INSTRUCTIONS FOR A HOME OCCUPATION TAX CERTIFICATE

**HOME OCCUPATION TAX CERTIFICATES ARE NOT TRANSFERABLE**

Welcome to the City of Stone Mountain! We are pleased that you have chosen to open your home business in the city limits of Stone Mountain.

This information sheet has been compiled to assist you in completing the necessary application and forms in order to obtain a Home Occupation Tax Certificate. You must be properly licensed in order to operate a business within the City of Stone Mountain.

Complete the Home Occupation Tax Certificate Application.

Read Section 6-9 (Home Occupations) from the City of Stone Mountain Code of Ordinances. Sign and date the acknowledgement form and attach it to the application.

If food preparation is allowed within a residential home by DeKalb County Environmental Health, a plan review must be completed and a permit issued by the agency. A copy of the permit must be attached to the home occupation tax application. Contact 404-508-7900 for more information.

A home occupation where the preparation of food is allowed by DeKalb County Environmental Health, the applicant must contact the DeKalb County Public Works Department, Water & Sewer Division for a Grease Trap and Grease Interceptor inspection. If a permit is required, a copy must be attached to the application. Please call 770-621-7272 to schedule an inspection.

A valid driver’s license for the applicant must be presented at the time the application is submitted for review.

The appropriate annual occupation tax liability fee must be paid in full prior to the issuance of an occupation tax certificate.

A non-refundable sanitation fee of $5.00 per month must be paid in full upon submission of the completed application. The fee will be prorated for the number of months and partial months remaining in the calendar year.
CITY OF STONE MOUNTAIN
HOME OCCUPATION TAX CERTIFICATE
YEAR ENDING __________

(FOR OFFICE USE ONLY)

Received By (Employee): ___________________________ Date Received (Meter Stamp)

License No. ____________________________

Business Description: ____________________________

Number of Employees (0-5) ________ $ 180.00

Number of Employees over 5 ________ x $30.00 $ ________

Occupation Tax Due: $ ________

Sanitation Fee
($5.00 per month - fee will be prorated for the number of months or partial months remaining in the calendar year)

TOTAL AMOUNT DUE $ ________

Approval/Clearance: (Attach Copy)

______ SAVE Affidavit

______ Secure & Verifiable Document

______ Private Employer Affidavit

______ Health

______ Water & Sewer

APPLICANT: ____________________________ HOME PHONE: ____________________________

ALTERNATE PHONE: ____________________________ SSN #: ____________________________

EMAIL ADDRESS: ____________________________

BUSINESS NAME: ____________________________

BUSINESS PHONE: (If Different than Home #) ____________________________

BUSINESS ADDRESS: ____________________________

TYPE OF BUSINESS: ____________________________

# OF FULL-TIME EMPLOYEES: ________ # OF PART-TIME EMPLOYEES: ________

(Only residents of the dwelling may be engaged in the home occupation)

An owner and/or manager, or an employee who works 40 hours or more per week, shall be considered a full-time employee. Employees who work less than 40 hours per week shall be considered part-time employees. Each part-time employee shall be considered to be equal to 1/3 of a full-time employee. The total number of employees shall be the sum of all full-time employees plus all part-time employees rounded to the next whole number.

1. What percentage of the dwelling unit is or will be used for business? ________ %

2. Will any employees, partners or other associates, other than those living in the home, come to this location for any purpose concerning the business? YES ____ NO ____
3. Will any customers or clients come to this location for any purpose? YES____ NO____

4. Will any material or equipment be stored anywhere at this location other than within the dwelling? YES____ NO____
   If YES, please state what type and where: ________________________________

5. Will pick-up and delivery services be required for the type of business license being applied for? YES ____ NO____
   (Per Ordinance Section 6-9(9) - Pick-up & Delivery Services are prohibited in any residential districts - R-1, R-2, R-3, R-4, VCM or MR-1)

6. Describe all vehicles used in connection with the home business and indicate who will operate the vehicle(s).
   (The parking or storage of any commercial vehicle is prohibited in the R-1, R-2, R-3, R-4, VCM or MR-1 zoning districts except if the commercial vehicle is temporarily parked for less than eight hours or if an automobile, pickup truck, van or sport utility vehicle is used to provide daily transportation to and from work.)

<table>
<thead>
<tr>
<th>Type of Vehicle</th>
<th>Gross Vehicle Weight</th>
<th>Operator</th>
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7. Please indicate where business vehicles will be parked at this location:
   ( ) Garage       ( ) Carport      ( ) Side Yard       ( ) Rear Yard

Please furnish below a detailed description of the activity which you seek permission to conduct at this location:

__________________________________________________________

I do solemnly affirm to criminal penalties for false swearing, that the information in this application for Home Occupation Tax Certificate is true and no false or fraudulent information is made herein to procure the granting of this certificate. I acknowledge and accept responsibility as the business owner to inform the city, in writing, within 10 business days upon the closure or relocation of the business.

_________________________________________  _____________
Applicant Signature                          Date

(a.) Each occupation tax shall be for the calendar year unless otherwise specifically provided.
(b.) The certificate and annual occupation tax shall be due and paid within 30 days of January 1st of each year.
(c.) Occupational Tax Certificates expire on December 31st of the year of its issuance.
(d.) City ordinance prohibits the use of any home business/advertising sign(s) in any residential district.
AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION
CITY OF STONE MOUNTAIN, GEORGIA

By executing this affidavit under oath, as an applicant for a City of Stone Mountain, Georgia Occupation Tax Certificate; Alcohol Beverage License; Taxicab, Limousines and Other Passenger-Carrying Vehicles License; Pawnbrokers License, Adult Entertainment License, Contract or Peddlers & Solicitors I am stating the following with respect to my application for a City of Stone Mountain, Georgia

Check One:

☐ Occupation Tax Certificate ☐ Alcohol Beverage License ☐ Pawnbrokers ☐ Adult Entertainment

☐ Taxicab, Limousines & Other Passenger-Carrying Vehicles ☐ Contract ☐ Peddlers & Solicitors

Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity:

Print Name: ___________________________ Date of Birth ___________________________

1) _______ I am a United States citizen

OR

2) _______ I am a legal permanent resident 18 years of age or older or I am an otherwise 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.

Alien Registration Number for Non-Citizens Issued by the Department of Homeland Security or other federal immigration agency.

O.C.G.A. § 50-36-1(e)(2) requires that 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”, legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

___________________________________________

Other Identifying Number

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. § 50-36-2(b)(3) with this affidavit.

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

___________________________________________

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 and face criminal penalties as allowed by such criminal statute.

Signature of Applicant ___________________________ Date __________________

Printed Name ___________________________

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF ________________, 20____

Notary Public ___________________________

SEAL

My Commission Expires:
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.  

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _______ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.  

*** If you select Section 1(B), please skip Section 2 and execute 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

________________________________________________________________________
Federal Work Authorization User Identification Number

________________________________________________________________________
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.  
Executed on ___, __, 201_ in ____ (city), ____ (state).

________________________________________________________________________
Signature of Authorized Officer or Agent

________________________________________________________________________
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME 
ON THIS THE _____ DAY OF __________________, 201_.

________________________________________________________________________
NOTARY PUBLIC 
My Commission Expires: _________________________

1 To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.
City of Stone Mountain
Home Occupation Tax
Acknowledgment Form

I, ____________________________, have received a copy of
(Print Applicant Name)

Section 6-9 - Home Occupations from the City of Stone Mountain. I understand any
occupation or commercial enterprise conducted within the zoning districts R-1, R-2, R-3,
R-4, VCM, or MR-1 will only be permitted if the following requirements are adhered to:

Append. A-Zoning, Article VI: Supplemental Regulations, Sect. 6.9-Home Occupations

1. Only residents of the dwelling may be engaged in the home occupation.
2. The home occupation shall be clearly incidental to the residential use of the
dwelling and shall not change the essential residential character of the building.
3. No business or advertising signs shall be permitted.
4. Use of the building for the purpose of a home occupation shall not exceed 25
percent of one (1) floor of the principal building.
5. No internal or external alterations inconsistent with the residential use of the
building shall be permitted.
6. The occupation shall not constitute a nuisance in the neighborhood. Furthermore,
ext except as would be caused by a typical residential use, no noise, vibration, dust,
odor, smoke, glare, or electric disturbance which is perceptible beyond any
property line will be permitted to occur as a result of the home occupation.
7. Only vehicles with a gross vehicle weight of 8,600 pounds or less shall be
permitted in connection with the conduct of any home occupation.
8. Except as authorized under a Special Use Permit customers or clients shall not
be permitted on the premises of a home occupation.
9. Home occupations are prohibited from pickup and delivery services on fixed
schedule within the zoning districts R-1, R-2, R-3, R-4, VCM, or MR-1.
10. A home occupation shall not store or use hazardous materials that could pose a
threat to public safety either by fire, explosion, or contamination except those
used in routine home property maintenance.
11. A home occupation shall meet the requirements of the license and business
regulations of the city.
12. A home occupation shall not store any goods or materials outside the principal
building.

(Ord. No. 98-12, 11-5-98)

Applicant Name (Signature)

Date
Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIERA") provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]