

FCOTC-03-
72-080581



FAYETTE County

Create Your Story!

OCCUPATION TAX CERTIFICATE APPLICATION

FOR BUSINESSES LOCATED IN UNINCORPORATED FAYETTE COUNTY ONLY

RENEWAL DUE BY JANUARY 31 EACH YEAR

Business Name Kelly Home Sites, LLC	DBA (if different)	Phone (678) 516-7971	Home Occupation <input type="checkbox"/> Commercial <input checked="" type="checkbox"/>	
Physical Address 455 FOREST AVENUE	Unit/Suite	City Fayetteville	State GA	Zip Code 30214
Mailing Address (if different)	Unit/Suite	City	State	Zip Code

Owner Name Robert Kelly	Co Owner	Phone 678-516-7971	E-Mail	
Owner Address 3509 SABLE GLEN LN	Unit/Suite	City Atlanta	State GA	Zip Code 30349

Property Owner Robert Kelly	Unit/Suite	City Fayetteville	State GA	Zip Code 30214
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Emergency Contact 1	Phone	Emergency Contact 2	Phone
Do you hold a state license for your occupation? <input type="checkbox"/> Yes (Documentation Required) <input checked="" type="checkbox"/> No		State Card #	Expiration
Form of Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> Limited Liability Corporation* <input type="checkbox"/> Corporation* <input type="checkbox"/> General Partnership <input type="checkbox"/> Partnership-unknown type		Business Type Short term rental Tourist Accommodation	NAICS <input type="checkbox"/> 721199 <input checked="" type="checkbox"/>
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required <input type="checkbox"/>		# Employees 0	E-Verify <input type="checkbox"/> GA Sales Tax # <input type="checkbox"/>
I swear under penalty of law that the above information is true and correct. I understand that this is a tax certificate. I must separately comply with any zoning, Fire Marshal, Health, or other rules. I understand that information I provide herein (or my refusal to provide required information) will be shared with the Georgia Department of Revenue.		Annual Tax Schedule 0-3 \$75.00 16-25 \$500.00 4-6 \$150.00 26-50 \$750.00 7-10 \$250.00 51-100 \$1,000.00 11-15 \$375.00 101+ \$10.00 each Maximum Tax \$1,500.00	Bring Completed Application & Payment: check, cash, or credit card to: 140 Stonewall Avenue West, Suite 101 Fayetteville, GA 30214 Make Checks Payable to Fayette County
		Signature of Business Owner 	Date 3/7/22

Finance Department Use:		Planning & Zoning Use:		
<input type="checkbox"/> New <input type="checkbox"/> Update	License #	District 5th	Land Lot 156	Zoning District R-40
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use		
Finance Signature	Date	BOTSS Reporting	Planning & Zoning Signature 	Date 3/8/2022

CONDITIONAL USE PERMIT FOR HOME OCCUPATION

A Home Occupation is allowed in A-R, EST, C-S, R-85, R-80, R-78, R-75, R-72, R-70, R-55, R-50, R-45, R-40, R-20, DR-15, RMF, MHP, PUD-PRD, PUD-PRL, PUD-PEF, O-I, C-C, C-H, L-C, M-1, M-2, and BTP Zoning Districts. The intent of these rules and regulations is to protect the health, safety and welfare of the general public and ensure that home occupations are regulated in a manner so they do not adversely impact surrounding residential properties, as residential areas and uses are normally separated from non-residential areas and uses. A Home Occupation is a Conditional Use and subject to the following requirements per Article VII. of the Fayette County Zoning Ordinance:

1. *Residents.* Only residents of the dwelling may be engaged in the home occupation within the dwelling. All nonresident individuals, including employees, contractors, or part owners, associated with the home occupation shall not be engaged in the home occupation within the dwelling or on the premises.
2. *Incidental use.* The home occupation shall be clearly incidental to the residential use of the dwelling and shall not change the essential residential character of the building.
3. *Display, sale.* No display of products shall be visible from the street, and only products produced on the premises may be sold on the premises. The on-premises sale of products produced off the premises shall be prohibited.
4. *Clients/customers/students.* The number of clients/customers/students on premises shall not exceed more than two at a time nor more than a total of eight clients in any one day and all services rendered shall take place only within the dwelling. The hours of operation, in the context of clients/customers/students shall be limited to 9:00 a.m. to 7:00 p.m., Monday through Saturday.
5. *Area.* Use of the dwelling, for the purpose of the home occupation, shall not exceed a total of 25 percent of the dwelling.
6. *Number.* No more than four home occupations may be issued per dwelling and the cumulative area devoted to the home occupations shall not exceed 25 percent of the dwelling.
7. *Alterations.* No internal or external alterations inconsistent with the residential use of the building shall be permitted.
8. *Accessory buildings.* No accessory buildings or outside storage shall be used, except as otherwise provided herein.
9. *Instructions and/or tutoring.* Instruction and/or tutoring including, but not limited to: music, art, crafts, dance, academic, computer, martial arts, and speech.
10. *Day care, child/adult.* Daycare shall be limited to no more than three children or three adults at any time.
11. *Vehicles.* Only customary passenger vehicles, vans and pick-up trucks shall be permitted to remain on the premises in association with a home occupation. Said vehicles cannot exceed two axles, 22 feet in length, ten feet in height, and/or 8,000 pounds (curb weight). No tow and/or rollback trucks shall be allowed to remain on the premises. A trailer used in association with the home occupation shall be permitted to remain on the premises. The aforementioned vehicles or trailer used in association with the home occupation may be stored in a detached garage.
12. *In-home beauty salon or barbershop.* An in-home beauty salon or barbershop shall be limited to one chair and shall be subject to the department of environmental health's approval. It shall also comply with 4 above, in regards to the number of customers.
13. *Uses.* The following and similar uses shall not be considered home occupations: automobile service station; automobile and related vehicular sales lot on-premises; on-premises automobile, motorcycle, and/or farm/heavy construction equipment repair or service/maintenance; ambulance service; rescue squad; on-premises amusement or recreational activities (commercial); animal hospital; commercial kennel, veterinarian clinic with or without animal boarding place; pawn shops; acid storage and manufacturing; heavy manufacturing; fortune teller; palm reader; taxidermy, on-premises welding; on-premises pet grooming; on-premises medical/dental facilities; on-premises repair service (bicycle, lawn mower, small engine, and appliance); tire sales and storage; tanning salon; funeral services; tattooing; and on-premises

BUSINESS OWNERS COVENANT

As the owner of a Home Occupation, I do hereby certify that the information supplied with this application is true and correct and I do hereby agree to comply with the ordinances of Fayette County. I understand and agree that any error, misstatement, or misrepresentation of fact, either with or without intention on my part or change in the type of business without approval of the Zoning Administrator subsequent to the issuance of a Conditional Use Permit for Home Occupation shall constitute sufficient grounds for revocation of said Permit.

Kelly Home Sites
Business Name

455 Forest Avenue
Address

Fayetteville GA 30214
City State Zip Code

678-516-7971
Phone

156 5TH R-40
Land Lot(s) District(s) Zoning

1
Number of Employees (see A. above)

[Signature]
Signature of Business Owner

3/7/22
Date

[Signature] 3/8/22
Approved by Planning & Zoning Dept. Date



O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from Fayette County [name of government entity], 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: Driver's License or Passport Number: 051681871

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 Fayetteville (city), Georgia (state).

[Handwritten Signature]

Signature of Applicant (Signature of Business Owner)

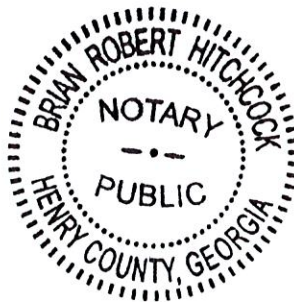
ROBERT KELLY
Printed Name of Applicant (Printed Name of Business Owner)

(Below use for Notary Only)

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
7 DAY OF March, 2022

[Handwritten Signature]
NOTARY PUBLIC

My Commission Expires: June 17 2025





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 eleven 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.

[Handwritten Signature]

Signature of Exempt Private Employer (Signature of Business Owner)

ROBERT KELLY

(Printed Name of Business Owner)

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct. (Below use for Notary Only)

Executed on March, 7, 2022 in Fayetteville (city), Georgia (state).

[Handwritten Signature]

Signature of Authorized Officer or Agent

ROBERT KELLY

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 7 DAY OF March, 2022

Brian Robert Hitchcock

NOTARY PUBLIC

My Commission Expires:
June 17 2025

