



## General Requirements and Information for Obtaining an Occupational Tax Certificate

The location of the business must be physically located within the municipal jurisdiction of the City of Douglasville, Georgia. PO Boxes are not valid locations for business.

**Zoning Verification:** Provide an approved zoning verification request form. *(Attached to This Application)* This is required in order to process your Occupational Tax Application.

For more information please contact Planning and Zoning at:

678.449.3230 or by email: [zoning@douglasvillega.gov](mailto:zoning@douglasvillega.gov)

or visit the Community Development offices located at 6701 Church Street, Douglasville, GA 30134

**Utility Bill:** Provide a copy of a current utility bill (Gas, Water, Electric, Internet) *if the business is located at a residential address.*

**Lease Agreement / Bill of Sale:** Provide a copy of a current signed and dated lease agreement, bill of sale, or deed for the location printed on the application. *if the business is located at a commercial address.*

**Identification:** Provide a copy of a valid state issue driver's license or identification card. A valid passport is also acceptable.

**Corporations/LLCs:** If an Incorporated entity, Limited Liability Company, or Limited Liability Partnership, provide a copy of a valid and current registration with the Georgia Secretary of State, or if a foreign entity operating in Georgia provide a valid registration from the originating Secretary of State. For information on registering/renewing visit [sos.ga.gov](http://sos.ga.gov)

**DBA: Registering a Trade Name / Fictitious Name:** It is State Law for any business that is not operating under their legal name, but rather a fictitious/trade name and is registered with the Georgia Secretary of State as an Incorporation, Limited Liability Company (LLC), etc., to register with the County where it will transact most of its business. This allows creditors and others the opportunity to learn the identity of the actual owner since it will be the owner who is personally liable for the debts and obligations of the business.

### How to Obtain

A Trade Name/"Doing Business As" can be obtained at:

Douglas County Clerk of Superior Court

2nd floor, Judicial side, Douglas County Courthouse

8700 Hospital Drive

Douglasville 30134 | Phone 770-920-7252

City of Douglasville, Georgia  
PO Box 219, Douglasville, GA 30133  
Occupational Tax / Business License Application

Finance Department  
[ask-occtax@douglasvillega.gov](mailto:ask-occtax@douglasvillega.gov)  
P. 678-449-3078

**Partnerships:** Provide an executed partnership agreement that includes the stated percentage of ownership of the entity for each individual with ownership stake.

**Professional Licensure:** If the occupation described in this application requires state licensure (See attached professional licensure list) or visit [sos.ga.gov](http://sos.ga.gov); provide the appropriate valid certificates and/or licenses. If the entity employs multiple licensed professionals, please provide the establishment's licensure in addition to each employee's professional license and government issued identification.

*A regulatory fee may be applied to each licensed individual, please see the regulatory fee structure attached to this application.*

**Food Trucks:** Need to have the agricultural license [www.agr.georgia.gov/licensing](http://www.agr.georgia.gov/licensing).

**Lounge** means a separate room connected with, a part of, and adjacent to a restaurant operated as part of a hotel, the dining rooms for such restaurant being in the same building with the hotel or in separate buildings or structures used in connection therewith that are on the same premises and are a part of the hotel operation. Such restaurant must have an adequate and sanitary kitchen and a seating capacity of at least 80 guests, where meals are regularly served to such guests for pay in addition to that charged for sleeping accommodations; provided, that in no event shall the seating capacity of the lounge exceed that of its connected restaurant. A hotel may be licensed to pour alcoholic beverages in its lounge.

**Restaurants, Body Art Establishments, Swimming Pools, and Mobile Home Parks:** Must receive the necessary inspections, permits and approvals from Cobb and Douglas Public Health. For Information please visit: [cobbanddouglaspublichealth.com](http://cobbanddouglaspublichealth.com)

**Second Hand Sales, Pawn Shops, Sale of Used or Refurbished Goods:** If the business engages in secondhand sales a permit will be required prior to the issuance of an Occupational Tax Certificate. Please contact the City of Douglasville Police Department to inquire about the necessary permitting. P. 770-920-3010 or visit the website at [douglasvillega.gov](http://douglasvillega.gov)

**Fees and Tax:** For new applications a \$50.00 non-refundable, non-prorated administrative fee is included in addition to the occupational tax levied on a business's anticipated gross receipts for a period of 12 months. Professionals classified under O.C.G.A. Section 48-13-9c may elect to pay a \$300.00 flat rate in addition to the \$50.00 administrative fee. An administrative fee of \$10.00 shall be required on all businesses for the transfer of the occupational tax certificate to a new business location for the same owner to operate the same business under the same name at the new location for the remainder of the existing license period.

**Renewals:** Occupational Tax Certificates (Business licenses) are only valid until December 31st of each year. Renewal notices are mailed out beginning the month of October of each year and payment is accepted without penalty until January 30th of the following year. A 1.5% interest penalty is added for each month thereafter and an additional 10% late penalty is applied for renewals received after March 31st. (Ord. No. 95-39, § 1, 12-18-95; Ord. No. O-2016-52, § 2, 11-7-16)

**For more information on the City of Douglasville's Ordinances, please visit [douglasvillega.gov](http://douglasvillega.gov)**

**Processing time for applications is on average 7-10 business days from submission of a completed application. In some instances, such as new construction, permitting requirements, follow-up inspections or other matters may potentially delay the approval and subsequent issuance of an Occupational Tax Certificate.**

**CLEAR FORM**

Occupational Tax Registration Application

Revision Date: 9/07/2022

(1) BUSINESS NAME [DBA]					
(2) CORPORATION/LLC NAME					
(3) PHYSICAL BUSINESS ADDRESS	Street	Suite	City	State	Zip
(4) MAILING ADDRESS	Street	Suite	City	State	Zip
(5) DETAILED EXPLANATION OF BUSINESS ACTIVITIES					

(6) BUSINESS PHONE		(7) BUSINESS FAX		(8) SECONDARY PHONE	
(9) BUSINESS TYPE <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETER <input type="checkbox"/> OTHER					
(10) BUSINESS EMAIL				(11) NUMBER OF EMPLOYEES	
(12) CONTACT 1 NAME			(13) EMAIL	(14) PHONE	
(15) CONTACT 2 NAME			(16) EMAIL	(17) PHONE	
(18) BUSINESS EIN	(19) EST. GROSS RECEIPTS \$	(20) NO. OF LICENSED PROFESSIONALS		(21) Do You Plan to Buy, Sell or Trade in Any Used Goods?	
(22) APPLICATION TYPE	<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> OWNER/NAME CHANGE <input type="checkbox"/> LOCATION CHANGE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
(25) In accord with the occupation tax ordinance, City of Douglasville, Georgia. I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct and complete.				(23) Do You Plan to Serve/Sell Alcohol?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				(24) Do You Plan to Have Indoor/Outdoor Smoking?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

BUS. CONTROL NO.	LICENSE NO.	SIC CODE	FEES TOTAL
COMMERCIAL BUSINESS	RESIDENTIAL BUSINESS		

DOUGLAS COUNTY FIRE MARSHALL				COBB & DOUGLAS ENVIRONMENTAL HEALTH			
<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____	
APPROVED	DENIED	SIGNATURE	DATE	APPROVED	DENIED	SIGNATURE	DATE



## DOUGLASVILLE POLICE DEPARTMENT

PO Box 219, Douglasville, GA 30133-0219

2083 Fairburn Road, Douglasville, GA 30135

Phone: 770.920.3010 | www.douglasvillega.gov

### EMERGENCY CONTACT INFORMATION FORM (Complete if Commercial Business)

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET SUITE STATE ZZIP

BUSINESS PHONE: \_\_\_\_\_ BUSINESS/OWNER EMAIL: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

IS THERE AN ALARM??  YES  NNO ALARM COMPANY PHONE: \_\_\_\_\_

ALARM COMPANY NAME: \_\_\_\_\_

SPECIAL INSTRUCTIONS GATE CODE, HIDDEN KEY, DOGS PRESENT, ETC.

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

#### EMERGENCY INFORMATION FOR POLICE AND 911

IN CASE OF EMERGENCY DURING NON-BUSINESS HOURS, ATTEMPT TO CONTACT THE FOLLOWING PEOPLE IN THE ORDER THEY APPEAR BELOW

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_



## 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):

**Please check only one:**  
**Section 1.**

\_\_\_\_ **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

\_\_\_\_\_  
Federal Work Authorization User Identification Number  
(Also called E-verify#, usually 4-6 digits)

\_\_\_\_\_  
Date of Authorization

-----**THIS FORM MUST BE NOTORIZED**-----

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ 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 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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

**City of Douglasville, Georgia**  
**PO Box 219, Douglasville, GA 30133**  
**Occupational Tax / Business License Application**

**Finance Department**  
**ask-occtax@douglasvillega.gov**  
**P. 678-449-3078**



# Occupational Tax Affidavit/E-VERIFY

## O.C.G.A. § 50-36-1 (e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an **Occupational Tax Certificate**, as referenced in O.C.G.A. § 50-36-1, from the **City of Douglasville, Georgia**, 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) (I), 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. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE	
_____ Day of _____, 20____.	_____
_____ Notary Public	_____ Printed Name of Applicant
My Commission Expires: _____	

Signature of Applicant

Printed Name of Applicant

# State of Georgia Department of Revenue

1800 Century Boulevard  
Atlanta, Georgia 30345

## Official Addendum to Business Occupancy License Application

### Required Fields

<b>Name of Business Legal Name or Trade Name :</b>
<b>Mailing Address if Different From the Physical Address:</b>
<b>Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:</b>
<b>Sales Tax ID , if Your Business is Required to Have One by Law:</b>
<b>Applicable North American Industry Classification System Code Number Please list all NAICS :</b>

### **NOTICE:**

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

An Equal Opportunity Employer

City of Douglasville, Georgia  
PO Box 219, Douglasville, GA 30133  
Occupational Tax / Business License Application

Finance Department  
ask-occtax@douglasvillega.gov  
P. 678-449-3078

# OFFICE OF GEORGIA SECRETARY OF STATE BRAD RAFFENSPERGER

## PROFESSIONAL LICENSING BOARDS DIVISION

The Professional Licensing Boards Division serves as administrative support to the 41 licensing boards housed with our agency. In addition to staffing the board meetings, our agency assists the boards with processing applications for licensure, license renewals and complaints.

Although the Professional Licensing Boards Division of the Secretary of State's Office provides administrative and clerical support to assist the boards in carrying out their licensing responsibilities, the agency does not directly oversee or direct the actions and decisions of the boards. Determinations regarding licensing qualifications and complaints rest solely with the individual boards. Accordingly, our office does not have the ability to review, modify, or overturn a decision which has been made by any board.

[www.sos.state.ga.us/plb](http://www.sos.state.ga.us/plb)

ARCHITECTS & INTERIOR DESIGNERS

ATHLETE AGENTS

ATHLETIC & ENTERTAINMENT  
COMMISSION

ATHLETIC TRAINERS

AUCTIONEERS

CEMETERIES

CHIROPRACTORS

CONDITIONED AIR CONTRACTORS

COSMETOLOGISTS AND BARBERS

DIETITIANS

DISPENSING OPTICIANS

ELECTRICAL CONTRACTORS

ENGINEERS & LAND SURVEYORS

FORESTERS

FUNERAL DIRECTORS & EMBALMERS

GEOLOGISTS

HEARING AID DEALERS & DISPENSERS

IMMIGRATION ASSISTANCE

LACTATION CONSULTANTS

LANDSCAPE ARCHITECTS

LIBRARIANS

LOW VOLTAGE CONTRACTORS

MASSAGE THERAPY

MUSIC THERAPY

NURSING

NURSING HOME ADMINISTRATORS

OCCUPATIONAL THERAPISTS

OPTOMETRY

PHYSICAL THERAPISTS

PLUMBERS

PODIATRY

PRIVATE DETECTIVES & SECURITY  
AGENCIES

PROF COUN/SOC WORK/MARRIAGE

PSYCHOLOGY

RESIDENTIAL AND GENERAL  
CONTRACTORS

SPEECH PATHOLOGISTS AND  
AUDIOLOGISTS

USED MOTOR VEHICLE DEALERS

USED MOTOR VEHICLE PARTS

UTILITY CONTRACTORS

VETERINARY MEDICINE

WATER & WASTEWATER TREATMENT  
PLANT OPERATORS



## Sec. 26-3. -Administrative and Regulatory Fee Structure

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- (a) A nonprorated, nonrefundable administrative fee of \$50.00 shall be required on all business and occupation tax accounts for the initial start-up, renewal, or reopening of those accounts.
- (b) An administrative fee of \$10.00 shall be required on all business and occupation tax accounts for the transfer of the registration certificate to a new business location for the same owner to operate the same business under the same name at the new location for the remainder of the existing license period under the same terms and conditions contained herein.
- (c) In addition to the administrative fee, a non-prorated regulatory fee will be imposed as provided under O.C.G.A. § 48-13-9 on those applicable businesses. A regulatory fee may not include an administrative fee and is non-refundable. The regulatory and administrative fees required by this section shall be paid in addition to any occupation tax required under section 26-4.
- (d) The regulatory fee schedule for persons in occupations and professions is set forth as follows:
- (1) Vehicles for hire, per registered operator ..... \$100.00
  - (2) Private ambulance, per provider ..... 50.00
  - (3) Dealers in precious metals, per applicant ..... 35.00
  - (4) Pawnbrokers, per applicant ..... 50.00
  - (5) Massage parlors, per applicant ..... 50.00
  - (6) Fortunetellers, per applicant ..... 50.00
  - (7) Flea markets, per location ..... 50.00
  - (8) Amusement centers, per location ..... 100.00
  - (9) Peddlers and door-to-door salespersons ..... 35.00
  - (10) Transient merchants, per location ..... 35.00
  - (11) Adult entertainment, per location ..... 5,000.00  
(For additional regulations see section 14-1000 et seq.)
  - (12) Building and construction contractors, subcontractors, roofers, siding, security and fire alarm installers and workers. Permit fees shall be as provided in a schedule adopted by the city council and on file in the office of the building official, and are due for each permit issued.  
  
Unless otherwise noted, all fees under this section are due annually and are payable prior to the conduct of any business for the applicable time period.
- (e) Regulatory fees required by this article shall be paid before commencing business or the practice of a profession or occupation as a condition precedent for transacting business, or practicing a profession or occupation. Regulatory fees may be paid after commencing business or the practice of a profession or occupation when:
- (1) The work done or services provided are necessary for the health, comfort, or safety of one or more individuals or protection of property. This paragraph shall apply to, but not be limited to, the repair, service, or installation of heating, ventilation, and air conditioning equipment or systems;
  - (2) The work done or services provided have no adverse effect on any other person;
  - (3) Regulatory fees are tendered to the within two business days after commencing business or the practice of a profession or occupation and any and all required inspections are made in order to ensure compliance with applicable codes; and
  - (4) The work is commenced or the services are provided within 24 hours of receiving the request for such work or service and it is not possible for the person conducting the work or providing the service to obtain a permit prior to commencing due to the hours of operation of the city's offices.

(Ord. No. 95-39, § 1, 12-18-95; Ord. No. O-2013-52, § 2, 12-4-13; [Ord. No. O-2015-44, § 1](#), 9-21-15; Ord. No. [O-2016-52](#), § 1, 11-7-16)



# DOUGLASVILLE

— — — — — GEORGIA — — — — —

**PUBLIC SERVICES DEPARTMENT**  
**6695 CHURCH STREET**  
**DOUGLASVILLE, GA 30134**  
**PHONE: 770-920-3005**  
**FAX: 770-920-3006**  
**EMAIL: [sanitation@douglasvillega.gov](mailto:sanitation@douglasvillega.gov)**  
**OFFICE HOURS: MONDAY – FRIDAY 8:00 AM – 4:00 PM**

ACCOUNT #: \_\_\_\_\_

## SANITATION REQUEST - FRONT LOAD COMMERCIAL CUSTOMERS

NEW ACCOUNT: [ ]      INCREASE: [ ]      DECREASE: [ ]      CANCEL: [ ]

START DATE: \_\_\_\_\_      INC DATE: \_\_\_\_\_      DEC DATE \_\_\_\_\_      END DATE: \_\_\_\_\_

### BILLING & MAILING ADDRESS:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP \_\_\_\_\_  
CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### SERVICE LOCATION:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP \_\_\_\_\_  
CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

\*\*\*\*\*

### FRONTLOAD SERVICE REQUESTED

FRONTLOAD CONTAINER: \_\_\_\_\_  
QUANTITY: \_\_\_\_\_  
WEEKLY SERVICE FREQUENCY: \_\_\_\_\_  
DEPOSIT: \_\_\_\_\_

\*\*\*\*\*

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TERMS AND CONDITIONS**

ACCOUNT NO: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

**The City of Douglasville is the exclusive franchise haul for all commercial and industrial waste within the City limits.**

**COMMERCIAL:**

- Charges for the collection of commercial refuse shall be as fixed from time-to-time by the mayor and council and shall be billed by the City of Douglasville Sanitation Department monthly.
- The invoices are mailed out the first week of each month.
- Payments are due on the 1<sup>st</sup> of the following month. Please submit payment and put your customer number on your check. (Customer account numbers are located on the top right side of invoice.)
- A 10% late penalty is applied for fees more than 30 days delinquent.

FAILURE TO PAY CHARGES WILL BE A VIOLATION OF THE CITY SANITATION CODE. CITATION(S) FOR VIOLATION(S) WILL BE ISSUED BY THE CITY, AND SAID CITATION(S) WILL BE RETURNABLE TO AND TRIED BEFORE THE MUNICIPAL COURT.

I certify that I have read the above statement and will abide by the terms and conditions of this contract.

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

\_\_\_\_\_  
DATE



**PUBLIC SERVICES DEPARTMENT  
 6695 CHURCH STREET  
 DOUGLASVILLE, GA 30134  
 PHONE: 770-920-3005  
 FAX: 770-920-3006**

**EMAIL: [sanitation@douglasvillega.gov](mailto:sanitation@douglasvillega.gov)  
 OFFICE HOURS: MONDAY – FRIDAY 8:00 AM – 4:00 PM**

**FRONT LOAD CONTAINER MONTHLY PRICING**

SIZE	1X	2X	3X	4X	5X	6X
4YD	\$109.75	\$199.87	\$297.90	\$394.69	\$495.82	n/a
6YD	\$148.92	\$297.91	\$444.86	\$593.39	\$740.81	n/a
8YD	\$199.87	\$395.88	\$591.89	\$791.78	\$987.74	\$1181.77

Rates are monthly rates/ X-indicates service times per week

**ADDITIONAL CHARGES:**

1. Deposit: 2 months service amount
2. Pricing for extra pick up is based on service level, minimum \$ 45.89
3. Lock Bar Kits: \$ 104.90
4. Container reset: \$ 98.35

**SIZE & DIMENSION:**

- 4yd: 5’6” deep X 5’ high X 6’ wide
- 6yd: 6’ deep X 5’ high X 6’ wide
- 8yd: 6’ deep X 6’ 8” high X 6’ wide

CONTAINERS WHICH ARE OVER-FILLED OR BLOCKED WILL NOT BE SERVICED. IF CUSTOMER REQUESTS AN ADDITIONAL SERVICE DUE TO THESE CONSTRAINTS, IT WILL BE BILLABLE AS AN EXTRA PICKUP AND SCHEDULED FOR THE FOLLOWING SERVICE DAY AVAILABLE.

**IN ORDER TO PROVIDE YOU WITH QUALITY SERVICE THAT FITS YOUR SPECIFIC NEED & TO EXPEDITE SERVICE, PLEASE BE FAMILIAR WITH THE ABOVE INFORMATION BEFORE SIGNING THIS DOCUMENT.**

**FOR FURTHER INFORMATION, PLEASE CONTACT:**  
 Public Services at 770-920-3005 **OR EMAIL:** [sanitation@douglasvillega.gov](mailto:sanitation@douglasvillega.gov)



**Zoning Business License Review Form**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

**This is:**

Change of Ownership  Adding a new use

Change of Location  New Business

Name Change

**Home Based  
Occupation:**

Yes

No

**Interior Renovations:**

Yes

No

1. In three or more sentences, please describe your business.

2. In three or more sentences, please outline your daily operations.

3. Who are your typical clients (Ex. Students, schools, business owners, developers, the general public)

4. Do you have any vehicles that will be used in conjunction with your business?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please proceed with questions a-e

- a. How many vehicles?
  
- b. Who will be using the vehicles?
  
- c. What is the make, model, and weight of each vehicle?
  
- d. Where are the vehicles stored when they are not in use?
  
- e. Please attach photos of the vehicles.

5. Do you have any special licenses or certifications that you use in conjunction with your business?

Yes      No

If yes, please list them

6. Is there anything else you would like to share

I, the applicant, understand that I am required to conform to all applicable requirements of the Code of Ordinances for the City of Douglasville and all other laws and ordinances that may apply to the above proposed use description. Failure to do so may be grounds to revoke any future license and permits that may be issued for this address.

---

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Business License Review Form-Home Occupation Supplement

1. Does your business have any signage?
2. Does your business involve providing any personal services on-site (beauty shop, barber shop)?
3. Do you have any employees on the premises who are not members of the resident family?
4. How many patrons, customers, and clients will you have on-site at once?
5. Where will patrons park?
6. What are your hours of operation?

### **Home Occupation Guidelines**

Any of the following group of activities may be engaged in by persons who reside on the premises and who are appropriately qualified and licensed, including business licenses where required:

1. *Medical or professional.* This shall include activities normally practiced by members of the medical and legal professions, designers, and consultants in a variety of fields such as architecture, engineering, and accounting.
2. *Artistic.* This group shall include activities such as teaching, creation and production by professional artists, sculptors, craftspeople (craftmakers), musicians, writers, and others who produce work on the premises for individual purchases, as differentiated from mass production or manufacturing. Other than these artistic endeavors, there shall be no manufacturing, assembly or fabrication of products on the premises conducted as an occupation or commercial venture.
3. *Business or home office.* This includes commercial trade activities such as those conducted by a manufacturer's representative or telephone salesperson, but not involving the delivery of goods or services directly to customers on the premises.

*Limitations on size and location.* The floor area devoted to the residential business must not exceed 25 percent of the gross floor area of the dwelling unit or 500 square feet (whichever is less). This limitation applies to the aggregate floor area of all areas devoted to the residential business, whether located within the dwelling or in an accessory structure.

*Activity controls.*

1. There shall be no exterior indication that the business activity is taking place other than the allowed signage.
2. There shall be no exchange of merchandise of any kind on the premises except for those products produced on the premises as a direct result of the residential business.
3. There shall be no reshipment of any goods, products or commodities received on the premises.
4. There shall be no activities on the premises that are associated with personal service occupations such as a barber shop, beauty shop, hairdresser or similar activities unless specifically permitted as part of the special use approval.
5. There shall be no associates or employees on the premises other than other members of the family who residents the premises.
6. There shall not be more than two nonresident persons on the premises at the same time in conjunction with the residential business whether they are students, clients, patients or customers.
7. There shall be no parking spaces provided or designated specifically for the residential business.
8. Wall signs on the property shall be limited to one sign no larger than one square foot in area.
9. There shall be no exterior lighting of the building or property that is not in character with a residential neighborhood.
10. The residential business shall not be open to the public between the hours of 10:00 p.m. and 7:00 a.m. each day except Sunday. On Sunday, the residential business shall not be open before 11:00 a.m. or after 10:00 p.m.

I have read and understand the Home Occupations guidelines provided to me. I understand that failure to comply may result in revocation of may be grounds to revoke any future permits that may be issued for this address.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Sworn and Subscribed before me  
This \_\_\_\_ day of \_\_\_\_\_ 20\_\_

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Notary Public