



CITY OF PENDERGRASS PLANNING AND DEVELOPMENT
BUSINESS LICENSE CHECKLIST
Commercial or Home Occupation

SUBMIT:

- Completed application form (enclosed)
- Georgia's driver's license or Georgia ID
- Fee (check or money order made payable to City of Pendergrass, or exact cash)
- Affidavit Verifying Citizenship Status form (enclosed)
- Proof of occupancy: Signed lease agreement with applicant's name, signed and notarized letter from property owner, or Tax Records
- E-Verify Compliance form (enclosed)
- Commercial licenses only: Compliance Inspection application package (separate file)**

IMPORTANT CONTACT INFORMATION:

- To register a corporation (including LLC): Secretary of State (404-656-2817)
(www.sos.state.us/corporations)
- For commercial fleet: Georgia Department of Driver Services (www.dds.ga.gov, 678-413-8400), US Department of Transportation (DOT) www.dot.state.us)
- For cottage food: Georgia Department of Agriculture (www.agr.state.ga.us) (404-656-3627)
- For food services: Food Inspection Report or Permit from Jackson County Health Department
- To obtain a federal employer identification number (EIN): Internal Revenue Service (Form SS-4: [http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Apply-for-an-Employer-IdentificationNumber-\(EIN\)-Online](http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Apply-for-an-Employer-IdentificationNumber-(EIN)-Online))
- To obtain a state tax ID number: Department of Revenue (877-423-6711, Form CRF-002: <http://dor.georgia.gov/documents/crf-002>) Department of Planning and Development contact info



CITY OF PENDERGRASS PLANNING AND DEVELOPMENT
BUSINESS LICENSE AND OCCUPATIONAL TAX APPLICATION

Business Information

Name of Business /DBA _____

Business Type (check one) Home Occupation Commercial

Ownership Type (check one) Single Proprietor (Owner) Partnership Corporation LLC

Business Physical Address _____

Business Telephone Number: _____ Number of Employees: _____

E-Verify Number: _____

Mailing Address: _____

Detailed Business Description: _____

Business Owner Information

Name of Owner: (First) _____ (Middle) _____ (Last) _____

Address: _____

E-Mail Address: _____

Work Telephone Number: _____ Cell Telephone Number: _____

Corporate Information (if applicable)

Name of Corporation Corporate: _____ Address: _____

Federal Employer ID Number (EIN): _____ GA State Tax ID Number: _____

Corporate Officer Name/Title _____ Officer's Telephone Number _____

Officer's Email Address _____ Local Contact Name _____

Contact's Telephone Number _____ Contact's Email Address _____

State License (if applicable) _____ License Type License Number _____

This application is to be executed under the following oath: "I solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and correct and that the application is herein made to procure the granting of this license."

Signature: _____ Print Name: _____

Date: _____



AFFIDAVIT VERIFYING CITIZENSHIP STATUS
O.C.G.A. §50-36-(1)(2)

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. §50-36-1, from the City of Pendergrass, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- 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.

Wait to be in front of notary to sign

Applicant signature

The secure and verifiable document provided with this affidavit can best be classified as:

(type of document)

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 , _____ , _____ this _____ day of _____ , 20____
(city) (state) (day) (month) (year)

For notary use only

Notary Public Signature

GA Registrations No. and expiration date

[Notary Seal]



E-VERIFY COMPLIANCE FORM
O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. §36-60-6(d).

SECTION I

Check only one:

On January 1st of the current year, the individual, firm or corporation employed **ten (10) or fewer** employees.

Skip to Section II

On January 1st of the current year, the individual, firm or corporation employed **more than ten** (10) employees.

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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of exempt private employer (company name): _____

Federal Work Authorization User Identification Number: _____

Date of authorization: _____

Complete Section II

SECTION II - Wait to be in front of notary to fill out.

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

Executed in _____, this _____ day of _____, 20____
(city) (state) (day) (month) (year)

Applicant signature Applicant name and title

Notary Public Signature [Notary Seal]

GA Registrations No. and expiration date



COMMERCIAL STRUCTURE COMPLIANCE INSPECTION PROCEDURE

REQUIRED:

1. A Compliance Inspection is required on all Commercial Buildings requesting an Annual Business License.

(Construction or renovation requires an Interior Finish permit instead of a compliance Inspection)

2. An application /inspection fee is required at the time of application. **THIS FEE IS IN ADDITION TO THE CITY'S BUSINESS LICENSE APPLICATION FEE.**

3. Completed Business License and Occupational Tax Application, Affidavit Verifying Citizenship Status, E-Verify Compliance Form and Compliance Inspection Application must be submitted. (No inspections before approval.)

4. Building Inspection. Inspector will check:

- * Compliance with 2006 ICC existing building code.
- * Manufacturer Specifications on building(s) and equipment, when applicable.
- * Compliance with ADA mandates.

5. Fire Services Inspection. After approval of paperwork, applicant must call 706.693.2494 (City Hall) to schedule. A copy of the Fire Inspection report must be in the file prior to the issuance of a Business License.

IF:

A building has been vacant for more than six months

-or-

A change in use of the building has occurred

-or-

A change in ownership of the business or building has occurred

THEN:

PLANS WILL BE REQUIRED:

6. A site/parking plan and interior layout plan required

(A legible, hand drawn copy of each **may** be accepted – check with the inspector before submitting.)

7. Submit the required Application Forms to Planning and Development Review Division (City Hall):

- a. Completed Compliance Inspection Application
- b. Completed Compliance Inspection Checklist
- c. Application Inspection fee (75.00 to \$175.00)
- d. Completed Business License Check-list
- e. Completed Business License and Occupational Tax Application
- f. Completed E-Verify Compliance Form
- g. Completed Application verifying Citizenship Status



**COMMERCIAL STRUCTURE COMPLIANCE INSPECTION
APPLICATION**

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Property Owner: _____

Owner Address: _____

City : _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Description of **Previous or Current** Use: _____

When did the use cease?: _____

Detailed Description of **Proposed** Use: _____

NOTE: Commercial Structures under 5000 square feet: \$75.00 annual inspection fee
Commercial Structures 5000 square feet or over: \$175.00 annual inspection fee

Please Print Name: _____

Signature of Applicant: _____

Date: _____



COMPLIANCE INSPECTION FORM
COMMERCIAL BUILDING
Site /Parking Plan & Interior Layout Plan

USE ONLY FOR:

A **change** in use of the building **OR a change in ownership** of the building or business **OR** when a building has been **vacant** for more than 6 months.

Site/Parking Plan

A site plan of existing and proposed conditions of the site must include the following:

*(A legible, hand drawn copy **may** be accepted)*

- | | |
|---|---|
| <input type="checkbox"/> Property Dimensions | <input type="checkbox"/> Occupancy Type |
| <input type="checkbox"/> Streets labeled | <input type="checkbox"/> Property Address |
| <input type="checkbox"/> Sign location | <input type="checkbox"/> Use of building |
| <input type="checkbox"/> Parking calculations | |

Interior Layout

A sketch plan of existing and proposed conditions of the building must include the following:

*(A legible, hand drawn copy **may** be accepted)*

- | | |
|---|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Compliance with ICC Building Codes/ ADA |
| <input type="checkbox"/> Use of building | <input type="checkbox"/> Hot water Heater |
| <input type="checkbox"/> Total gross square footage of building | <input type="checkbox"/> Dimensions of each room to scale and label their use |

***** The Inspector may request additional information.



CITY OF PENDERGRASS PLANNING AND DEVELOPMENT

Commercial Compliance Inspections/Move in as-is/ Change in Name or Ownership Inspections

In an effort to improve customer service, The Pendergrass Planning and Development Office would like to provide you with a list of items to expedite the process of obtaining your business license. Please address these items prior to the fire safety inspection to avoid having to schedule follow-up inspections which would extend the time needed to obtain your license. This will not apply when there is a change of occupancy classification in the Life Safety Code or the IBC, occupancies requiring architectural plans pursuant to OCGA Title's 25 or 43, or if construction is taking place.

- Address/building numbers are 4" high and plainly visible from the street
- Existing exit lighting is properly illuminated and battery backup operates properly.
- Existing Emergency lights have been tested and are operable.
- Fire extinguishers, with proper rating and current certification tag, are properly mounted.
- Key locks, padlocks, & dead bolts removed from exit doors. Only thumb turn or push-to open locks in compliance of the Life Safety Code are allowed.
- Means of egress is unobstructed and doors operate freely.
- Floor arrangement and equipment layout within office spaces and warehouse spaces shall meet proper widths, common paths, travel distances, and hazard commodities for the specific occupancy/building design.
- Existing fire rated walls and penetrations are properly sealed and fire stopped.
- Electric Panel has 36" X 30" clearance from combustibles or obstructions.
- No exposed wires, extension cord wiring; electrical receptacles and light fixtures are properly mounted in walls and ceilings
- No storage in the electrical room or near gas fueled appliances.
- Storage maintained a minimum of 2' below ceiling in non-sprinkled buildings and 18" in sprinkled buildings.
- Confirmation of "as-built" drawings being consistent with the location.
- Confirmation that no construction is taking place.
- Verification that no change in occupancy classification or sub-classification pursuant to Georgia Fire Safety Rules and Regulations has taken place.
- Current annual Sprinkler inspection has been conducted and properly tagged (if applicable).
- Current annual Fire Alarm inspection (if applicable).
- Current 6-month Fire Suppression System inspection report, with tag properly documented.

When all applicable items have met compliance, the tenant shall contact the City to schedule an inspection (706.693.2494). The Fire Inspector will complete his or her Inspection and gather all information pertinent to the New Tenant. The Fire Inspector will return the signed Inspection form to the Planning & Development office to complete the licensing process.

The inspection items listed are not inclusive of every scenario that can be addressed. Inspectors will work with customers to address any issues specific to their situation.