



CITY OF HAMPTON

17 East Main St. South *P.O. Box 400* Hampton, GA 30228*770-946-4306

APPLICATION FOR BUSINESS REGISTRATION/OCCUPATION TAX CERTIFICATE

(PLEASE FILL OUT FORM IN BLACK OR BLUE INK)

DATE: _____

Type of Application: Home Application

Business/Company Name: _____

Business Location: _____ Suite/Apt _____

City: _____ State: _____ Zip: _____

Business Phone #: () _____

Mailing Address: _____ Suite/Apt _____

City: _____ State: _____ Zip: _____

Business Owner: _____ Title: _____

Home Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone #: _____

Cell Phone #: _____

Description of Business

Certificates or other credentials applicant has received pertaining to business:

I, _____, confirm that the facts stated on this application are true. I understand that any fraudulent statement is grounds for termination of this application and revocation of the certificate. I understand that my business is operated in agreement according to Federal, State, and Local laws/ordinances and regulations.

Date: _____

Signature: _____

Note: Those who are opening a commercial business need a Certificate of Occupancy and Fire Department Inspection. Those businesses that will have food sales will need a Department of Agriculture Inspection and/or a Health Department Inspection. Until The City of Hampton receives these certificates we will not issue a business registration/occupation tax certificate, therefore you can not open your business.

----- OFFICE USE ONLY -----

City Manager or City Clerk _____ Date: _____

- Certificate of Occupancy: _____ Date: _____
- Fire Department Inspection: _____ Date: _____
- Health Department: _____ Date: _____
- Department of Agriculture: _____ Date: _____
- Planning and Zoning: _____ Date: _____



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Home Occupation Ordinance

I have received a copy of the SECTION 67-104 from the City of Hampton. I have read and understand the rules and regulations listed in the Home Occupation Ordinance.

Date: _____

Customer Name: _____

Name of Business: _____

Address: _____ Hampton, Georgia 30228

Customer Signature **X**.....

Office Use Only

Office Staff Signature **X**.....

Business License Number : _____

CITY OF HAMPTON HOME OCCUPATION ORDINANCE
SECTION 67-104



A HOME OCCUPATION AS DESIGNED BY THIS CHAPTER IS PERMITTED SUBJECT TO THE FOLLOWING REQUIREMENTS:

- (1) ONLY THE RESIDENTS OF THE DWELLING MAY BE ENGAGED IN THE HOME OCCUPATION. NO NON-RESIDENT EMPLOYEES WILL BE ALLOWED IN THE DWELLING FOR BUSINESS PURPOSES.
- (2) THE HOME OCCUPATION SHALL BE CLEARLY INCIDENTAL TO THE RESIDENTIAL USE OF THE DWELLING AND SHALL NOT CHANGE THE RESIDENTIAL CHARACTER OF THE BUILDING.
- (3) NO DISPLAY OF PRODUCTS OR SIGNS SHALL BE VISIBLE FROM THE PUBLIC STREET EXCEPT AGRICULTURAL PRODUCTS GROWN ON THE PREMISES IN RA (RESIDENTIAL-AGRICULTURAL) ZONING DISTRICT. ONLY PRODUCTS PRODUCED ON THE PREMISES MAY BE SOLD ON THE PREMISES.
- (4) USE OF DWELLING FOR A HOME OCCUPATION SHALL NOT EXCEED TWENTY-FIVE (25) PERCENT OF ONE (1) FLOOR.
- (5) NO INTERNAL OR EXTERNAL ALTERATIONS INCONSISTENT WITH THE RESIDENTIAL USE OF THE BUILDING IS PERMITTED.
- (6) THE HOME OCCUPATION SHALL NOT CONSTITUTE A NUISANCE
- (7) NO OUTSIDE STORAGE OF MATERIALS TO BE USED IN CONNECTION WITH A HOME OCCUPATION IS PERMITTED.
- (8) NO ACCESSORY BUILDINGS SHALL BE USED IN CONNECTION WITH THE HOME OCCUPATION UNLESS IT IS APPROVED AS A CONDITIONAL USE AND THEN IN THE RA (RESIDENTIAL-AGRICULTURAL) DISTRICT ONLY. THE USE OF AN ACCESSORY BUILDING SHALL COMPLY WITH THE FOLLOWING CONDITIONS:

- A. THE ACCESSORY BUILDING SHALL MAINTAIN A RESIDUAL APPEARANCE
- B. NO BUSINESS SHALL BE CONDUCTED BETWEEN THE HOURS OF 7:30PM AND 7:30AM

C. NO AUTOMOTIVE PAINTING, BODY WORK, SALVAGE, MAJOR AUTOMOTIVE OR HEAVY EQUIPMENT REPAIRS ARE TO BE CONDUCTED.
D. NO MACHINERY OR EQUIPMENT SHALL BE USED WHICH GENERATES NOISE DETECTABLE OUTSIDE THE ACCESSORY STRUCTURE.

(9) INSTRUCTION IN MUSIC AND SIMILAR SUBJECTS SHALL BE LIMITED TO TWO (2) STUDENTS AT A TIME.

(10) ONLY PASSENGER VEHICLES OF THE RESIDENTS MAY BE USED IN CONNECTION WITH THE MANAGEMENT OF A HOME OCCUPATION. THE HOME OCCUPATION SHALL NOT ATTRACT VEHICLES OF ANY OTHER STRUCTURE.

(11) BEAUTY SHOPS, BARBER SHOPS, MANICURISTS, AND SIMILAR SERVICES CONDUCTED AS HOME OCCUPATIONS SHALL BE LIMITED TO TWO (2) CHAIRS (STATIONS) AND ONE (1) SHAMPOO CHAIR (STATION).

(12) NO MORE THAN THREE (3) NON-TRANSIENT GUEST BE BOARDED AT ANY ONE TIME AS A HOME OCCUPATION.

(13) THE FOLLOWING AND SIMILAR USES SHALL BE CONSIDERED HOME OCCUPATIONS, PROVIDED THEY FOLLOW THE MINIMUM STANDARDS DESCRIBED IN THIS SECTION: ATTORNEY, ADDRESSING SERVICE, ART

INSTRUCTION, BEAUTY AND BARBER SHOP, DAY CARE FOR SIX (6) OR FEWER CHILDREN, DENTIST, DOCTOR, DRAFTING AND SURVEYING, DRESS MAKING, INSURANCE AGENT, MANUFACTURERS REPRESENTATIVE, MUSIC TEACHER, NOTARY PUBLIC, PHOTOGRAPHER, REAL ESTATE AGENTS AND CONSULTANT.

(14) ALL HOME OCCUPATIONS SHALL OBTAIN A BUSINESS LICENSE FROM THE CITY.

(15) AGRICULTURAL ACTIVITIES ASSOCIATED WITH THE RAISING OF CROPS AND FARM ANIMALS ON PROPERTIES OVER THREE (3) ACRES IN SIZE SHALL NOT BE SUBJECT TO THE REQUIREMENTS FOR HOME OCCUPATIONS.

MANDATORY AFFIDAVIT VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFITS

By executing this affidavit under oath, as an applicant for a City of Hampton, Georgia, public benefit (defined below), as supplemented by resolution of the City Council, and as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application to the City of Hampton:

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

Address of applicant named above

Telephone Number

Name of Individual, business, corporation, partnership or other private entity for whom application is being made.

Business License
Category of Public Benefit

I understand that "public benefit" includes but is not limited to: Adult education; Authorization to conduct a commercial enterprise or business; Authorization to conduct activities regulated by local government such as flea markets, peddlers, sidewalk vendors, massage therapy, bingo games, adult entertainment, pawn shops, day cares, etc.; Business certificate, license, or registration; Business loan; Cash allowance; Contract for materials or services; Disability assistance or insurance; Down payment assistance; Energy assistance; Food stamps; Gaming license; Health benefits; Housing allowance, grant, guarantee, or loan; Home occupation certificate, license or registration; Loan guarantee; Medicaid; Occupational license; Professional license; Registration of regulated business; Rent assistance or subsidy; Retirement benefits; State grant or loan; State identification card; Tax certification required to conduct a commercial business; Temporary assistance for needy families (TANF); Unemployment insurance; Vehicles for Hire certificate or license; and Welfare to work.

_____ I am a United States Citizen

OR

_____ 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 representations under oath, I understand that any person who knowing 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.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

Signature of Applicant

Date

_____ DAY OF _____ 20_____ .

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

Printed Name

Alien Registration Number for Non-Citizens

*Note: O.C.G.A. § 50-31-1(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 an alternative identifying number in the space above.