



CITY OF SUGAR HILL
4988 West Broad Street
Sugar Hill, GA 30518
770-945-6716
Fax 678-714-8145

For Office Use Only	
CERTIFICATE #:	_____
FEE:	_____
DATE:	_____

Business Name: _____

Business Address: _____

Mailing Address (If different): _____

Business Phone: _____ **Fax:** _____

Owner's Name and HOME Address: _____

(If more than one owner, include information, signature and picture ID's of all owners)

Home Telephone Number and/or Cell Phone Number: _____

Federal Tax Identification Number or Social Security Number _____

Type of Ownership: _____ **Sole Proprietor** _____ **Partnership** _____ **Corporation**

If incorporated include state and date of incorporation: _____

Nature or Type of Business: _____

Estimated Gross Receipts from now until December 31: \$ _____

Number of State Licensed Professionals: _____

If Mobile Home Lot Give Number of Lots (\$12 per lot): _____

I hereby certify that the above information is true and correct and contains no false or fraudulent information:

Signature: _____ **Date:** _____

OFFICE USE ONLY

This Business License is issued pending verification by the Planning and Development Department of the City of Sugar Hill and said activity is in compliance with the Zoning Ordinances of the City.

_____ **Date:** _____

ALL UNSIGNED OR INCOMPLETE APPLICATIONS WILL BE REJECTED



CITY OF SUGAR HILL

WELCOME BUSINESS OWNER Occupational Tax Certificate Checklist

A copy of the Occupational Tax Application is attached.

- Complete the Occupational Tax Application.
- Verify the address, if the site is located within the City Limits of City of Sugar Hill from the Department of Planning & Development.
- Verify with the Department of Planning & Development if the intended use is permitted under the designated zoning district.
- Verify with the Department of Planning & Development if you need City Building/Safety Inspection, if yes, complete the Building Permit Application.
- An inspection/Certificate of Occupancy (C.O.) is required from the Gwinnett County Fire Marshal's office. *(See attached form)*
- If applying for Customary Home Occupation, obtain a copy of Customary Home Occupation Checklist from the Department of Planning & Development; read, sign, and attach it with the Occupational Tax Application.
- Restaurants need to have the approval from Gwinnett County Health Department. Their telephone number is 770-963-5132.
- The Business License office is located at the City Hall, 4988 W. Broad Street, Sugar Hill, Georgia, 30518. Telephone #: 770-945-6716.
- The Department of Planning and Development is located at the City Hall, 4988 W. Broad Street, 2nd Floor, Sugar Hill, Georgia, 30518. Telephone #: 770-945-6734.



**GWINNETT COUNTY DEPARTMENT OF FIRE AND
EMERGENCY SERVICES**

**Planning & Development Fire Plan Review
One Justice Square
446 West Crogan St. Suite 150 Lawrenceville, GA 30046
www.gwinnettfiremarshal.com
Inspection Request: (678) 518-6277, Office: (678) 518-6000, Fax: (678) 518-6144**

Obtaining a Permit/Inspection within a City Limits

For your convenience this is a walk in process. Tenant spaces with no new work or change of occupancy type do not require plans if the space had a prior Certificate of Occupancy. Larger complex projects may require the plans to be dropped off.

- Sign in for Fire Plan Review at suite 150 to see a reviewer to create a new case for your business. Inform the receptionist that you are permitting a project within a city jurisdiction.
- Bring correct address, parcel, suite number and total square footage for your space. Verify if the space has an existing fire sprinkler, fire alarm or fire suppression system. Determine zoning compliance with the local city jurisdiction prior to visiting our office.
- If your business is a storage or industrial occupancy you are required to submit a Storage and Industrial Occupancy Commodity Affidavit at the time of permitting. This form can be downloaded at the following link:
<http://www.gwinnettcounty.com/portal/gwinnett/Departments/PlanningandDevelopment/PlanReviewSections/FirePlanReview>
- Fees are due at the time of permitting. The current fee schedule can be viewed at the above link. We accept cash, check with proper identification and credit cards.
- After the permit has been issued an inspection can be scheduled. The new Certificate of Occupancy will be issued after a successful fire inspection.

“SERVICE EXCELLENCE”



DEPARTMENT OF PLANNING & DEVELOPMENT

Customary Home Occupation Application

The definition of "Customary Home Occupation" as published in the City of Sugar Hill Zoning Ordinance as adopted by the City Council on August 1, 2000:

An occupation customarily carried on within a dwelling unit for gain or support involving the sale of only those articles, products or services produced on the premise, conducted entirely within the dwelling by members of the immediate family residing in the dwelling unit with equipment customarily used for household purposes and involving no display of articles or products and no outdoor advertising.

(1) Customary home occupations may include, but are not limited to the following.

- a. The accommodation of not more than two (2) boarders or roomers.*
- b. The office of a professional person where clients do not generally visit the premises to receive service.*
- c. Art studio, dressmaking, sewing, canning, baking.*
- d. Teaching individual musical instruments, dance, or academic pupils, one at a time.*
- e. The care of not more than six (6) children for compensation.*

(2) A customary home occupation specifically does not include the following:

- a. Dancing or band instrument instruction in groups.*
- b. Florists or flower shops.*
- c. Tearooms and restaurants.*
- d. Tourist homes, boarding houses, or rooming houses.*
- e. Beauty parlors or shops and barbershops.*
- f. Fish hatcheries, worm farms or bait houses.*
- g. Offices for real estate salesmen or brokers.*
- h. Convalescent and nursing homes.*
- i. Kennels and animal hospitals.*
- j. Clinics and hospitals.*
- k. Retail sales.*
- l. Firewood sales.*

1. Detailed description of the proposed business, services/products offered and method of delivery and what activities will take place at the residence:

2. Listed below are the requirements for Customary Home Occupations.

Section 607. Requirements for Customary Home Occupations.

In addition to the limitations imposed on "Customary Home Occupation" under "Article 3, Definitions", the following requirements shall be met:

1. The home occupation shall be carried on only by a member or members of the family residing in the residence.
2. To the extent that there is any sale of any item or service related to the home occupation, no sale of that item or service may occur on or adjacent to the premises unless this use has been granted a Special Use Permit by the City Council after receiving recommendations from Planning Commission and following a public hearing.
3. The home occupation shall not involve group instruction or group assembly of people on the premises.
4. There shall be no exterior evidence of the conduct of a home occupation and shall be conducted only within the enclosed living area of the home (including basement, if any). There shall be no display or storage of products, materials, or machinery where they may be visible from the exterior of the residence.
5. The conduct of the home occupation shall neither increase the normal flow of traffic nor shall it increase either on-street or off-street parking.
6. No equipment may be utilized or stored in the conduct of the home occupation except that which is normally used for purely domestic or household purposes. 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.
7. There shall be no signs advertising the home occupation.
8. No more than 25 percent of the dwelling unit may be used for conducting the home occupation.
9. One business vehicle used exclusively by the resident is permissible. This vehicle must be parked in a carport, garage, side yard, or rear yard. This vehicle shall be no larger in size than a pick-up truck, panel truck, or van, nor have a carrying capacity of more than one and one-half tons.

I hereby certify that I have read and understood the above and the information provided herein. If misrepresented or not complying with the regulations may cause violation of the City Ordinance(s) and may result citation and/or revoking the Home Occupation Permit.

Signature of the Applicant Date Print Name

Address: _____

Approval / Deny

Director, Planning and Development Date

Comments: _____



O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit

By executing this affidavit under oath, as an applicant for a City of Sugar Hill, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, from City of Sugar Hill, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 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:

_____.

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

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:



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 fewer than five hundred employees and therefore, 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. § 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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

Executed on _____, 20__ 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__.

NOTARY PUBLIC

My Commission Expires:



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 employs five hundred or more employees and 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. § 13-10-90. 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 ID # (E-Verify#)

Date of Authorization

Name of Private Employer

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

Executed on _____, 20__ 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__.

NOTARY PUBLIC

My Commission Expires:
