



---

To obtain an Occupational Tax Certificate, follow the instructions below.

Return the Following Completed Documents

1. The Occupational Tax Application form and New Business form.
2. The Emergency Information form.
3. Owner/Applicant Affidavit **(to be completed if owner of said business is not the one completing the application package).**
4. Home Occupation Code **(to be completed for home based businesses only)**
5. Sign Permit Application **(to be completed only if a sign is to be posted)**
6. Call the Gwinnett County Fire Plan and Review Office and request a fire inspection of the business location. After the Fire Marshal issues the Certificate of Occupancy (Fire Marshall C.O., not a building C.O.) attach the C.O. to the application. If the Fire Marshal C.O. is not attached, the application will not be processed. The Fire Plan and Review Office telephone number is 678-518-6000. If you are a restaurant, deli, convenience store or sell open food in any way, you must have an inspection by the Gwinnett Co. Environmental Health Department ([www.gwinnetthealth.com](http://www.gwinnetthealth.com)) and their telephone number is 770-963-5132.

Please Note: The Fire Marshal inspection does not apply to Home Occupations, multi-use office space where there are not permanent walls or partitions erected.

If you have any other questions, please call 770-448-2122

**65 Lawrenceville Street \* Norcross, Georgia 30071**  
**Telephone: (770) 448-2122 \* Fax: (770) 448-5945 \*Police Department (770) 448-2111**  
**Website [www.norcrossga.net](http://www.norcrossga.net)**

MAP REFERENCE / LAND LOT # \_\_\_\_\_

**PLEASE RETURN ALL COPIES  
TO**

**OCCUPATION TAX DEPT.  
CITY OF NORCROSS**  
65 Lawrenceville Street  
Norcross, Georgia 30071  
770-448-2122



CERTIFICATE NO.	_____
NAICS NO.	_____
SYSTEM NO.	_____
FEE	_____
DATE	_____

**MAILING ADDRESS**

**BUSINESS NAME & LOCATION IF  
DIFFERENT FROM MAILING ADDRESS**

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

\_\_\_\_\_  
IN CARE OF

\_\_\_\_\_  
STREET OR P.O. BOX

\_\_\_\_\_  
CITY, STATE & ZIP

\_\_\_\_\_

\_\_\_\_\_  
TELEPHONE    FED ID NO.

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

\_\_\_\_\_  
STREET OR P.O. BOX

\_\_\_\_\_  
CITY, STATE & ZIP

\_\_\_\_\_  
DATE BUSINESS ESTABLISHED

\_\_\_\_\_

**NUMBER OF EMPLOYEES:** \_\_\_\_\_ **BUSINESS IN RESIDENCE**  yes  no  
**DESCRIBE NATURE OF BUSINESS:** \_\_\_\_\_  
**CIRCLE ONE:**    CORPORATION                  SOLE OWNERSHIP                  PARTNERSHIP

LIST NAMES AND ADDRESSES OF OWNERS  
 IF BUSINESS IS SOLE OWNERSHIP OR  
 PARTNERSHIP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A non prorated administrative fee of \$50.00 shall be required on all business and occupation tax accounts. This fee is in addition to the Employee Tax Liability Fee. The tax rate shall be determined by number of employees for each business, trade, or profession. Any new business, trade, profession or occupational tax after July 1<sup>st</sup> of each year shall be charged one-half (1/2) of the annual occupation tax imposed on such business, trade, profession or occupation.

<b>Number of Employees</b>	<b>Occupation Tax Due:</b>
1 Employee	\$50.00
2 Employees	\$60.00
3-9 Employees	\$60.00 + \$15 per employee over 2
10-99 Employees	\$165.00 + \$12.60 per employee over 9
100-499 Employees	\$1,299.00 + \$10.40 per employee over 99
500 or more Employees	\$5,459.00 + \$7.40 per employee over 499

Professionals shall elect as their entire occupation tax one that is based on number of employees or a fee of \$400 per practitioner who is licensed to provide the service.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT    DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
ZONING APPROVAL  
COMMUNITY DEV.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVED BY COMM. DEVELOPMENT,  
ALL PERMITS ON FILE AND/OR REQUIRED

\_\_\_\_\_  
DATE



---

**NOTICE**  
**HOME OCCUPATION CODE**

Home occupation means an occupation customarily carried on within a dwelling unit for profit or support involving the sale of only those articles, products or services produced on the premises, conducted entirely within the dwelling by those who reside in the dwelling unit with equipment customarily used for household purposes and involving no display of articles or products. The term "home occupation" includes:

- (1) The accommodation of not more than two boarders.
- (2) The provision of care and supervision by a state registered resident adult for no more than six persons who are not residents of the premises for less than 24 hours per day.

Sec. 115-78. R100, One-family residence district.

- (a) The R100, One-family residence zoning district is intended primarily for one-family residences and related uses.
- (b) Within the R100, One-family residence district, the following uses are permitted:
  - (1) One-family dwellings, except mobile homes and modular homes.
  - (2) Customary accessory buildings and uses are permitted provided they conform to section 115-38.
  - (3) Home occupation. In order to protect and preserve the residential character of the city:
    - a. The home occupation must be clearly secondary to the use of the dwelling as a residence and must not change the residential character of the dwelling or lot in any visible manner.
    - b. The home occupation must not create any objectionable odor, noticeable vibration, or offensive noise that increases the level of ambient sound at the property lines.
    - c. The home occupation must not cause unsightly conditions or waste which is visible from off the property.
    - d. The home occupation must not cause interference with radio or television reception in the vicinity.



- e. The home occupation employees in the residence are only those persons who reside in the residence.
- f. The home occupation has no signs.
- g. The home occupation occupies less than one-fourth of the floor area of the dwelling.
- h. The home occupation has a maximum of one commercial vehicle, that is in compliance with the off-street parking ordinance, parked at the residence.
- i. The home occupation has no storage outside the residence.
- j. The home occupation does not create a volume of passenger or commercial traffic that is inconsistent with the normal level of traffic on the street on which the dwelling is located.
- k. The following uses shall not be permitted as home occupations: massage therapists, psychics and fortunetellers, tattoo and/or body piercing businesses.

Any person violating any provision of this chapter shall be guilty of a misdemeanor and, upon conviction, shall be fined not less than \$140 nor more than \$1,000 for each offense. Each day a violation continues shall constitute a separate offense

**PLEASE SIGN BELOW INDICATING THAT YOU HAVE RECEIVED AND READ THIS NOTICE:**

---

NAME (PRINT)

---

SIGNATURE

---

ADDRESS

---

DATE



# NORCROSS POLICE DEPARTMENT

## BUSINESS WATCH REGISTRATION FORM

Please **PRINT LEGIBLY** or **TYPE** the following information:

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

Business License #: \_\_\_\_\_ Alarm Company: \_\_\_\_\_ Alarm Type: \_\_\_\_\_

Business Address: (Street) \_\_\_\_\_ (Suite) \_\_\_\_\_

Mailing Address: (Street) \_\_\_\_\_ (Suite) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Business Owner's Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Manager's Name: \_\_\_\_\_

### 24-Hour (day / night) Local Emergency Contacts:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_

Video Surveillance: **Yes / No** If yes, **inside / outside / both** (circle applicable)

Please fax or email completed form to the Norcross Police Department  
770-448-2253 or [businesswatch@norcrosspd.com](mailto:businesswatch@norcrosspd.com)

Do you wish to receive NIXEL Community Alerts and Advisories by phone and / or e-mail?  Yes  No

**Office Use** Sticker #: \_\_\_\_\_ Date Entered into directory: \_\_\_\_\_



---

**OWNER/APPLICANT AFFIDAVIT**

Please **PRINT** or **TYPE** all information

**PART 1 – OWNER’S AFFIDAVIT**

I hereby certify that I am the legally authorized owner of all property involved in this application or have been empowered to sign as the owner on behalf of a corporation, partnership, business, etc., as evidenced by separate instrument attached herewith. I hereby grant to the applicant of this form full power to sign all documents related to this application, including any conditions or mitigation measures as may be deemed necessary.

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

Executed on \_\_\_\_\_ at \_\_\_\_\_, Georgia  
(Date) (City)

Owner’s Signature \_\_\_\_\_, Print Owner’s Full Name \_\_\_\_\_

**\*\*\*Please include a copy of a government issued ID\*\*\***

**PART 2 – APPLICANT’S AFFIDAVIT**

I hereby certify that the statements furnished above and in the attached exhibits represent the data and information required for this initial evaluation and that the facts, statements and information presented are true and correct to the best of my knowledge and belief. Further, should the stated information be found false or insufficient, I agree to the return of this form for appropriate revisions, understanding that the City of Norcross cannot process this form until all applicable information is corrected or provided by the applicant. I hereby certify that I have been legally authorized by the owner to present this application and to sign on behalf of all documents related to this application, including any conditions or mitigation measures as may be deemed necessary. **Note:** When the applicant is a corporation, partnership, business etc., a separate document verifying the authorization to sign for such applicant is required.

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

Executed on \_\_\_\_\_ at \_\_\_\_\_, Georgia  
(Date) (City)

Applicant’s Signature \_\_\_\_\_, Print Applicant’s Full Name \_\_\_\_\_

## SECURE AND VERIFIABLE DOCUMENTS

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- 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
- 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
- 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>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)



**E-VERIFY AFFIDAVIT**

Customer # \_\_\_\_\_

**For Employers with 10 or fewer employees**

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 201 in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Printed Name of Exempt Private Employer

\_\_\_\_\_  
Signature of Exempt Private Employer or Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Person Executing Affidavit

**For Employers with more than 10 employees**

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

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

\_\_\_\_\_  
Name of Private Employer

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 201 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\_\_\_\_.

www.USCIS.gov/everify

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

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

**Please have this form notarized** prior to submitting it to the City of Norcross General Government Administration Dept.