Pmt. Form:

TOWN OF HOMER

BUSINESS REGISTRATION APPLICATION

LICENSE NUMBER

NEW _____ RENEWAL _____

BUSINESS INFORMATION:

LEGAL BUSINESS NAME: _____ PHONE _____

DOING BUSINESS AS: (DBA): _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHYSICAL ADDRESS: _____

NATURE OF BUSINESS: _____

BUSINESS LOCATED IN HOME? YES, _____ NO _____

STATE TAX ID# _____ SALES TAX # (used to report GA sales tax) _____

FEDERAL ID# (FEIN): _____ E-VERIFY ID (if applicable) _____

BUSINESS OWNER INFORMATION:

NAME: _____ EMAIL: _____

PHONE: _____ CELL: _____

ADDRESS: _____

MANAGER INFORMATION:

NAME: _____ EMAIL: _____

PHONE: _____ CELL: _____

ADDRESS: _____

☐ PARTNERSHIP - NAME AND ADDRESS OF PARTNERS AND PERCENTAGE OF OWNERSHIP:

_____

_____

☐ CORPORATE - OFFICERS AND HOME OFFICE ADDRESS:

_____

GENERAL INFORMATION:

LIST ARRESTS, CONVICTIONS, AND MUNICIPAL OR COUNTY ORDINANCE VIOLATIONS FOR OWNER, OFFICER, PARTNER AND/OR MANAGER(S) OF BUSINESS: _____

_____

_____

NAME AND ADDRESS OF PROPERTY OWNER WHERE BUSINESS IS LOCATED:

_____

THE OCCUPATION TAX SHALL BE LEVIED ACCORDING TO THE NUMBER OF EMPLOYEES OF THE BUSINESS AS FOLLOWS:

#EMP	TAX DUE (includes admin fee)	#EMP	TAX Due (includes admin fee)
0-15	$75.00	41-45	$198.00
16-20	$123.00	46-50	$213.00
21-25	$138.00	51-60	$243.00
26-30	$153.00	61-70	$273.00
31-35	$168.00	71-80	$ 303.00
36-40	$183.00	81-90	$333.00

A COPY OF CURRENT GEORGIA PROFESSIONAL LICENSE MUST BE ATTACHED!

Number of Employees: _____ Tax Due January 1, 2027 $_____

10% Penalty $_____

1.5% Interest per month $_____

TOTAL AMOUNT DUE: $_____

SIGNATURE OF OWNER: _____ DATE_____

TOWN OF HOMER
Affidavit O.C.G.A. δ 50-36-1(e)(2)

By executing this affidavit under oath, as a applicant for a(n) ○ Alcohol License ○ Business License

_____
Business Name

_____
Business Owner

As referenced in O.C.G.A. δ 50-36-1, from the Town of Homer, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1.___ I am a United States citizen.

2.___ I am legal permanent resident.

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:_____

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. δ50-36-1(e)(1), 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 O.C.G.A. δ16-10-20, and face criminal penalties s allowed by such criminal statute.

Executed in _____ (city), _____ (state).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIE THE _____DAY OF _____, 20 _____

_____
NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

TOWN OF HOMER

FORM A (more than 10 employees)

Private Employer Affidavit of Compliance Pursuant To O.C.G.A § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A.§ 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten (10) employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____

Federal Work Authorization User Identification#

_____

Date of Authorization

_____

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Execute on _____202__ 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 _____,202___.

_____ _____

NOTARY PUBLIC My Commission Expires

TOWN OF HOMER

FORM B less than 11 employees

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A.§ 36-60-6, stating affirmatively that the individual, firm or corporation employs less than eleven (11) employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A.§ 13-10-90.

Number of Employees (including owner/employer)_____

_____
Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 202__ IN _____ (city), _____ (state).

_____
Printed Name and Title of Authorized Officer or Agent

_____
Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 202__.

_____ _____
NOTARY PUBLIC/SEAL My Commission Expires

HOME OCCUPATIONS IN EVERY ZONING DISTRICT

Home Occupation. A home occupation shall be defined as and limited to activities meeting the following requirements:

1. A maximum of three (3) persons not residing in the dwelling may be employed in connection with the home occupation. There is no limit on the number of other employees, provided that they reside within the dwelling on the premises.

2. The home occupation shall be clearly incidental and secondary to the residential use of the dwelling and lot and shall not change the residential character of the building, lot or neighborhood.

3. No storage or display of products, equipment or other business items shall be visible from the adjoining street or adjacent properties.

4. Vehicles used primarily as passenger vehicles shall be permitted in connection with the conduct of a home occupation, but only one commercial vehicle is permitted to be used per home occupation.

5. No external alterations of the dwelling solely for the accommodation of a home occupation are permitted; provided, however, the home occupation may be conducted in a separate garage, barn, shop or other accessory building which is not inconsistent in size, shape and architecture with the residential character of the lot and neighborhood. If feasible the accessory building used for a home occupation shall not be visible from any public road or adjacent property line.

6. No chemical, electrical, or mechanical equipment shall be used in connection with the home occupation if it generates any noise, odor, environmental hazard or other nuisance which is detectable to any extent at the common boundary of the property and any neighboring properties. No such equipment shall be placed so as to be visible to any neighboring property or public road.

7. One non-illuminated business identification sign not exceeding twelve (12) square feet shall be permitted, provided that the sign must be compatible with the dwelling and the residential character of the neighborhood.

8. A business license shall be obtained prior to the operation of any home occupation.

The failure of a home occupation licensee to comply with any of the above conditions shall be reasonable grounds for revocation of a home occupation business license.

I have read the rules required for a home occupation and will comply with these rules:

_____

Home Occupation Business License Holder