

**Business License Division**

**22 East Broad Street**

**Newnan, GA 30263**

**Home Based Business License Application**

**(Please allow up to two weeks to process applications)**

**New Applications** All forms must be filled out completely, including mailing and business addresses and all available phone/fax/email information. Currently we do not accept applications by mail. $35.00 application fee

**Purchase of existing business** If you have purchased an existing business, the prior business owner must close out their business and pay all associated taxes in full prior to the issuance of the new owner’s Occupational Tax Certificate.

**The following must be checked off and included with the original, signed application (APPLICATIONS WILL NOT BE ACCEPTED WITHOUT ALL PAPERWORK)**

□ Pg. 2 (attached) Completed Application

□ Pg. 3 (attached) Notarized - Public Benefit Affidavit O.C.G.A. § 50-36-1(e) (2)

□ Pg. 4 (attached) Notarized - Private Employer Affidavit of Compliance Pursuant to O.C.G.A. § 36-60-6(d)

□ Copy of owner’s driver’s license (home based driver’s license MUST have current address) / (if more than two owners, attach a list with all contact information for each additional owner.)

□ Copy of one of the following: taxes paid statement for business location / signed lease / buyer’s agreement / closing statement

□ Copy of FEIN paperwork - 800-829-4933 - <https://www.irs.gov>

**Copies of the following must be checked off and provided if applicable to the license being issued:**

□ State License (if required by the State of Georgia) □ Health Inspection Certificate (770) 683-7345

□ Incorporation Letter - http://sos.ga.gov □ Dept. of Agriculture Inspection (404) 656-3600

(Required for corporations, closed corporations or LLC’s)□ Amber Light Permit (404) 624-7460 https://dps.georgia.gov

□ Copy of Sales Tax ID paperwork - 877-423-6711 - <https://dor.georgia.gov/sales-use-tax>

**Contact Information:**

Business License Division Joy Thompson 770-254-2626

Zoning Division Angela White / Lisa Eschman 770-254-2635

Building Division Tina Chamberlain 770-254-2660

Fire Department Enrico Dean / Bo Cummings 770-254-3900

**Home Based Business License Application**

|  |  |  |
| --- | --- | --- |
| Please Fill In All Information COMPLETELY CALENDAR YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Parcel Number:** | **Approved:**  |

Please Type or Print With Ball Point Pen   **PENALTY FOR FAILURE TO FILE RENEWAL BY APRIL 15th EACH YEAR** |
| BUSINESS NAME: | BUSINESS LOCATION STREET ADDRESS and ZIP CODE **(Not PO Box)** | BUSINESS DESCRIPTION: |
| **MAILING/CONTACT** INFORMATION FOR BUSINESS | ATTENTION: | BUSINESS MAILING ADDRESS, CITY, STATE, ZIP CODE (if different) | BUSINESS PHONE # |
| ADDITIONALCONTACT  | BUSINESS FAX # | BUSINESS WEB ADDRESS | EMAIL |
| LICENSEE TYPE:CHECK ONE | \_\_\_\_\_PARTNERSHIP\_\_\_\_\_SOLE OWNER\_\_\_\_\_ INC \_\_\_\_\_ LLC \_\_\_\_\_ OTHER |  | PRINCIPAL OFFICE AND CORPORATE NAME | STREET OR PO BOX  | CITY, STATE, ZIP CODE |
| PLEASE PROVIDE COPY OF DRIVERS LICENSE AND CITIZENSHIP AFFIDAVITS FOR ALL OWNERS, PARTNERS AND MEMBERS | OWNER NAME | STREET | CITY, STATE, ZIP CODE | PHONE# |
| OWNER NAME | STREET | CITY, STATE, ZIP CODE | PHONE # |
| OWNER NAME | STREET | CITY, STATE, ZIP CODE | PHONE # |

**In accordance with the Business Tax Ordinance, Coweta County, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this application, including the accompanying documentation and that the information contained in these documents is true, correct and complete. I hereby make application for an Occupational Tax Certificate to conduct the above-described business in the County. I understand that approval must be obtained from the departments having the authority prior to issuance of the certificate. By signature below, I do solemnly swear, subject to criminal penalties for false swearing, that information contained in the application is true and no false or fraudulent information is made herein to procure the granting of this certificate and the purposed business is in compliance with Sec. 60A. of the Coweta County Zoning Ordinance.**

Owner’s Signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**O.C.G.A. § 50-36-1(e)(2) S.A.V.E Affidavit**

By executing this affidavit under oath, as an applicant for a(n) other public benefit (Business / Alcohol License), as referenced in O.C.G.A. § 50-36-1, from Coweta County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

* I am a United States citizen.
* I am a legal permanent resident of the United States.
* 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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.

The secure and verifiable document provided with this affidavit can best be classified as:

🗆 Driver’s License 🗆 Social Security Card 🗆 Green Card

🗆 Passport / Visa (US only) 🗆 Perm Resident Card 🗆 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Business

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

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

**E-VERIFY AFFIDAVIT**

**Coweta County E-Verify 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) employees.**

**(B) \_\_\_\_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or**

 **corporation employed ten (10) or fewer employees.**

**\*\*\* If the employer selected Section 1(A), please fill out Section 2 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 Date of Authorization**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal Work Authorization User Identification Number**

**(Also called E-verify#, usually 4-6 digits)**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**\*Executed and complete section below\***

**Executed on the \_\_\_\_\_\_date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City)\_\_\_\_\_\_\_\_\_\_\_ (State)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Printed Name of and Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Name Number of Employees**

**SUBSCRIBED AND SWORN BEFORE ME ON THIS THE**

**\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTARY PUBLIC**

**My Commission Expires:**