

## HOME BUSINESS LICENSE CHECKLIST:

THE CITY OF LAWRENCEVILLE BUSINESS LICENSE DEPARTMENT HAS UP TO 48 HOURS TO APPROVE YOUR APPLICATION. AFTER THE APPLICATION HAS BEEN REVIEWED, OUR OFFICE WILL NOTIFY YOU OF THE APPROVAL OR ANY PROBLEMS. IF APPROVED YOU MAY THEN SUBMIT THE APPROPRIATE FEES AND RECEIVE YOUR LICENSE.

- 1) \_\_\_\_\_ ATTACH A COPY OF VALID IDENTIFICATION
- 2) \_\_\_\_\_ ATTACH A COPY OF CURRENT STATE REGISTRATION (LLC, INC, ETC.)
- 3) \_\_\_\_\_ ATTACH A COPY OF CURRENT STATE LICENSE (IF APPLICABLE)
- 4) \_\_\_\_\_ PROOF OF OWNERSHIP: SIGNED LEASE, DEED WITH YOUR NAME ON IT, OR STATEMENT IN WRITING WITH A NOTARIZED SIGNATURE FROM THE HOME OWNER THAT YOU LIVE THERE AND CAN OPERATE THE BUSINESS FROM SAID LOCATION AND A COPY OF A UTILITY BILL IN OWNERS NAME
- 5) \_\_\_\_\_ SIGNED COPY OF THE HOME OCCUPATION COMPLIANCE FORM

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### OFFICE USE ONLY:

\_\_\_\_\_ VERIFY APPLICATION IS COMPLETE

\_\_\_\_\_ VERIFY BUSINESS LOCATION

\_\_\_\_\_ VERIFY PROPER ZONING

\_\_\_\_\_ VERIFY SAVE IF APPLICABLE

\_\_\_\_\_ CHECK FOR PAST DUE FEES

RECEIVED \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

COMMENTS \_\_\_\_\_

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ACCOUNT # \_\_\_\_\_ DATE \_\_\_\_\_ FEE \_\_\_\_\_

## **IMPORTANT PHONE NUMBERS/WEBSITES**

### **STATE**

GEORGIA DEPARTMENT OF AGRICULTURE 770-535-5955 OR [WWW.AGR.GEORGIA.GOV](http://WWW.AGR.GEORGIA.GOV)

FEDERAL TAX INFORMATION AND ID NUMBERS 1-800-829-3676 OR [WWW.IRS.GOV](http://WWW.IRS.GOV)

ALCOHOL/TOBACCO TAX INFORMATION 877-423-6711 OR [WWW.ETAX.DOR.GA.GOV](http://WWW.ETAX.DOR.GA.GOV)

STATE USED CAR LICENSE AND COSMETOLOGY LICENSE 478-207-2440 OR [WWW.SOS.GEORGIA.GOV](http://WWW.SOS.GEORGIA.GOV)

DAYCARE LICENSE INFORMATION 404-657-5562 OR [WWW.DAYCARE.COM](http://WWW.DAYCARE.COM)

BETTER BUSINESS BUREAU 404-766-0875 OR [WWW.BBB.ORG](http://WWW.BBB.ORG)

SMALL BUSINESS DEVELOPMENT CENTER 678-985-6820 OR [WWW.GEORGIASBDC.ORG](http://WWW.GEORGIASBDC.ORG)

### **COUNTY**

BUSINESS NAME REGISTRATION 770-822-8196 OR [WWW.GWINNETTCOURTS.COM](http://WWW.GWINNETTCOURTS.COM)

ENVIRONMENTAL HEALTH 770-963-5132 OR [WWW.GWINNETTCOUNTY.COM](http://WWW.GWINNETTCOUNTY.COM)

FIRE MARSHAL 678-518-4800 OR ONE JUSTICE SQUARE 446 W. CROGAN ST. LAWRENCEVILLE,GA 30046

GWINNETT COUNTY SEWER 678-376-6700 OR [WWW.GWINNETTCOUNTY.COM](http://WWW.GWINNETTCOUNTY.COM)

GWINNETT CHAMBER OF COMMERCE 770-232-3000 OR [WWW.GWINNETTCHAMBER.ORG](http://WWW.GWINNETTCHAMBER.ORG)

GWINNETT CLEAN AND BEAUTIFUL 770-822-5187 OR [WWW.GWINNETTCB.ORG](http://WWW.GWINNETTCB.ORG)

## **BUSINESS LICENSE INFORMATION**

### **RENEWAL INFORMATION**

(SECTION 32-111)

ALL LICENSES EXPIRE DECEMBER 31<sup>ST</sup> OF EVERY YEAR.  
RENEWALS WILL BE MAILED OUT ON NOVEMBER 1<sup>ST</sup>.  
FAILURE TO RECEIVE YOUR RENEWAL DOES NOT EXEMPT YOU FROM  
MAKING PAYMENTS BY THE DUE DATE.  
ANY PAYMENTS RECEIVED AFTER DECEMBER 31<sup>ST</sup> WILL ACCRUE A LATE FEE  
OF \$25.00.  
AFTER JANUARY 31<sup>ST</sup> THE LICENSE IS SUBJECT TO TERMINATION.

**I HAVE READ AND UNDERSTAND THE INFORMATION STATED ABOVE.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# New Home Business Application Business/Occupational Tax

**CITY OF LAWRENCEVILLE**  
 Planning and Zoning Department  
 70 S Clayton St  
 Lawrenceville, GA 30046  
 Ph: 678-407-6583 Fax: 678-407-6699



Please print and fill out application completely in ink.  
 Unsigned or incomplete applications can not be processed.

**Note: All home businesses must complete and submit a Home Occupation Affidavit with this application.**

### BUSINESS INFORMATION

TRADE NAME OF BUSINESS	PHYSICAL STREET ADDRESS OF BUSINESS	
BUSINESS NAME (DBA)	CITY, STATE, ZIP	
BUSINESS PHONE NUMBER	MAILING ADDRESS OF BUSINESS	
BUSINESS FAX NUMBER	CITY, STATE, ZIP	
BUSINESS WEBSITE	BUSINESS EMAIL	
FEDERAL TAX ID NUMBER	GEORGIA SALES & USE TAX NUMBER	
BEGIN DATE IN LAWRENCEVILLE	NUMBER OF EMPLOYEES	NUMBER OF PROFESSIONALS

### TYPE OF OWNERSHIP

- Corporation  
  Partnership  
  General Partnership  
  Sole Proprietorship  
  Proprietorship  
  Limited Liability Corporation  
 Other \_\_\_\_\_

If Corporation, give State and Date \_\_\_\_\_

In subdivision or apartment complex? \_\_\_\_\_ Name: \_\_\_\_\_

If renting who is the landlord? \_\_\_\_\_  
NAME PHONE NUMBER

Describe the business activity and list your NAICS code if known (Please be very specific as to what you will be doing): \_\_\_\_\_  
NAICS CODE

### BUSINESS OWNER INFORMATION

OWNER'S NAME	OWNER'S ADDRESS
HOME PHONE	CITY, STATE, ZIP
CELL PHONE	EMAIL
DRIVERS LICENSE NUMBER AND EXPIRATION	SOCIAL SECURITY NUMBER

Note: Corporations and partnerships must provide the names of all officers or partners, their titles, and mailing addresses on a separate sheet of paper. Some regulated businesses are also required by Lawrenceville Code to complete a Registered Agent form.

### CERTIFICATION

I hereby certify that all information contained herein is true and correct. I understand that submittal of this application and fee does not entitle the applicant to engage in the business applied for until such application is approved and the business/occupation license is issued. Furthermore, I acknowledge that I have read and understand the rules and regulations for the operation of my business in the City of Lawrenceville. I understand that it is my responsibility to renew per calendar year to avoid penalties.

SIGNATURE	DATE
PRINT NAME	TITLE



CITY OF LAWRENCEVILLE

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

By executing this affidavit under oath, as an applicant for The City of Lawrenceville, 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, I am stating 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. **MUST BE PROVIDED BY EVERYONE.**

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:

## EXHIBIT K

### 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)
- 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 or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



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.

\_\_\_\_\_  
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 \_\_\_\_\_, \_\_\_\_, 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 \_\_\_\_\_, 201\_\_.

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

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

\* This affidavit is for submissions made on or after to July 1, 2013.

**CITY OF LAWRENCEVILLE  
HOME OCCUPATION COMPLIANCE FORM  
ZONING ORDINANCE, ARTICLE VII, SECTION 7.1**

**HOME OCCUPATION:**

ANY USE CUSTOMARILY CONDUCTED ENTIRELY WITHIN THE DWELLING AND CARRIED ON BY THE INHABITANTS THEREOF, WHICH USE IS CLEARLY INCIDENTAL AND SECONDARY TO THE USE OF THE DWELLING FOR DWELLING PURPOSES AND DOES NOT CHANGE THE CHARACTER THEREOF.

1. NO PERSON, OTHER THAN MEMBERS OF THE FAMILY RESIDING ON THE PREMISES, SHALL BE ENGAGED IN SUCH HOME OCCUPATION.
2. THE USE OF THE DWELLING UNIT FOR THE HOME OCCUPATION SHALL BE CLEARLY INCIDENTAL AND SUBORDINATE TO ITS USE FOR RESIDENTIAL PURPOSES, WITH NO MORE THAN TWENTY-FIVE PERCENT (25%) OF THE FLOOR AREA OF THE DWELLING UNIT BEING USED IN CONDUCT OF THE HOME OCCUPATION.
3. NO HOME OCCUPATION SHALL BE CONDUCTED IN ANY ACCESSORY BUILDING.
4. THERE SHALL BE NO CHANGE IN THE OUTSIDE APPEARANCE OF THE BUILDING OR PREMISES.
5. OTHER THAN ONE SIGN, THERE SHALL BE NO VISIBLE EVIDENCE OF THE CONDUCT OF SUCH HOME OCCUPATION. THIS SIGN SHALL BE MOUNTED AGAINST THE WALL OF THE PRINCIPLE BUILDING, SHALL BE NON-ILLUMINATED, AND SHALL NOT EXCEED THREE (3) SQUARE FEET IN AREA.
6. THERE SHALL BE NO RECEIPT OR DELIVERY OF GOODS SOLD IN CONNECTION WITH SUCH HOME OCCUPATION.
7. INVENTORY OF GOODS FOR SALE SHALL NOT BE STORED OR MAINTAINED IN OR ABOUT THE PREMISES.
8. NO TRAFFIC SHALL BE GENERATED BY SUCH HOME OCCUPATION THAN WOULD NORMALLY BE EXPECTED IN A RESIDENTIAL NEIBORHOOD.
9. THE OFF-SITE EMPLOYEES OF THE RESIDENCE SHALL NOT CONGREGATE ON THE PREMISES FOR ANY PURPOSE CONCERNING THE BUSINESS OF THE HOME OCCUPATION.
10. NO EQUIPMENT OF PROCESS SHALL BE USED IN SUCH HOME OCCUPATION WHICH CREATES NOISE, VIBRATION, GLARE, FUMES, ODORS, OR ELECTRICAL INTERFERENCE DETECTABLE TO THE NORMAL SENSES AT THE LOT LINE OF THE OPERATION CONDUCTED IN A SINGLE FAMILY RESIDENCE, OR OUTSIDE THE DWELLING UNIT IF CONDUCTED IN OTHER THAN A SINGLE FAMILY RESIDENCE.
11. IN THE CASE OF ELECTRICAL INTERFERENCE, NO EQUIPMENT OR PROCESS SHALL BE USED WHICH CREATES VISUAL OR AUDIBLE INTERFERENCE IN ANY RADIO OR TELEVISION RECEIVERS OFF THE PREMISES, OR CAUSES FLUCTUATIONS IN ELECTRICAL LINE VOLTAGE OFF THE PREMISES.

I DO ACKNOWLEDGE THAT THE INFORMATION NOTED ON THESE PAGES IS STRICTLY FROM THE CITY OF LAWRENCEVILLE ZONING ORDINANCE, ARTICLE VII, SECTION 7.1. I DO HEREBY AGREE TO COMPLY WITH ALL OF THE STIPULATIONS FOR THE OPERATION OF A HOME OCCUPATION AS DETAILED, IN THE SAID ORDINANCE.

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

\_\_\_\_\_  
DATE

BASED ON THE FACT THAT THE ABOVE APPLICANT SHALL COMPLY WITH THE SAID STANDARDS OF THE ZONING ORDINANCE, THAT APPLICANT IS ENTITLED TO OPERATE A HOME OCCUPATION WITHIN THE CITY OF LAWRENCEVILLE.