

BUSINESS AND OCCUPATION TAX RETURN CITY OF AMERICUS

101 W LAMAR ST, AMERICUS, GA 31709
Calendar Year 2021

(See additional information on Back of application)

NEW LICENSE APPLICATION

CHECK HERE IF THERE ARE CHANGES TO THE FOLLOWING INFORMATION: _____

BUSINESS NAME: _____

OWNER/OPERATOR NAME _____ CELL PHONE _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS TYPE _____

WILL THE BUSINESS NEED AN ALCOHOLIC BEVERAGE LICENSE? _____ WHAT TYPE? _____

WILL THE BUSINESS BE SERVING FOOD? _____

STATE LIC # _____ BUSINESS START UP DATE: _____

STATE SALES TAX #(required if applicable) _____

BUSINESS TELEPHONE _____ E-MAIL _____

EMERGENCY INFORMATION: NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

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ANTICIPATED GROSS RECEIPTS FOR 2021 \$ _____

(Certain occupations and practitioners have the option of paying \$400 per practitioner in lieu of reporting gross receipts. If you are eligible for this option and choose to do so, complete the following:)

PROFESSIONAL FLAT FEE OPTION \$400 _____

NUMBER OF EMPLOYEES _____

(Complete for both Gross Receipts and Professional flat fee options)

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I hereby certify that the above information is correct and furthermore, that the gross receipts figure includes the full and true amount of the gross sales, receipts, premiums, commissions or other income from the conduct of the business without any deductions whatsoever except sales and excise taxes. I do further certify that I am the person duly authorized by the business herein named to file this return.

Signed _____ Date _____

Title _____

DO NOT WRITE BELOW THIS LINE

ACCOUNT NUMBER	SIC NO	TAX CLASS	LICENSE AMOUNT
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Finance Approval _____	Date _____
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BRM Inspection Approval _____	Date _____
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BRM Zoning Approval _____	Date _____	Zoning District _____
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Public Works _____	Date _____
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If Alcoholic Beverage is required, Finance to Copy Police Department _____

E-VERIFY

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-6(d)

By executing this affidavit under oath, as an applicant for a business license from the City of Americus,
_____ (name of business) verifies that
on January 1, _____ that.

1. The aforementioned business employs 10 or less employees (state wide) and is therefore exempt _____.
2. The aforementioned business employs more than 10 employees (state wide) and is therefore submitting its E-Verify account number _____
The employer has registered with and utilizes the federal work authorization.

In making the above representation under oath, I understand that any person who knowingly and willfully makes false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of O.C.G.A 16-10-20, and will face criminal penalties allowed by such statute.

Executed on the _____ day of _____, 20____ in
_____ (city) _____ (state)

Signature of authorized officer or agent _____

Printed name of authorize officer or agent _____

Sign and sworn before me on this _____ day of _____, 20____

Notary Public _____

My commission expires _____



CITY OF AMERICUS

PLANNING & ZONING

CUSTOMARY HOME OCCUPATION

Planning & Zoning Department
101 West Lamar Street
Americus, GA 31709
229.924.4411
www.americusga.gov

REQUIREMENTS: This application must be signed by all owners of the property(ies) to be included in the project. If the applicant is not the owner, signed, notarized permission for the request must be attached. Please refer to the Americus Zoning Ordinance, Chapter 94, for Zoning Districts where Home Occupations are allowed. A \$50 Certificate of Occupancy fee is due to Planning & Zoning when the zoning is approved.

APPLICANT INFORMATION

Property Owner/Applicant: _____ Phone Number: _____
Address: _____ Email: _____
Business Name: _____ Phone Number: _____
General Description of Business: _____

PROPERTY INFORMATION

Property Address & Parcel Number(s): _____ Zoning: _____

Customary home occupation means a gainful occupation or profession for gain or support conducted only by members of a family residing on the premises (except that such family may employ not more than two nonfamily members to work in the business), conducted entirely within the principal building or in a rear building accessory thereto, and requiring only customary home equipment, provided that not more than 30 percent of the floor area of the principal building is used for such purpose and the total combined floor area of any building used for such purpose on the property does not exceed 500 square feet. A customary home occupation shall not be permitted where, as a result of the activity or activities arising out of the customary home occupation, a change is made or required to be made in the outside appearance of the dwelling or any other building located upon the property; where any outside activity visible from the street in connection with such occupation is permitted or required; where traffic, parking, sewage, or water use in excess of what is normal in the neighborhood is or may be generated; where any noise, vibration, glare, fumes, odor, electrical interference, or nuisances as defined under this Code is or may be created; or where engaging in the occupation results in or is likely to result in the storage of anything related to the business outside the principal dwelling or any other building located on the property.

I hereby certify that the above address and proposed business meet the requirements for a customary home occupation.

Applicant Date Notary Date

OFFICE USE ONLY

Planning & Zoning Receiving Staff: _____ Date: _____

The Planning & Zoning Staff of the City of Americus **Approved** **Denied** this application subject to the following notes and/or conditions: _____

