

# BUSINESS LICENSE GUIDE

## Home-Based Business



### Three Step Process to Obtain a Home-Based Business License



#### What to Know Before You Apply

- ✓ Any person who wishes to conduct any business within Unincorporated DeKalb County must secure a business license
- ✓ There shall be no exterior evidence of the home occupation
- ✓ No more than 25% of the dwelling unit and in no case more than 500 square feet, whichever is less, may be used to conduct business
- ✓ No use shall involve public contact on the property. Private educational instruction is allowed, subject to some restrictions, and completion of the *Private Educational Use in the Home* form
- ✓ No materials or equipment shall be stored on the premises upon which the home occupation is located
- ✓ No vehicle other than a passenger automobile, passenger van, or passenger truck shall be used in the conduct of a home occupation, and no other vehicle shall be parked or stored on the premises
- ✓ The use of a dwelling unit for the purpose of operating any automobile repair establishment, taxi service, van service, limousine service, wrecker service, car wash, or ammunition or firearms sales establishment is prohibited

#### STEP ONE – APPLICATION SUBMITTAL

**Submit all required documents at the Business License Intake Counter, located on the 2<sup>nd</sup> floor of the Clark Harrison Building at 330 West Ponce de Leon Avenue**

##### *Required Documents*

- Business Registration Application:** This application must be notarized, and you will be required to provide information such as the business name, number of employees, and projected annual revenue. This application may be obtained via the County website or in person at the Business License Intake Counter
- Home Occupational Supplemental Registration Form:** This form is only required when using residential property for business purposes

- Affidavit Verifying Status For County Public Benefit Application:** Through this affidavit, the Business License applicant affirms that he or she is a lawful resident of the United States
- Private Employer Affidavit:** Business License applicants must disclose the number of employees working for their business, and affirm participation in the Federal Work Authorization Program under certain circumstances
- Government-Issued Photo Identification:** you will be required to provide a government-issued photo ID, such as a driver’s license or passport, upon submission of your application
- Certificate of Organization:** If your business is Limited Liability Corporation (LLC) or Corporation, you will need to provide a copy of your State of Georgia Certificate of Organization
- Lease or Rental Agreement:** This is only necessary if you lease or rent your home

## STEP TWO – ZONING REVIEW

**Zoning Review:** Zoning Officers will review your intended business activity to ensure consistency with the Zoning Code prior to issuance of a Business License. If your home is located in an Overlay District, you will be routed to the Planning Division, located on the 5<sup>th</sup> floor, for an additional review. If approved, you will be transferred back to Business License Intake to pay your fees and receive your Business License

## STEP THREE – LICENSE ISSUANCE

### *Payment of Fees*

- DeKalb County accepts Visa, MasterCard, checks, money orders, cashier’s check, and cash. The County does not accept American Express or counter checks (checks without your name printed on it). **Make checks payable to “DeKalb County”**
- Listed below are general business license fees. The business’ tax class is based on the North American Industry Classification System (NAICS). Contact the Business License Division at **404-371-2461** to determine your classification and rates

### Business & Occupational Tax Rates

<b>Tax Class</b>	<b>Administrative Fee</b>	<b>Employee Fee</b>	<b>Gross Receipts Tax - Minimum</b>	<b>Rate Per Dollar Gross Receipts</b>
<b>Class1</b>	\$75.00	\$4.00	\$50.00	0.000300
<b>Class2</b>	\$75.00	\$6.00	\$50.00	0.000500
<b>Class3</b>	\$75.00	\$8.00	\$50.00	0.000700
<b>Class4</b>	\$75.00	\$10.00	\$50.00	0.000900
<b>Class5</b>	\$75.00	\$12.00	\$50.00	0.001100
<b>Class6</b>	\$75.00	\$14.00	\$50.00	0.001300

- Business License Issuance:** Once you have submitted all required documents, received zoning approval, and paid all fees, you will be issued a Business License
- Sanitation Follow-up:** Shortly after your business license is issued, a representative from the Sanitation Division will call you to establish proper service for your new business and collect adjusted fees

## DEKALB COUNTY BUSINESS REGISTRATION APPLICATION

Internal Audit & Licensing, 330 W. Ponce De Leon Ave., Decatur Ga. 30031 (404) 371-2461 Fax (404) 371-2946 ACCOUNT # \_\_\_\_\_

1 **OFFICE USE ONLY:** NAICS \_\_\_\_\_ Class \_\_\_\_\_ Type \_\_\_\_\_ H.O.P. \_\_\_\_\_ District \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Parcel \_\_\_\_\_  
 2 **Zoning:** Approved by \_\_\_\_\_ Denied by \_\_\_\_\_ Date \_\_\_\_\_ Denial Reason \_\_\_\_\_  
 3 **Pending Items:** C.O. \_\_\_\_\_ Fire \_\_\_\_\_ Health \_\_\_\_\_ Sanitation Service \_\_\_\_\_ State License \_\_\_\_\_ Insurance (Taxi/Limos) \_\_\_\_\_ Police \_\_\_\_\_ Other \_\_\_\_\_  
**Business License Items:** Primary ID# \_\_\_\_\_ Owner's ID# \_\_\_\_\_ Bill To ID# \_\_\_\_\_

4 Type or Line(s) of Business to be conducted: \_\_\_\_\_

5 Business /Trade Name _____ 6 Street Address: _____ 7 City/State/Zip _____ 8 Business Telephone # _____ 9 E-Mail : _____ 10 Bill To/Mailing Name: _____ 11 Bill To /Mailing Address: _____ 12 City/State/Zip: _____	Applicant's Name _____ Title: _____ <b>Ownership Type:</b> Single Owner/Sole Proprietor _____ Partnership _____ Owner(s) Name: _____ <b>Ownership Type :</b> Association ____ Corporation ____ LLC ____ Corporate or LLC Name: _____ State Where Incorporated: _____ Date Inc: _____ Agent's Name: _____ Title: _____ Owner/Agent's Home Address: _____ Owner/Agent's City/State/Zip: _____ Owner/Agent's Telephone (Home No.): _____
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13 **Applicant's must provide copies of driver's license or other  
 Governmental Issued Photographic Identification with Application**

- 14 DeKalb County Sanitation Account Number: \_\_\_\_\_ Private sanitation service name: \_\_\_\_\_  
 15 Does your business have a Georgia Sales and Use Tax Number? Yes \_\_\_ No \_\_, If yes provide your Georgia Sales and Use Tax Number \_\_\_\_\_  
 16 Will business be based out of your home? Yes \_\_\_ No \_\_. If yes, is a "Home Occupation Supplemental Registration Form" included? Yes \_\_\_ No \_\_\_  
 17 Will your business be an adult entertainment establishment (sexually oriented business) as defined by the DeKalb County Code or does (will) it offer any form of adult entertainment? Yes \_\_\_\_\_ No \_\_\_\_\_ See reverse side of this form for Code definitions.  
 18 Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, attach written explanation.  
 19 **Georgia Open Records Act prohibits public viewing of gross receipts & number of employees. The public may view other information on this form.**

20 DeKalb plus Georgia Gross Receipts (estimate)	\$ _____	X	\$ _____
21 Employee Fee (at least one, includes owner/operator)	# _____	X	\$ _____
22 Flat Fee of \$50.00. (except for professionals paying optional \$400)			<u>\$50.00</u>
23 Administrative Fee (no refund or transfer)			<u>\$75.00</u>
24 <b>Total Amount Due or Professional Option.</b> (\$400 per practitioner by O.C.G.A.)			\$ _____

25 This application must be executed under oath and notarized. I, \_\_\_\_\_, do solemnly swear that the information on this application is true, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all county ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expires December 31 and must be renewed annually

26 Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_  
 27 Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
 28 Notary Public Signature \_\_\_\_\_



# DeKalb County

330 W. Ponce De Leon Ave., 2<sup>nd</sup> Floor, Decatur, Georgia 30030  
PH: (404) 371-4915 / Fax: (404) 371-2946

Development Department

## HOME OCCUPATION SUPPLEMENTAL REGISTRATION FORM

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

BUSINESS TYPE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ RESIDENCE PHONE: \_\_\_\_\_

BRIEF DESCRIPTION OF BUSINESS: \_\_\_\_\_

**Definition:** Home occupation (H.O.P.) means an occupation carried on by an occupant of a dwelling unit as a secondary use dwelling unit for residential purposes, and is operated in accordance with applicable provisions of the Zoning Ordinance.

The following provisions shall apply to home occupations (per Section 27-751 of the Zoning Ordinance adopted by the Board of Commissioners April 13, 1999):

- A. There shall be no exterior evidence of the home occupation.
- B. No use shall create noise, dust, vibration, odor, smoke, glare or electrical interference that would be detectable beyond the dwelling unit.
- C. The use shall be conducted entirely within the dwelling unit and only persons living in the dwelling unit shall be employed at the location of the home occupation.
- D. No more than 25% of the dwelling unit and in no case more than 500sq. ft., whichever is less may be used for the conduct of the home occupation.
- E. No use shall involve public contact on the property and no article, product, or service shall be sold on the premises other than by telephone. (Note: A special Land Use Permit may be applied for the customer (public) contact, which must be approved by the Board of Commissioners at a public hearing. Contact the Planning Dept. for information (404-371-2155).
- F. No materials or equipment shall be stored on the premises upon which the home occupation is located, except where such materials and equipment are stored entirely within the residence.
- G. No vehicle other than a passenger automobile, passenger van, or passenger truck shall be used in the conduct of a home occupation, and no other vehicle shall be parked or stored on the premises.
- H. No home occupation shall be operated so as to create a nuisance.
- I. Home occupation shall not include the use of a dwelling unit for the purpose of operating any automobile repair establishment, taxi service, van service, limousine service, wrecker service, car wash, or ammunition or firearms sales establishment.

I certify that I reside at the address shown for the proposed business and that it is my principal residence. I hereby acknowledge that I have received a copy of the zoning regulations covering Home Occupation as shown above and will comply with it. I am aware that failure to comply with said requirements would result in revocation of business license and/or legal action by DeKalb County.

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

**For Development Department Use Only:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason (if denied) \_\_\_\_\_

**AFFIDAVIT VERIFYING STATUS**  
**FOR COUNTY PUBLIC BENEFIT APPLICATION**

**Account Number:** \_\_\_\_\_

**Please complete, notarize and return this affidavit with your license renewal.**

By executing this affidavit under oath, as an applicant for a DeKalb County Georgia Business Occupation Tax Certificate, Alcohol License, or other public benefit, as referenced in O.C.G.A. § 50-36-1, I state the following with respect to my application for a (circle all that apply):

Business Occupation Tax Certificate  
Alcohol License

\_\_\_\_\_ Print or type in name of other benefit(s) applied for

NAME: \_\_\_\_\_  
(name of natural person applying on behalf of individual, business, corporation, partnership or other private entity)

ENTITY NAME (if applicable): \_\_\_\_\_

I hereby swear and affirm that:

\_\_\_\_\_ I am a United States citizen or legal permanent resident 18 years of age or older;

*OR*

\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

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 Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed name

Sworn to and subscribed before me,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\* \_\_\_\_\_  
Alien Registration number for non-citizens

\_\_\_\_\_  
Notary Public  
My commission expires:

\_\_\_\_\_  
(SEAL)

**\*Note:** O.C.G.A. § 50-36-1(e)(2) requires aliens under the federal Immigration and Nationality Act, Title 8, U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," permanent legal residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_

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

**Account Number:** \_\_\_\_\_

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from \_\_\_\_\_ Dekalb County, Georgia [name of county or municipal corporation], the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

**1. Fill out this section between January 1, 2012, and June 30, 2012.**

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than five hundred (500) employees.

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

*If the employer selected 1(a) please fill out Section 4 below.*

**2. Fill out this section between July 1, 2012, and June 30, 2013.**

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than one hundred (100) employees.

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

*If the employer selected 2(a) please fill out Section 4 below.*

**3. Fill out this section on or after July 1, 2013.**

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

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

*If the employer selected 3(a) please fill out Section 4 below.*

**4. 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.

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 \_\_\_\_\_, 201\_\_\_.

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

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