



**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.

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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