the corporate limits of the City of Alpharetta without a current City Occupational Tax Certificate shall be subject to fines and penalties as allowed by law.

Completion of this form does not guarantee or grant issuance of an Occupational Tax Certificate. The City of Alpharetta reserves the right to not issue or renew a certificate in cases in which there are documented violations of City Codes and/or Ordinances, other taxes or fees are owed to the City by the business or its owners, or in which the business or location fail to meet requirements set forth by the City of Alpharetta or applicable state and federal laws.

Failure to complete this form in its entirety or provide all required information will result in rejection of the application.

### Section 1: General Business Information (Required for All Applicants)

Business Name: \_\_\_\_\_

D.B.A. (if applicable): \_\_\_\_\_

*If registering as a DBA, the applicant must provide a notarized copy of the Registration of a Business to be Conducted Under a Trade Name as issued by the Clerk of Fulton County Superior Court.*

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Ownership Structure: \_\_\_\_\_ Federal ID (FEIN): \_\_\_\_\_  
*Sole Proprietor, Corporation, LLC, etc. For information, please visit [www.irs.gov/businesses/small](http://www.irs.gov/businesses/small)*

GA Sales and Use Tax #: \_\_\_\_\_ (If your business is required to have one by law.)  
*(This information will be provided to the GA Department of Revenue) <http://qtc.dor.ga.gov> Go to GTC, then register your new GA Business*

### Section 2: Owner Information

The individual listed below must, at the time of application, provide a copy of their driver's license or other photo identification proving residency at the address referenced above as the location of the Home Occupation.

Owner Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Owner's Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Owner's Email: \_\_\_\_\_

### Section 3: Description Of Business Activity At This Location (Required for All Applicants)

This location is a:  Corporate HQ  Regional Headquarters  Corporate Branch  Executive Office  
 Franchise Location  Single Location Locally Owned Business

The 6-digit NAICS Code for this business \_\_\_\_\_  
For definitions of 2007 NAICS Codes please visit <https://www.census.gov/naics/>

Business services and classification. Please select all that apply (minimum of one required).

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Agricultural   | <input type="checkbox"/> Arts/Entertainment/Recreation      | <input type="checkbox"/> Banking / Wealth Management           |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Educational Services               | <input type="checkbox"/> Finance / Insurance                   |
| <input type="checkbox"/> Health Care / Social Assistance                          | <input type="checkbox"/> Hotel / Motel                      | <input type="checkbox"/> Manufacturing / Distribution          |
| <input type="checkbox"/> Non-Profit / Charity Organization                        | <input type="checkbox"/> Professional/Management Services   | <input type="checkbox"/> Real Estate / Rental / Leasing        |
| <input type="checkbox"/> Research & Development Center                            | <input type="checkbox"/> Restaurant / Food Service          | <input type="checkbox"/> Retail Trade                          |
| <input type="checkbox"/> Transportation/Warehousing                               | <input type="checkbox"/> Wholesale Trade                    |  |
| <input type="checkbox"/> Other (Please specify) _____                             |   |  |
| <input type="checkbox"/> Technology Industries (Please identify industry sector): |   |  |
| <input type="checkbox"/> Aircraft / Aerospace                                     | <input type="checkbox"/> Automotive                         | <input type="checkbox"/> Biotechnology / Pharmaceuticals       |
| <input type="checkbox"/> Communications Equipment                                 | <input type="checkbox"/> Biotechnology / Pharmaceuticals    | <input type="checkbox"/> Data Center / Virtual Hosting         |
| <input type="checkbox"/> Electrical Engineering                                   | <input type="checkbox"/> Electrical Machinery / Apparatus   | <input type="checkbox"/> Financial Technology (FinTech)        |
| <input type="checkbox"/> Information Systems                                      | <input type="checkbox"/> IT Services / Consulting           | <input type="checkbox"/> Logistics/Supply Chain/Transportation |
| <input type="checkbox"/> Medical / Medical Devices                                | <input type="checkbox"/> Mobility / Application Development | <input type="checkbox"/> Nanotechnology                        |
| <input type="checkbox"/> Photonics  | <input type="checkbox"/> Robotics                           | <input type="checkbox"/> Software Development                  |
| <input type="checkbox"/> Telecommunications                                       | <input type="checkbox"/> Other (Please specify) _____       |  |

### Section 4: Licensed Professionals

Practitioners of certain professions are subject to licensure by the Professional Licensure Division of the Office of the Georgia Secretary of State. To determine if your business is subject to such licensure, please visit the Secretary of State's website at [www.sos.state.ga.us](http://www.sos.state.ga.us) or contact the Professional Licensure Division at 478-207-2440.

If the business for which this application is being submitted is subject to licensure by the State of Georgia, a copy of the current state license for the business must be provided and attached to your application at the time of submittal in order for your application to be processed.

### Section 5: Calculation of Annual Occupation Tax

The current annual Occupational Tax Rate for home occupations in the City of Alpharetta is \$90. Occupational Tax Certificates are based on the calendar year, and renewal notices are issued to all license holders in November of each year.

In accordance with State of Georgia Law, the City of Alpharetta applies a discount to the base Occupational Tax Rate for new license applications filed after June 30. New Businesses opening between July 1 and September 30 may receive a discount of \$20, while those issued from October 1 through December 31 may receive a \$30 discount.

Base Tax Rate: \_\_\_\_\_ \$ 90.00

Pro-rate (If Applicable)  
Please see note at left for details.: \_\_\_\_\_

Total Due: \_\_\_\_\_

## Section 6: Payment And Submittal Instructions

Payment of Occupational Taxes may be made to the City of Alpharetta in the form of cash, check, or credit card (American Express, Master Card, or Visa only). Checks must be made payable to "City of Alpharetta."

Attach all required additional documentation to your completed application. Incomplete applications and/or those missing any required documentation will be rejected and/or denied.

Complete application packages, including payment, may be mailed or delivered in person between the hours of 8:30 AM and 3:30 PM Monday through Friday to:

City of Alpharetta • Business Licenses & Codes Enforcement  
2 Park Plaza • Alpharetta, GA 30009

For additional information, please call 678-297-6086.

## Section 7: Swear and Attest

*By completing and submitting this Application for Occupational Tax Certificate I, as a duly authorized agent of the applicant, do hereby swear and attest that all information provided herein is complete and accurate to the best of my knowledge. I confirm that the applicant Home Occupation meets all requirements for operation of a home occupation as defined by the City of Alpharetta. I and the applicant business agree to abide by all ordinances, rules, and regulations of the City of Alpharetta and acknowledge that City of Alpharetta personnel may enter my commercial property for purposes of inspection and to verify compliance with all applicable ordinances, rules, and regulations. I understand that any false statements on this application shall void the Occupational Tax Certificate.*

Authorized Agent Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF ALPHARETTA**  
**PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)**

**THIS AFFIDAVIT MUST BE NOTARIZED**

By executing this affidavit under oath, as an applicant for an *Business Occupation License* as referenced in O.C.G.A. § 36-60-6 (d), from the *City of Alpharetta, Georgia*, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application for the above mentioned document.

Printed Name Of Private Employer: \_\_\_\_\_

Section 1: Please select ONE of the following.

- Employs more than ten (10) employees (total employees for Individual, Firm or Corporation). *Please complete section 2 below and sign/notarize at the bottom.*
- Employs ten (10) or fewer employees (Individual, Firm, or Corporation). *Do not complete Section 2. Please sign/notarize at the bottom.*

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(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

\_\_\_\_\_

Date Of Authorization

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*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.*

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (City) \_\_\_\_\_ (State)

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

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

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

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

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

**CITY OF ALPHARETTA**  
**AFFIDAVIT VERIFYING LEGAL IMMIGRATION STATUS**  
**THIS AFFIDAVIT MUST BE NOTARIZED**

O.C.G.A. § 50-36-1 states that an agency or political subdivision providing or administering a public benefit shall require every applicant for such benefit to execute a signed and sworn affidavit verifying the applicant's lawful presence in the United States.

By executing this affidavit under oath, as an applicant for a City of Alpharetta public benefit, I hereby state the following with respect to my application for (please check one):

Occupational Tax Certificate (Business License)  
(insert business name) \_\_\_\_\_

Alcoholic Beverage License  
(insert business name) \_\_\_\_\_

\_\_\_\_\_ I am a United States citizen. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a United States citizen 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

OR

\_\_\_\_\_ I am a legal permanent resident. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a legal permanent resident 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\*\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

OR

\_\_\_\_\_ I am a qualified alien or non-immigrant. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a qualified alien or non-immigrant under the federal Immigration and Nationality Act, Title 8 U.S.C. with an alien number issued by the Department of Homeland Security or other federal immigration agency, and is 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,\*\* as defined by O.C.G.A. § 50-36-2 with this affidavit.

\_\_\_\_\_  
Applicant's alien number issued by the Department of Homeland Security Or other federal immigration agency

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ 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

\*Documents include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

\*\*Documents include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website:

<http://law.ga.gov/immigration-reports>.

Print Form