



City of Conyers  
DEPARTMENT OF PLANNING AND INSPECTIONS  
770-929-4280

### **PLEASE READ**

In order to obtain a **Home Occupation Business License/Occupation Tax**

**Registration** with the City of Conyers, PLEASE BE AWARE OF THE FOLLOWING:

- The property must be correctly zoned for the type of business you plan to operate.
- Provide copy of valid GA Driver's License
- You must be the owner of the property on which the home occupation is to be operated or if you are a tenant you **must have notarized written approval** from the owner of the property.
- A \$50.00 nonrefundable administrative fee is due when processing your occupation tax registration application.
- The license fee is prorated after July 1<sup>st</sup> of each year; we will make you aware of the fee at time of purchase.
- We mail out business license renewals approximately the last week of November for the next calendar year.
- Please inform us in writing, if you should close your business or move to another location.

Businesses in the City of Conyers are allowed to operate from home as long as they meet the zoning criteria and follow the Home Occupation Regulations. You must show proof of residency prior to approval. You must present (2) two of the documents listed below, both documents must show the current residential address and your name.

- Utility bill issued within the past 60 days (water, sewer, gas, electric, cable or phone)
- Current valid rental contracts
- Voter registration card
- Auto-insurance policy with applicant's name and current residential address
- Deed, Mortgage statement, home owners insurance policy for current year, or property tax bill for current year



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## LETTER OF INTENT

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

**Doing Business As** (if applicable): \_\_\_\_\_

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

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

In the space provided below, please give a summary of the nature/objectives of your business. **Be Specific.**

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

Will there be any changes made to the inside or outside of the building? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes to the above question, please explain changes \_\_\_\_\_

Will alcohol be involved? YES \_\_\_\_\_ NO \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

(Print)

**Owner's Signature:** \_\_\_\_\_

**Owner's Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE:** PLANS REQUIRED \_\_\_\_\_ HAND SKETCHED \_\_\_\_\_ PROFESSIONAL \_\_\_\_\_ N/A \_\_\_\_\_

**Director's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deputy Director's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Are Supplemental Use Standards Required?** YES \_\_\_\_\_ NO \_\_\_\_\_ **Date Given to Customer** \_\_\_\_\_



**APPLICATION FOR HOME OCCUPATION TAX REGISTRATION**

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Proposed Occupation: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_  
Business Email: \_\_\_\_\_  
Home telephone Number: \_\_\_\_\_  
GA Driver's License No: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_  
Owner's Email: \_\_\_\_\_  
Number of employee's \_\_\_\_\_

**Please answer these questions as completely as possible.**

Are you the property owner?  YES  NO

Will you have employees that do not live at this home?  YES  NO If yes, how many?

Will any commercial sign be erected at this location? (Could require a sign application)  YES  NO

Describe all products, articles or services connected with this home occupation?

Will any mechanical equipment be used?  YES  NO If yes, please describe:

Will the occupation be conducted entirely within the home?  YES  NO If yes, Please explain:

Will customers contact the business by phone or in person?  Phone  Person  Both

What, if any, material/product will be stored on the premises?

Describe all business vehicles which will be used for the home occupation?

**Businesses in the City of Conyers are allowed to operate from home as long as they meet the zoning criteria and follow the Home Occupation Standards. You must show proof of residency prior to approval. You must present (2) two of the documents listed below along with a copy of your valid GA driver's license, both documents must show the current residential address and your name.**

- Utility bill issued within the past 60 days (water, sewer, gas, electric, cable or phone)
- Current valid rental contracts
- Voter registration card
- Auto-insurance policy with applicant's name and current residential address
- Deed, Mortgage statement, home owners insurance policy for current year, or property tax bill for current year

**I certify that the above information is correct.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**We must have a business telephone number and an emergency contact phone number. This information will be available to the City of Conyers Police Department for emergency purposes.**

**All occupation taxes are due and payable by January 1st each year. Failure to pay occupation taxes by January 31st will result in an interest charge of 1.5% per month and a one-time penalty of 10% if not paid before April 1.**

**FOR CITY OF CONYERS USE ONLY**

**Zoning of Property:** \_\_\_\_\_ **SIC/NAICS CODE:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Admin Fee:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Occupation Fee:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**ALL REGISTRATION FEES ARE NON-REFUNDABLE.**

City of Conyers – Planning & Inspection Services Department – 1174 Scott Street, S. E. – Conyers, GA 30012  
Phone: (770) 929-4280 Fax: (770) 929-4292  
[www.conyersga.com](http://www.conyersga.com)



Number of Employees: \_\_\_\_\_

Business License Number: \_\_\_\_\_

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

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

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

By executing this affidavit under oath, as an applicant for an **Occupational Tax Certificate** (a Business License) as referenced in O.C.G.A. § 36-60-6(d), from the **City of Conyers**, the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of employer] verifies one of the following with respect to my application for the above mentioned document:

**1. Fill out this section on or after July 1, 2013. Select Only One.**

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 1(a) please fill out Section 2 below.*

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

**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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number (E-Verify Number)

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

**\*If you are a corporate owned chain or franchise you may want to contact you corporate office before enrolling in E-Verify; they may be able to provide you with this number.**

**\*For E-Verify Enrollment Instructions: go to [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify) or call 1-888-464-4218.**

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 allowed by such statute.

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_ in Conyers, Georgia

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

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

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



Business License Number \_\_\_\_\_

***Affidavit Verifying Status for City Public Benefit Application***

***Name of Business:*** \_\_\_\_\_

***Address:*** \_\_\_\_\_

By executing this affidavit under oath, as an applicant for a City of Conyers, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Conyers, Georgia Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (*circle one*) for \_\_\_\_\_.

[*Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.*]

1) \_\_\_\_\_ I am a United States citizen.

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of applicant

Date

\_\_\_\_\_

\_\_\_\_\_

Printed name

\_\_\_\_\_

\*

Alien registration number for non-citizens

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



Business License Number \_\_\_\_\_

### Affidavit Verifying Status for City Public Benefit Application

If item 2 on the previous page is checked you must provide one of the following documents. In addition to the Alien Registration Number

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card)
- I-766 (Refugee Travel Document)
- Certificate of Citizenship
- Naturalization Certificate
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94)
- Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
- Other – Give a copy of other qualified document

Date of Birth \_\_\_\_\_

This is required by the U.S. Citizenship and Immigrations Services.



## **HOME OCCUPATION AGREEMENT**

### **Sec. 8-7-15. - Specific definitions.**

(199) **Home occupation** means an occupation customarily carried on by an occupant of a dwelling unit as a secondary use that is clearly incidental to the use of the dwelling unit for residential purposes, and operated in accordance with applicable provisions of this chapter. See **Section 8-7-92(cc)**.

### **Sec. 8-7-92 (cc) Home occupations.**

*Home occupations.*

**1. Only residents of the dwelling containing the home occupation may be engaged in the home occupation.** The dwelling unit shall be the primary and legal place of residence for the owner of the home occupation. A home occupation shall be conducted entirely within the living area of the dwelling unit which may include the basement. Use of the building for the purpose of a home occupation shall not exceed 25 percent or 500 square feet of the gross floor area of the principal building, whichever is less. Such space may also be contained in a lawful accessory structure.

**2. No person other than a resident of the dwelling shall work on premises.** The dwelling unit must be the primary and legal place of residence for the owner of the home occupation. Owner of the home occupation is defined as an individual, not a partnership or corporation, which has sole ownership of 51 percent or more of the stock, assets, or value of the home occupation. Renters shall provide written and notarized evidence of owner's approval for a home occupation with their application.

**3. The home occupation shall be clearly incidental and secondary to the residential use of the dwelling and shall not change the essential residential character of the building.**

**4. There shall be no display or storage of products, materials, equipment, or machinery where they may be visible from the exterior of residence, except that bona fide agricultural products grown on the premises may be displayed in the R-A zoning district.**

**5. Home occupation shall not include manufacturing or repair businesses.** Retail sales also shall be prohibited on the premises except for products or goods produced or fabricated on the premises as a result of the home occupation. Said items may only be



those produced on the premises or incidental supplies necessary for and consumed in the conduct of the home occupation. Samples, however, may be kept on the premises but neither sold nor distributed from the residence. Said retail sales shall not be defined to include the exhibition of a sample and the subsequent order and delivery of goods.

**6. All signs shall comply with Chapter 5, Conyers Sign Ordinance.** Signs located within any residential district shall only be externally illuminated. Window displays shall not be utilized.

**7. No internal or external alterations inconsistent with the residential use of the building shall be permitted.** No separate building entrance or driveway shall be permitted for the home occupation.

**8. The occupation shall not constitute a nuisance to the neighborhood.** Furthermore, except as would be caused by a typical residential use, no noise, vibration, dust, odor, smoke, glare, heat or electric disturbance that is perceptible beyond any property line will be permitted to occur as a result of the home occupation.

**a.** No automotive painting, body work, salvage or commercial repair, taxi service, van service, limousine service, wrecker service, car wash, etc. shall be conducted.

**b.** No machinery or equipment shall be used that generates noise detectable outside of the accessory structure.

**c.** There shall be no assembly or group instructions in connection with the home occupation.

**d.** Toxic, explosive, flammable, combustible, corrosive, radioactive, or other restricted materials, if any, shall be used, stored and disposed of in accordance with the International Fire Code and the National Fire Protection Association Life Safety Code. Activities conducted and material/equipment used shall not be of a nature to require the installation of fire safety features not common to residential.

**e.** No on-street parking associated with the business shall be permitted. No traffic shall be generated by such home occupation in greater volumes than would normally be expected in the neighborhood.

**f.** If customer contact is involved in the home occupation, at least two off-street parking spaces, meeting the standards of [Section 8-7-93](#), shall be provided in the rear yard or in an enclosed garage.

**g.** In no case shall the home occupation be open to the public or receive deliveries earlier than 7:30 a.m. nor later than 9:00 p.m.

**h.** Deliveries to the home occupation business shall be made by passenger vehicles, mail carriers, or step vans including express delivery services and must not restrict traffic circulation within residential district.

i. The home occupation shall not cause the fire rating or occupancy type of the structure to change pursuant to the currently adopted building and/or fire code.

**9. Pursuant to the above requirements, a home occupation includes, but is not limited to, the following:**

a. Art studio to include painting, sculpturing, composing and writing.

b. Dressmaking, sewing and tailoring.

c. Cottage food operator, provided that:

i. Cottage food operators shall comply with all of the Cottage Food Regulations stipulated in Chapter 40-7-19 of the Rules of Georgia Department of Agriculture Food Safety Division.

ii. The cottage food operator shall provide to the Department of Planning & Inspection Services a copy of the cottage food license issued by the Georgia Department of Agriculture Food Safety Division prior to the issuance of a City of Conyers business license.

iii. The cottage food operator shall only produce non-potentially hazardous foods as permitted by the Georgia Department of Agriculture Food Safety Division.

iv. The sale of cottage food products shall only be to the end consumer. No distribution or wholesale shall be allowed, including to hotels, restaurants, or institutions.

d. Home crafts, such as model making, rug weaving, and lapidary work (limited to polishing, engraving or cutting precious or semi-precious stones).

e. Professional office of a lawyer, engineer, architect, accountant, salesman, real estate agent, insurance agent, or other similar occupation.

f. Consultants and representatives for the sales industry, having no product displays onsite or for distribution.

g. Teaching of any kind, provided instruction is limited to not more than two pupils at a time.

h. Shop of a barber, beautician, manicurist or similar occupation, provided facilities are designed to accommodate only two persons at a time and provided personal services such as these are provided on an appointment only basis.

i. Telephone answering service and office service to include word processing, bookkeeping, transcribing and data entry.

j. Computer applications and internet sales, not including sale of computers or software.

**k. Home occupations requiring a special use permit to operate include, but are not limited to, the following:**

i. Janitorial and cleaning services, lawn care and maintenance, general construction office, maintenance contractor's office, and mobile car detailing.

l. However, a home occupation shall not be interpreted to include any occupation or profession providing medical or mental health services including, but not limited to, physician, veterinarian, dentist, psychiatrist or psychologist and it shall not be interpreted to allow the preparation of food for sale on the premises, excluding cottage food operators licensed by the Georgia Department of Agriculture Food Safety Division.

**10.No materials, equipment or business vehicles shall be stored or parked on the premises unless they are confined entirely within the residence or an enclosed garage, except that one business vehicle** with a carrying capacity which shall not exceed two tons used exclusively by the resident may be parked in a carport, garage, or rear or side yard. This shall not include earth-moving equipment or a wrecker, dump truck, flatbed truck, or any truck with more than six wheels or more than two axles, or van capable of carrying 15 passengers, including the driver.

I have read and understand the Home Occupation Regulations, and agree to comply with all of the requirements of the Home Occupation Regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please print:**

Owner's Name \_\_\_\_\_

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

Home Address \_\_\_\_\_

\_\_\_\_\_



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## City of Conyers Occupational Tax Business Closing Form

If you are no longer in business within the City of Conyers please sign and date the form:

Current Date: \_\_\_\_\_ Business License Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

\_\_\_\_\_

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

State the reason for closing: \_\_\_\_\_

Date Company closed: \_\_\_\_\_

New Company Name (if applicable): \_\_\_\_\_

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Print Name**