

CERTIFICATE #: _____

APPLICATION FOR REGISTRATION OF A HOME BUSINESS

Type of Ownership (check one):

Proprietorship;

Partnership;

Domestic Corporation

Beginning Date ____/____/____

Of Business Within the City of Chamblee

Description of Business Activity:

Gross Receipts

Name of Business

Business Address Suite/Apt. # City State Zip

Business Mailing Address (if other than above) Suite/Apt. # City State Zip

Business Owner Name (Company and/or Individual – Please print)

Business Phone

Date of Birth

Driver's License No. & State

Home Phone

Social Security Number

Driver's License Expires

Fax Number

E-mail

Fed. ID No./Employee Identification No.

- No exterior advertising signs may be used at this address; no advertising in newspapers may reference the home address.
- The Occupation Tax Fee is based on gross receipts. A **\$60** Administrative Fee is due upon approval from the City Manager. Make check or money order payable to the City of Chamblee.

OFFICE USE ONLY:

Approved: _____ Denied: _____ Date: _____ SIC #: _____ Class #: _____

Amount paid: \$ _____ Cash _____ Check # _____

Fire Marshal Approval City Taxes Paid Lease Zoning

The following questions relate only to the address shown on page 1 of this application.

1. Will all business activity conducted at the above location take place entirely within the dwelling? If No, explain fully. Yes No

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? If yes, explain fully. Yes No

3. Will any public contact take place at this location other than by phone or mail? If yes, explain fully. Yes No

4. Will any materials, inventory or equipment be stored anywhere at this location other than within the dwelling? If yes, explain fully. Yes No

5. Will any vehicles be used in connection with the business? Yes No

Year/Make	Model	Tag#	Operator

Year/Make	Model	Tag#	Operator

Give the percentage of the dwelling unit used for business. 25% maximum. _____
Percent

Applicant: I hereby certify that all information provided herein is complete. I have answered all questions completely and truthfully to the best of my knowledge.

Applicant Signature: Business Owner or Owner's Representative

Date: ____ / ____ / ____

Title

AFFIDAVIT PERTAINING TO HOME BUSINESSES

Must be read and signed if you plan to operate a business from a residential property

APPENDIX A – ZONING ORDINANCE

Article VI, Section 608

In all residential zoning districts, any building used for residential occupancy may conduct a home occupation use provided that:

1. The primary use of the unit is a dwelling;
2. The following standards are complied with in full at all times:
 - A. Such use shall be conducted entirely within the dwelling unit and only persons living in the dwelling unit shall be engaged and employed in such occupation, and the number of residents employed shall not exceed two;
 - B. No mechanical or electrical equipment is to be utilized except that, which is necessarily, customarily, or ordinarily used for household or leisure purposes;
 - C. No equipment that interferes with radio and/or television reception shall be allowed.
 - D. No toxic, explosive, flammable, combustible, corrosive, radioactive, or other restricted materials shall be used or stored on the premises;
 - E. There shall be no outside operations, storage, or display of materials or products;
 - F. No accessory buildings shall be used in connection with the home occupation.
 - G. No alteration of the residential appearance of the premises occurs, including the creation of a separate entrance to the dwelling or utilization of an existing entrance exclusively for the business;
 - H. There shall be no exterior evidence of the home occupation;
 - I. No commodity shall be stocked or sold on the premises to the general public;
 - J. No process shall be used which is hazardous to public health, safety, or welfare;
 - K. Visitors, customers, or deliveries shall not exceed that normally and reasonably occurring for a residence and shall, under no circumstance, exceed more than two business visitors an hour and eight a day and not more than two manufacturer or wholesaler direct deliveries of products or materials per week;
 - L. No on-street parking associated with the business shall be permitted;
 - M. Only vehicles used primarily as passenger vehicles shall be permitted in connection with the conduct of the home occupation;
 - N. The home occupation shall be restricted to 25 percent of the dwelling and shall not exceed 150 square feet of floor area. Said home occupation use shall be clearly secondary to the use of the dwelling for dwelling purposes; and
 - O. There shall be no group instruction, assembly or activity.

Article 3, Section 301.48

Home occupation: Any occupation or activity carried on by a member of the family residing on the premises, in connection with which there is no group instruction, assembly or activity and no sign is used or no display that will indicate from the exterior that the building is being utilized in any part for any purpose other than that of a dwelling; there is no commodity sold upon the premises; no person is employed other than a member of the immediate family residing on the premises and no mechanical or electronic equipment is used for commercial purposes.

I affirm that I have read the above ordinances of the City of Chamblee Zoning Codes.

Signed: _____

Date: _____



Affidavit Verifying Status for City of Chamblee Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Chamblee Business License, or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Chamblee Business License, or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____ **[Insert name of natural person applying on behalf on individual, business, corporation, partnership, or other private entity]**

_____ I am a United States citizen;

OR

_____ 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.

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.

Signature of Applicant

Printed Name

Date

*Alien Registration number for non-citizens

SUBSCRIBED AND SWORN BEFORE ME ON

THIS THE _____ DAY OF _____, 20_____

Notary Public

My Commission Expires:

*Note: O.C.G.A. Section 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:



CITY OF CHAMBLEE BUSINESS EMERGENCY CONTACT FORM

EMERGENCY SERVICES CONTACT INFORMATION. THIS FORM MUST BE FILLED OUT COMPLETELY.

Name of Business

Business Street Address Suite/Apt. # City State Zip

Name of Business Owner (Company and/or Individual – Please print)

Business Phone Emergency Phone Cell Phone E-mail

Type of Business (Explain) Size of Business in sq. feet, or Dimensions x

Alarm System: Yes No If yes, Alarm systems must be registered with the Police Department and an Alarm Permit is required

Hazardous or flammable materials stored on site? No Yes If yes, please list:

IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT: (List in the order to be called)

First Contact

Home Street Address Suite/Apt. # City State Zip

Home Phone Cell Phone

Second Contact

Home Street Address Suite/Apt. # City State Zip

Home Phone Cell Phone

Third Contact

Home Street Address Suite/Apt. # City State Zip

Home Phone Cell Phone

Name of Building/ Property Owner

Home Street Address Suite/Apt. # City State Zip

Home Phone Cell Phone E-mail