



Were you assisted by Roswell Inc. regarding this business, including but not limited to site selection, how to start a business, networking, incentives, marketing, etc.? **Y / N**

APPLICATION FOR REGISTERING A HOME BUSINESS

BUSINESS ACCOUNT RECORD # _____

BUSINESS INFORMATION:

BUSINESS LOCATION _____ CITY _____ STATE _____ ZIP _____

PROPERTY OWNER _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS: LLC DOMESTIC CORPORATION PARTNERSHIP NON-PROFIT PROPRIETORSHIP

SQUARE FOOTAGE OF AREA FOR BUSINESS _____ (750 SQ. FEET OR A MAX OF 25% WHICH EVER IS LESS)

BUSINESS NAME _____ FEIN # (OR SOCIAL SECURITY NUMBER) _____

DBA _____ BUSINESS START DATE (IN CITY OF ROSWELL) _____

BUSINESS MAILING ADDRESS (IF OTHER THAN LOCATION) _____ CITY _____ STATE _____ ZIP _____

BUSINESS BILLING ADDRESS (IF OTHER THAN LOCATION / MAILING) _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE # _____ E-MAIL ADDRESS _____

WEB ADDRESS _____ 6 DIGIT NAICS CODE [\(http://www.census.gov/eos/www/naics/\)](http://www.census.gov/eos/www/naics/)

BUSINESS OWNER'S INFORMATION:

NAME OF OWNER (COMPANY OR INDIVIDUAL – PLEASE PRINT) _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ E-MAIL ADDRESS _____

GIVE A DETAILED DESCRIPTION OF YOUR BUSINESS ACTIVITY:

FOR OFFICE USE ONLY:
NAICS CODE: _____ FEE CLASS: _____ RATE: _____
PENDING ITEMS: _____

ADDITIONAL CONTACTS FOR THE HOME BUSINESS

THIS FORM **MUST** BE FILLED OUT **COMPLETELY**

FIRST CONTACT: (PLEASE CHECK ONE)

EMERGENCY CONTACT OWNER PARTNER PROPERTY OWNER OTHER _____

NAME _____ TITLE OR ASSOCIATION _____

HOME ADDRESS _____ CITY _____ STATE _____ Zip _____

PRIMARY PHONE # _____ SECONDARY PHONE# _____ E-MAIL _____

SECOND CONTACT: (PLEASE CHECK ONE)

EMERGENCY CONTACT OWNER PARTNER PROPERTY OWNER OTHER _____

NAME _____ TITLE OR ASSOCIATION _____

HOME ADDRESS _____ CITY _____ STATE _____ Zip _____

PRIMARY PHONE # _____ SECONDARY PHONE# _____ E-MAIL _____

THIRD CONTACT: (PLEASE CHECK ONE)

EMERGENCY CONTACT OWNER PARTNER PROPERTY OWNER OTHER _____

NAME _____ TITLE OR ASSOCIATION _____

HOME ADDRESS _____ CITY _____ STATE _____ Zip _____

PRIMARY PHONE # _____ SECONDARY PHONE# _____ E-MAIL _____

IS THERE HAZARDOUS OR FLAMMABLE MATERIALS STORED ON SITE? Yes No If yes, list below:

HOME BUSINESS QUESTIONNAIRE

THE FOLLOWING QUESTIONS RELATE ONLY TO THE LOCATION SHOWN ON PAGE 1 OF THIS APPLICATION. SEE PAGE 4 FOR RULES AND REGULATIONS GOVERNING HOME OCCUPATIONS.

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 IN THE DWELLING? IF YES, EXPLAIN, FULLY. YES NO

5. WILL ANY VEHICLES BE USED IN CONNECTION WITH THIS BUSINESS? IF YES, LIST BELOW. YES NO

YEAR	MAKE	MODEL	TAG #	OPERATOR
YEAR	MAKE	MODEL	TAG #	OPERATOR

6. WILL YOUR BUSINESS BE AN ADULT ENTERTAINMENT ESTABLISHMENT (SEXUALLY ORIENTED BUSINESS) AS DEFINED BY CHAPTER 4 OF THE ROSWELL CODE OF ORDINANCES OR WILL IT OFFER ANY FORM OF ADULT ENTERTAINMENT. IF YES, EXPLAIN FULLY. YES NO

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. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS FOR THE REGISTRATION OF A BUSINESS IN THE CITY OF ROSWELL. ANY FALSE STATEMENT ON THIS APPLICATION AUTOMATICALLY VOIDS THIS REGISTRATION.

APPLICANT SIGNATURE: BUSINESS OWNER OR OWNER'S REPRESENTATIVE PRINTED NAME

TITLE DATE

Home Occupation Unified Development Code of the City of Roswell

Home Occupation Defined: An occupation that provides a service or product that is conducted wholly within a residential dwelling.

Section 9.7.11.1 General Provisions: Where a home occupation is allowed as a limited use, it is subject to the following: **No more than two (2) home occupations** may be established in a dwelling, provided that the standards of this chapter are met. In districts where permitted, the following regulations shall apply to home occupations. Failure to meet one (1) or more of these regulations at any time shall be unlawful and grounds for immediate revocation of business registration (Home Occupation License). A home occupation must be clearly incidental and secondary to the use of the dwelling for residential purposes.

Section 9.7.11.2 Physical Limitations: The gross floor area of a dwelling unit devoted to a home occupation shall not exceed seven hundred fifty (750) square feet, or twenty-five (25) percent of the gross floor area of the dwelling, whichever is less. No accessory buildings shall be used in connection with the home occupation.

Section 9.7.11.3 Alterations to the Dwelling: The exterior appearance and character of the dwelling must be that of a dwelling. No internal or external alterations inconsistent with the residential use of the building may be permitted.

Section 9.7.11.4 Vehicles and Parking: Vehicles kept on site in association with the home occupation shall be used by residents only. Only vehicles used primarily as passenger vehicles shall be permitted in connection with the conduct of the home occupation. Incoming vehicles related to the home occupation, if any, shall at all times be parked off-street within the confines of the residential driveway or other on-site permitted parking. The transporting of goods by truck is prohibited.

Section 9.7.11.5 Equipment, Off-Site Impacts, and Nuisances: No home occupation shall generate traffic, sound, smell, vibration, light, or dust that is offensive or that creates a nuisance. No equipment that interferes with radio and/or television reception shall be allowed. Home occupations must exclude the use of machinery or equipment that emits sound (e.g., saws, drills, musical instruments, etc.) that are detectable beyond the property. Chemical, electrical, or mechanical equipment that is not normally a part of domestic or household equipment and which is used primarily for commercial purposes shall not be permitted.

Section 9.7.11.6 Visitation: Visitations by clients shall be limited to five (5) per week in conjunction with a home occupation; provided, however, that the following exceptions are made for purposes of meeting overriding public goals of education and the care of children: (I) Educational tutoring or instruction in music, dance, fitness, arts and crafts, and similar subjects, limited to two (2) students in the home at one time. (II) A family day care home.

Section 9.7.11.7 Signs Prohibited: There shall be no signs identifying the home occupation.

Section 9.7.11.8 Employees and Licenses: Only occupants of the dwelling, and one (1) additional employee or consultant or agent or subcontractor shall be authorized to work on the premises in connection with a home occupation (s). Any occupational licenses, including business registrations, required by state, county, or city regulations must be obtained. Proof of state issued license registration, if required for the home occupation, must be submitted to the City prior to the issuance of a business registration.

Section 9.7.11.9 Display, Stock-in-trade, Sales, and Storage: There shall be no display and neither stock-in-trade nor commodity sold or stored on the premises, in connection with a home occupation, nor shall there be any activity associated with the home occupation visible outside the dwelling.

Section 9.7.11.10 Uses Specifically Prohibited: The Zoning Director May prohibit additional uses that do not meet the intent of these home occupation regulations. The following uses are specifically prohibited as Home Occupations (list not all-inclusive): Animal care (not including a hobby kennel), commercial or catering kitchen, funeral home, hotel or motel, machine shop, restaurant, personal services, retail sales, special event facility, vehicle sales or rental, vehicle service and repair.

I hereby declare that I have read and do understand the rules and regulations for a home occupation

APPLICANT'S SIGNATURE

PRINTED NAME

____/____/_____
DATE (MM/DD/YYYY)

TITLE

Schedule of Rates

The business occupation tax is based on the total gross receipts of the business in combination with the most current profitability ratios determined by NAICS (North American Industry Classification System) codes, administrative and regulatory fees.

-A **\$50,000 exemption** will apply to reported gross receipts.

- **Non-refundable fee** of **\$50 regulatory** and **\$100 application fee will apply**

- Businesses classified as **home occupations** will be capped at \$100 or less for total tax due.

***regulatory and application fees are exempt for home occupations ***

-Professional Practitioners may elect to pay a flat fee of \$400 per practitioner or elect to pay based on gross receipt. **If Practitioners choose to pay based on gross receipt \$100 application fee will be required.**

Schedule of Rates

You will find your Tax Class and Tax Rate by locating your NAICS Class below.

NAICS Class	NAICS Classification Name	Tax Class	Tax Rate
42	WHOLESALE AND RETAIL TRADE	A	0.01%
44	WHOLESALE AND RETAIL TRADE	A	0.01%
45	WHOLESALE AND RETAIL TRADE	A	0.01%
22	UTILITIES	A	0.01%
48	TRANSPORTATION AND WAREHOUSING	B	0.02%
49	TRANSPORTATION AND WAREHOUSING	B	0.02%
72	ACCOMODATION, FOOD SERVICES, AND DRINKING PLACES	B	0.02%
23	CONSTRUCTION	B	0.02%
31	MANUFACTURING	C	0.03%
32	MANUFACTURING	C	0.03%
33	MANUFACTURING	C	0.03%
56	ADMINISTRATIVE AND SUPPORT AND WASTE MANAGEMENT AND REMEDIATION SERVICES	C	0.03%
51	INFORMATION	D	0.04%
11	AGRICULTURE, FORESTRY, FISHING, AND HUNTING	D	0.04%
81	OTHER SERVICES	D	0.04%
62	HEALTH CARE AND SOCIAL ASSISTANCE	E	0.05%
71	ARTS, ENTERTAINMENT, AND RECREATION	E	0.05%
54	PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES	F	0.06%
61	EDUCATIONAL SERVICES	F	0.06%
21	MINING	F	0.06%
52	FINANCE AND INSURANCE	F	0.06%
92	UNCLASSIFIED INDUSTRIES	G	0.12%
53	REAL ESTATE AND RENTAL AND LEASING	G	0.12%
55	MANAGEMENT OF COMPANIES (HOLDING COMPANIES)	G	0.12%



Dear Roswell Business Owner,

The City of Roswell has changed how it taxes businesses in our community. For 2018, businesses will be taxed using a method based on gross receipts. The majority of local governments in our area use a similar gross receipts method of business taxation.

We strongly encourage you to visit our website at www.roswellgov.com/BusinessLicenseRenewal to renew your Occupation Tax using our online portal. Originally, the deadline was December 31, 2017, but because the City is changing how it taxes local businesses, the extension will now give businesses until **January 31, 2018** to renewal

City staff is also available to assist you with any questions you may have regarding this change. Please feel free to contact the Business Registration Division at 770-594-6235 or businessregistration@roswellgov.com.

Renewal Instructions:

1. State Licensed Professionals electing to pay a flat fee of \$400 **should not** complete the calculation worksheet portion of the renewal. Please sign and submit renewal with payment and copy of unexpired license.
2. **Email or mail the signed Renewal Application and check or money order** for the total amount due, if you select not to pay online. Failure to return this renewal application and payment before April 1, 2018 means the Business Registration Division shall assess a onetime penalty in the amount of ten percent (10%).

PLEASE CIRCLE THE APPROPRIATE RESPONSE

Does the State of Georgia regulate your business?	YES NO
Is your business an adult entertainment establishment or will it offer any form of adult entertainment?	YES NO
Has the ownership changed?	YES NO
Has the business location changed?	YES NO
Has the business ever been denied from operating or had rights to operate revoked or suspended in any state?	YES NO
Have you or your partner, stockholder or local manager (if a corporation) ever been convicted of a felony?	YES NO



CITY OF ROSWELL

2018 RENEWAL APPLICATION FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE

ACCOUNT NO: _____ **NAICS CODE:** _____ **FEE CLASS:** _____ **RATE:** _____

Professional Practitioners (\$400 per practitioner) DO NOT NEED TO COMPLETE THE CALCULATION WORKSHEET.
PLEASE SIGN THE BOTTOM AND EMAIL TO businessregistration@roswellgov.com or mail in.

2018 ESTIMATES FOR: (Write in business name)		
1	Estimated Gross Receipts for Current Year	
	a. Sales, Use or Excise Taxes	
	b. Inter-Organizational Sales	
	c. Payments to Sub Contractors	
	d. Out of State Sales	
	e. Sales Returns and Allowances	
	f. Total Deductions (add a through e)	
2	Subtract Deductions from Estimated Gross Receipts	
3	Standard Deduction	50,000.00
4	Subtract line 2 minus 3 (0 only if amount is negative)	
5	Multiply line 4 by Rate (Found on Renewal Notice)	
6	Number of Employees *No charge for employees*	
7	Regulatory Fee Add \$50.00 (not applicable for Home Business)	0.00
8	Application Fee Add \$100.00 (not applicable for Home Business)	0.00
9	Total Due - (Add Lines 5 through 8)	

I hereby certify, under penalty of perjury, that statements made herein are of the best of my knowledge true and correct.

K. TOTAL	
L. LATE PENALTY FEE (10% OF LINE K) AFTER 4/1/2018	
GRAND TOTAL DUE:	

Print Name & Title of Individual Authorized to complete the return.

Phone Number

Email

Signature

Date



**O.C.G.A. § 50-36-1(e) (2) Affidavit
For City of Roswell Public Benefit Application**

THIS FORM MUST BE FILLED OUT COMPLETELY AND NOTARIZED.

By executing this affidavit under oath, as an applicant for an **Occupation Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from the City of Roswell, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

I, _____ on behalf of
NAME OF INDIVIDUAL TITLE

_____ state that:
BUSINESS NAME ACCOUNT NUMBER

1) ___ I am a United States citizen.

OR

2) ___ I am a Legal permanent resident of the United States.

OR

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. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

Please attach a copy of the verifiable document to this Affidavit.

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).

Signature of Applicant: Date

Printed Name of Applicant:

Subscribed and sworn before me this
____ DAY OF _____, 20____

Notary Public
My Commission Expires: _____

Secure and Verifiable Documents under O.C.G.A. § 50-36-2

- A United States passport or passport card [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer. [O.C.G.A. § 50-36-2(b) (3); 8CFR § 274a.2]
- A passport issued by a foreign government. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card. [O.C.G.A. § 50-36-2(b) (3); 22 CFR § 41.2]
- A NEXUS card. [O.C.G.A. § 50-36-2(b) (3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card. [O.C.G.A. § 50-36-2(b) (3); 22CFR § 41.2]
- A driver's license issued by a Canadian government authority. [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services. (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b) (3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services. (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document for proof of or documentation of identity, that document will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.