



CITY OF SUGAR HILL  
5039 West Broad Street  
Sugar Hill, GA 30518  
770-945-6716  
Fax 770-945-0281

For Office Use Only	
CERTIFICATE #:	_____
FEE:	_____
DATE:	_____

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

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

Mailing Address (If different): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's HOME Address: \_\_\_\_\_

(If more than one owner, include information, signature and picture ID's of all owners)

Home Telephone Number and/or Cell Phone Number: \_\_\_\_\_

Federal Tax Identification Number or Social Security Number: \_\_\_\_\_

Type of Ownership: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
If incorporated include state and date of incorporation: \_\_\_\_\_

Nature or Type of Business: \_\_\_\_\_

Estimated Gross Receipts from now until December 31: \$ \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of State Licensed Professionals: \_\_\_\_\_

If Mobile Home Lot Give Number of Lots (\$12 per lot): \_\_\_\_\_

I hereby certify that the above information is true and correct and contains no false or fraudulent information:

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

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**OFFICE USE ONLY**

This Business License is issued pending verification by the Planning and Development Department of the City of Sugar Hill and said activity is in compliance with the Zoning Ordinances of the City.

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

**ALL UNSIGNED OR INCOMPLETE APPLICATIONS WILL BE REJECTED**



## CITY OF SUGAR HILL

### ***WELCOME BUSINESS OWNER Occupational Tax Certificate Checklist***

A copy of the Occupational Tax Application is attached.

- Complete the Occupational Tax Application.
- Verify the address, if the site is located within the City Limits of City of Sugar Hill from the Department of Planning & Development.
- Verify with the Department of Planning & Development if the intended use is permitted under the designated zoning district.
- Verify with the Department of Planning & Development if you need City Building/Safety Inspection, if yes, complete the Building Permit Application.
- An Inspection/Certificate of Occupancy (C.O.) is required from the Gwinnett County Fire Marshal's office. *(See attached form, applies only to new Construction)*
- If applying for a Home Occupation, obtain a copy of the Customary Home Based Occupation Application packet.
- Restaurants/Food Service Establishments need to have the approval from Gwinnett County Health Department. Their telephone number is 770-963-5132.
- The Business License office is located at the City Hall, 5039 W. Broad Street, Sugar Hill, Georgia, 30518. Telephone #: 770-945-6716.
- The Department of Planning and Development is located at the City Hall, 5039 W. Broad Street, Sugar Hill, Georgia, 30518. Telephone #: 770-945-6734



## GWINNETT COUNTY DEPARTMENT OF FIRE AND EMERGENCY SERVICES

# Obtaining Fire Permits and a Fire Certificate of Occupancy

### Who needs a Fire Certificate of Occupancy?

All commercial businesses within Gwinnett County, **including those within a city limits**, with the exception of the City of Loganville, must have a Gwinnett County Fire Certificate of Occupancy (CO).

### What is a Certificate of Occupancy?

A Certificate of Occupancy, or CO, is a document issued by the Gwinnett County Department of Fire and Emergency Services' Community Risk Reduction Division, also known as the Fire Marshal's Office. The CO indicates that plans have been submitted, reviewed, and approved; appropriate permits have been issued; fire inspections have been completed; and the building or tenant space and related area is free of fire code deficiencies. **The Fire CO within city limits will be issued by the Fire Marshal's Office upon completion of the final fire inspection.**

### When is a CO required?

Owners, their agents, or designees of all buildings, tenant spaces, and commercial sites, are required to submit plans and specifications of the project to Gwinnett County Fire Plan Review prior to obtaining the required fire permits.

### Obtaining a Certificate of Occupancy

Permits must be obtained prior to construction, demolition, change of use, or occupancy classification, tenant name change, or ownership change, in buildings, tenant spaces, or commercial sites and prior to addition, removal, or changes of any fire protection system(s).

A final inspection and Certificate of Occupancy, for each business establishment, must be obtained from the Gwinnett County Fire Marshal's Office prior to occupying or conducting business in any commercial building.

### How to schedule a Fire Inspection

Certificate of Occupancy inspections and others requiring permits can only be scheduled if the appropriate permit has been issued by Fire Plan Review. **Please note, the electrical power must be on at the time of the final Fire Inspection.**

To schedule fire inspections On-line: Go To <https://aca-prod.accela.com/GWINNETT/Welcome.aspx>.

This is the County's Citizen's Access to view information related to permits and to schedule inspections. For a fire Inspection related to a new CO, you will enter your permit number beginning with "BLD" or "TNC".

**For compliance inspections of existing buildings, and others not requiring a permit, call 678.518.4980.**

### How to contact Fire Plan Review

For information regarding the permitting and plan review process, call **678.518.6000** or visit them online at [www.gwinnettcountry.com](http://www.gwinnettcountry.com). Once on the website, select *Departments*, then *Planning and Development, Plan Review*, and finally, *Fire Plan Review*.





**E-Verify and Private Employer Affidavit  
O.C.G.A § 36-60-6(d)**

The E-Verify Private Employer Affidavit must be collected when applying for an Occupational Tax Certificate and Alcohol License. The City of Sugar Hill will not issue the license if this affidavit is not filled out correctly. This affidavit needs to have a signature of an authorized agent for the business and a notary signature and stamp. For further information or to obtain an E-Verify Identification Number please reference the E-Verify home page on the U.S. Citizenship and Immigration Services website at: [www.uscis.gov/everify](http://www.uscis.gov/everify).

By executing this affidavit, as an applicant for a \_\_\_\_\_ (Occupational Tax Certificate or Alcohol License O.C.G.A. § 36-60-6), from the City of Sugar Hill, 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 business document.

**Choose ONE of the following:**

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

**B:** \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed **more than ten (10) employees.** **If the employer selected (B) please fill out the section below.**

The employer has registered with and utilizes the federal work authorization program, E-Verify, 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, E-verify ID #

\_\_\_\_\_  
Date of Authorization

**THIS FORM MUST BE SIGNED AND NOTARIZED**

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement of 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.

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

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

\_\_\_\_\_  
Date

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

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

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

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

\_\_\_\_\_  
Notary Seal



**S.A.V.E. AFFIDAVIT U.S. Citizen / Qualified Alien Affidavit  
O.C.G.A § 50-36-1(e) (2)**

By executing this affidavit under oath, as an applicant for a City of Sugar Hill, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, from City of Sugar Hill, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

**Choose ONE of the following:**

1. \_\_\_\_ I am a United States Citizen. Please submit a copy of your current Driver's License, US Passport, Military ID or other secure and verifiable document. ( A complete list of secure and verifiable documents can be found on the City of Sugar Hill's website under the Business page or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).
2. \_\_\_\_ I am a legal permanent resident of the United States. Please submit a **front and back** copy of your Permanent Resident Card.
3. \_\_\_\_ 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.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

Please submit a **front and back copy of one of the following documents:**

- a. Valid Foreign Passport with I-94
- b. Temporary Resident Alien Card I-688
- c. Employment Authorization Card I-766 or I-688B
- d. Employment Authorization Document I-688B
- e. Refugee Travel Document I-571

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.

**THIS FORM MUST BE SIGNED AND NOTARIZED**

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement of 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.

_____ Signature of Applicant	_____ Printed Name of Applicant	_____ Date
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SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

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

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

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

\_\_\_\_\_  
Notary Seal