

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:						
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:						



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



City of Sugar Hill Customary Home Occupation Application



A Customary Home Occupation is an occupation customarily carried on within a dwelling unit for gain or support involving the sale of only those articles, products or services produced on the premise, conducted entirely within the dwelling by members of the immediate family residing in the dwelling unit with equipment customarily used for household purposes and involving no display of articles or products and no outdoor advertising.

A customary home occupation specifically <u>does not</u> include the following:

a) Florist or flower shop e) Convalescent and nursing
b) Tearooms and restaurants homes

c) Tourist homes, boarding f) Kennels and animal hospitals houses, or rooming houses g) Clinics and hospitals d) Fish hatcheries, worm farms, h) Retail Sales

or bait houses i) Firewood sales.

Please provide a detailed description of the proposed busines	s, services or pr	oducts offered a	and method
of delivery and what activities will take place at the residence	1		
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In addition to the limitations imposed on "Customary Home Occupation" under "Article 3, Definitions", the following requirements from <u>Section 607. Requirements for Customary Home Occupations</u> shall be met:

- 1. The home occupation shall be carried on only by a member or members of the family residing in the residence.
- 2. To the extent that there is any sale of any item or service related to the home occupation, no sale of that item or service may occur on or adjacent to the premises unless this use has been granted a Special Use Permit by the City Council after receiving recommendations from Planning Commission and following a public hearing.
- 3. The home occupation shall not involve group instruction or group assembly of people on the premises.
- 4. There shall be no exterior evidence of the conduct of a home occupation and shall be conducted only within the enclosed living area of the home (including basement, if any). There shall be no display or storage of products, materials, or machinery where they may be visible from the exterior of the residence.
- 5. The conduct of the home occupation shall neither increase the normal flow of traffic nor shall it increase either on-street or off-street parking.
- 6. No equipment may be utilized or stored in the conduct of the home occupation except that which is normally used for purely domestic or household purposes. Said items may only be those produced on the premises or incidental supplies necessary for and consumed in the conduct of the home occupation. Samples, however, may be kept on the premises but neither sold nor distributed from the residence.
- 7. There shall be no signs advertising the home occupation.
- 8. No more than 25 percent of the dwelling unit may be used for conducting the home occupation.

- 9. One business vehicle used exclusively by the resident is permissible. This vehicle must be parked in a carport, garage, side yard, or rear yard. This vehicle shall be no larger in size than a pick-up truck, panel truck, or van, nor have a carrying capacity of more than one and one-half tons.
- 10. The home occupation shall not create disturbing or offensive noise, vibration, smoke, dust, odor, radio, or television interference, voltage fluctuations or unhealthy or unsightly conditions; (Whether the disturbance is sufficient to invoke the prohibition of this section shall be determined by comparing the occupation caused disturbance to noises, smoke, odors, etc., that are commonly found in a residential neighborhood, such as children playing, yard maintenance, tools, etc.)
- 11. Accessory home occupation may not serve as headquarters or dispatch centers where employees come to the site and are dispatched to other locations;
- 12. All home occupations shall be subject to the periodic inspections by the Department of Planning and Development or its designee;
- 13. The Department of Planning and Development must approve all businesses/occupational/home occupational licenses which shall be recertified annually;
- 14. Deliveries to the home occupation shall be made by passenger vehicles, mail carriers, or step vans (UPS, Federal Express, etc.) and must not restrict traffic circulations;
- 15. Deliveries to the home occupation through tractor-trailers or vehicles with over six wheels shall be prohibited;

By my signature below, I hereby certify that I reside at the following address; I am the owner or have the owner's permission to operate the home occupation from the premises; if applicable, I have obtained Home Owners Association (HOA) approval and that I have read and understand the above information as well as



My Commission Expires

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

and Alcohol affidavit nee further inforr	e E-Verify Private Employer License. The City of Sugar ds to have a signature of an anation or to obtain an E-Ve ship and Immigration Service	Hill will not n authorized rify Identific	issue the licens d agent for the b ation Number p	se if this affida ousiness and a lease referenc	vit is not filled a notary signa	out corr ture and	ectly. This stamp. For	te
Alcohol Lice employer kn	g this affidavit, as an applicanse O.C.G.A. § 36-60-6), frown as with respect to my applica	om the City	of Sugar Hill, th	ne undersigne Printed Name	d applicant re of Private Em	presenti	ng the private	
	Choose ONE of the fo	llowing:						
	A: On January than ten (10) employees		low signed year	the individual	, firm or corpo	oration e	mployed <u>less</u>	
	B: On January 1 than ten (10) employees							ž
e .	The employer has register accordance with the applic undersigned private employer and date of authorization a	cable provis oyer also att	ions and deadli tests that its fed	nes establishe	ed in O.C.G.A	. § 36-60	0-6(a). The	•
THIS EODM	Federal Work Autho		•	Date of A	uthorization			
n making the alse, fictitiou	e above representation und s or fraudulent statement o ce criminal penalties allowe	er oath, I ur of represent	nderstand that a	5.0				
Signature of A	uthorized Officer or Agent	Printed	Name and Title	of Authorized C	Officer or Agent		Date	
SUBSCRIBED) AND SWORN BEFORE ME	ON THIS	DAY OF _		, 20			
Executed in _			(City),	9		(State)		
NOTARY PUBLIC Signature								

Notary Seal



NOTARY PUBLIC Signature

My Commission Expires

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.

public be	y of Sugar Hill, the undersigned applicant verificenefit. Soose ONE of the following:	es one of the following with respect to	my application for a
2.	I am a United States Citizen. Please sur Military ID or other secure and verifiable documbe found on the City of Sugar Hill's website unwebsite (O.C.G.A. § 50-36-2)I am a legal permanent resident of the Permanent Resident CardI am a qualified alien or non-immigrant alien number issued by the Department of Hore	ment. (A complete list of secure and volument.) der the Business page or on the Geor United States. Please submit a front a under the Federal Immigration and Na	erifiable documents can gia Attorney General's and back copy of your ationality Act with an
	My alien number issued by the Departments:	nt of Homeland Security or other feder	al immigration agency
	Please submit a front and back copy of a. Valid Foreign Passport with I-94 b. Temporary Resident Alien Card I-688 c. Employment Authorization Card I-766 d. Employment Authorization Document e. Refugee Travel Document I-571	or I-688B	
	ersigned applicant also hereby verifies that he oure and verifiable document, as required by O.C		
In making false, fict	RM MUST BE SIGNED AND NOTARIZED g the above representation under oath, I understitious or fraudulent statement of representation and face criminal penalties allowed by such statu	in an affidavit shall be guilty of a viola	-
	Signature of Applicant	Printed Name of Applicant	Date
SUBSCR	RIBED AND SWORN BEFORE ME ON THIS _	DAY OF,	20
Executed	d in	(City),	(State)

Notary Seal