



Cherokee County
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Application for Occupation Tax Certificate

Occupation Tax Certificates are issued for a one-year period and should be renewed prior to the expiration date of January 1 of every year. Occupation tax certificates are not transferable. The Development Service Center emails a renewal notice approximately 30 days prior to the expiration date. The notice is sent as a courtesy only and non-receipt of the notice does not relieve the business owner from the responsibility of renewing the occupation tax certificate

New Occupation Tax Certificate

I am filing a name/or address change for (PLEASE PRINT FORMER BUSINESS NAME and ADDRESS)

- _____
1. Business Name _____
 2. Business Address _____ Suite# _____ Phone# _____ Fax# _____
 3. City _____ State _____ Zip _____
 4. **Business e-mail address** _____
 5. Mailing Address _____ Suite# _____
 6. City _____ State _____ Zip _____
 7. Map and Parcel _____ Zoning Classification _____
 8. Is this business a Home- Based Occupation? Yes or No (*If yes, read the following acknowledgement and initial on the line provided, applications for home-based businesses must provide proof of residency*)
As an applicant of a Home Occupation tax certificate, I have received a copy of Cherokee County Zoning Ordinance Article 9. I have read and understand I must comply with this ordinance. I understand failure to comply with these regulations may result in revocation of the occupation tax certificate. **INITIAL:** _____
 - Full Detailed Description of Business** _____
 9. Date Business began in Cherokee County _____ # of Owners _____
 10. #Full time employees _____ #Part Time employees _____
 11. Sales and Use Tax Identification Number —
 12. Federal Employer Identification Number —
(As it appears on Form 941 of your Employer's *Quarterly Federal Tax Return, line 1- Number of employees who received wages, tips or other compensation*)

13. E-Verify Number _____

14. Please indicate ownership status: Sole Proprietor Partnership Corporation Non- Profit
(Please provide copy of Certificate of Incorporation, 501c3 status if applicable)

15. Corporate / Owner Name* _____
Home Address _____ Apt# _____ City _____ State ____ Zip _____
Home Phone _____

*Corporations/Partnerships must provide the names of all officers or partners, their titles, resident addresses and phone numbers.
Please, if more space is needed attach to application.

Corporate / Partner Information

14. Officer/Partner _____ Title _____
Home Address _____ Apt# _____ City _____ State ____ Zip _____
Home Phone _____

15. Officer/Partner _____ Title _____
Home Address _____ Apt# _____ City _____ State ____ Zip _____
Home Phone _____

16. Officer/Partner _____ Title _____
Home Address _____ Apt# _____ City _____ State ____ Zip _____
Home Phone _____

16. Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? _____ if yes, please list all dates and locations of the offenses and disposition of charges _____

I, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/ or revocation of the license. I understand that all signs displayed on my premise must be permitted by the Cherokee County Development Service Center. I further understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce such laws, ordinances & regulations.

This _____ day of _____, 20_____

Signature of applicant: _____

Owner Manager other specify _____

THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE FIRE MARSHAL, PLANNING & ZONING AND BUILDING INSPECTIONS

OCCUPATION TAX CERTIFICATES ARE DUE JANUARY 1 OF EVERY CALENDAR YEAR