



**DEPARTMENT OF DEVELOPMENT SERVICES**  
1113 Usher Street, Suite 201 • Covington, Georgia 30014  
678-625-1659

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**HOME OCCUPATION TAX/BUSINESS LICENSE  
APPLICATION PACKET**

Each person engaged in any business, trade, profession, or occupation in unincorporated Newton County, Georgia shall pay an occupation tax for said business. A pre-application meeting is not necessary to obtain a home occupation tax/business license; however, if you have questions or need assistance completing the application, it is advised that you make an appointment to assure that someone is available to assist you by calling (678) 625-1655. Our office hours are Monday thru Friday, 8:00 am to 4:45 pm. Please review the Home Occupation Tax/Business License requirement list below for more information.

A copy of a 501 (c) 3 letter issued by the Internal Revenue Service is required for nonprofit organizations wishing to claim exemption from the occupation tax fee. Eighty percent (80%) or more of the organization's proceeds must be devoted to such purpose. *Please note that nonprofit organizations must still pay administrative fees.*

A full exemption of all occupation tax fees for Disabled Veterans may be granted if all of the following requirements are met: you must have been discharged under honorable conditions from the armed forces of the United States; have ten percent (10%) disability for certain wartime veterans, or a twenty-five percent (25%) service connected disability for peace time only veterans; and have an income that is not liable for state income taxes [O.C.G.A. § 43-12-1 - § 43-12-4].

**REQUIREMENTS FOR OBTAINING A HOME OCCUPATION TAX/BUSINESS LICENSE**

- Completed** Home Occupation Business License application with the **notarized** Home Occupation Regulations Affidavit
- Copy of your State of Georgia Professional License** – If the Georgia Secretary of State requires a license for you to practice your profession, you **MUST** submit a copy of your current license with your business license application
- Copy of Incorporation Papers – If your business is anything other than a Sole Proprietorship, you **MUST** submit a copy of your incorporation papers from the Georgia Secretary of State
- Copy of your valid State of **Georgia Driver's License**
- Completed and **Notarized** Private Employer/Citizenship Affidavit
- Payment for ALL FEES DUE – We accept all major credit cards, checks (with current information) and money orders. Checks and money orders should be made out to Newton County. **No out of state checks, counter checks or cash will be accepted as payment.** The Occupation Tax due is based on the number of employees you have or plan to hire, including yourself

**\*\*Please have your documents notarized and copies made in advance to save time. Thank you for your consideration.**

**Following is additional contact information you may find helpful to start your business**

- E-Verify Customer Support – 1-888-464-4218
- Georgia Department of Early Care and Learning/Bright from the Start – [www.decal.ga.gov](http://www.decal.ga.gov), 404-656-5957
- Georgia Department of Revenue – [www.ntax.dor.ga.gov](http://www.ntax.dor.ga.gov), 1-877-423-6711 – Alcohol, Tobacco and Firearm Licenses
- Georgia Secretary of State – [www.sos.ga.gov](http://www.sos.ga.gov), 404-656-2881 – LLC or Incorporation Information
- Newton County Chamber of Commerce – [www.gocovington.com](http://www.gocovington.com), 770-786-7510
- Newton County Sheriff's Office – 678-625-1400, Criminal History Report
- Newton County Superior Court – [www.alcovycircuit.com](http://www.alcovycircuit.com), 770-784-2037 – DBA or Trade Name
- U.S. Citizenship and Immigration Services – [www.uscis.gov](http://www.uscis.gov), 1-800-375-5283



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 APPLICATION**

DATE	BUSINESS NAME	BUSINESS OWNERS'S NAME		
DESCRIPTION OF BUSINESS OPERATIONS				
BUSINESS STREET ADDRESS		CITY	STATE	ZIP CODE
BUSINESS OWNER'S EMAIL ADDRESS		TYPE OF OWNERSHIP (CHECK ONE) <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION PLEASE ATTACH APPROPRIATE DOCUMENTS		
BUSINESS OWNER'S HOME ADDRESS				
BUSINESS PHONE NUMBER	BUSINESS OWNER'S PHONE NUMBER	NUMBER OF EMPLOYEES INCLUDING OWNER		
BUSINESS MAILING ADDRESS (IF DIFFERENT FROM BUSINESS STREET ADDRESS)				
<p>Once your business license is issued, please display your license in a conspicuous place in your establishment. All occupation tax/business licenses expire annually on December 31. As a <i>courtesy</i>, a business license renewal notice will be sent in November; however, it is the responsibility of the business owner to renew by December 31 annually. A late fee will be added to all renewals after January 31. You may mail your renewal form, along with your payment (check or money order, made out to Newton County) to Development Services at the above address. Please allow fourteen (14) business days of receipt of payment if renewing by mail. <b>If you choose to close your business or do not wish to renew your license, you must notify the Business License Office in writing to avoid any additional fees.</b> Any change in ownership or location of a business must be reported immediately. Change in location requires a new application and a new business license to be issued. You are responsible for renewing other annual permits, licenses, or certificates regulated by other departments and provide the Business License Office with a copy. Violations of Newton County Ordinances are subject to a citation and fine upon conviction by a Magistrate Court Judge.</p> <p><b>This application is to be executed under oath:</b></p> <p>I, _____, solemnly affirm, subject to criminal penalties for false swearing, that the information in this application for a Newton County Business License is true and no false or fraudulent information is made herein to procure the granting of this license. I also understand that the Department of Development Services is authorized to inspect my property for compliance at any time.</p>				
_____ Applicant's Signature		_____ Title		_____ Date

**HOME OCCUPATION REGULATIONS AFIDAVIT – Section 510-310, Newton County Zoning Ordinance**

- A. Operators of a Home Occupation must obtain a Home Occupation Business License.
- B. The dwelling unit must maintain a residential appearance and there shall be no outward evidence of the occupation or impacts in appearance, noise, light, traffic and utilities.
- C. The home occupation shall be carried on only by a member or members of the family residing in the residence. \*By signing this affidavit, I acknowledge that I currently reside at said property in unincorporated Newton County.
- D. The use of the dwelling for the home occupation shall be clearly incidental and subordinate to its use for residential purpose by its occupants.
- E. No more than 25% of the principal structure (maximum 800 square feet), may be used for the home occupation.
- F. No more than two home occupation permits shall be granted per dwelling unit. No more than one home occupation permit shall be granted per dwelling that requires a Conditional Use Permit.
- G. The following uses may not be considered for home occupations: Auto repair, sales, or similar operations, restaurants, funeral homes, keeping of animals, retail or wholesale shops, hair salons, barbershops, motel type establishments, adult entertainment, any business involving alcohol, drugs, or medications, or any occupation that is in conflict with the intent of the ordinance.
- H. Home Occupations involving customer contact require approval through a Conditional Use Permit; Only then customer parking is limited to only one patron at a time.
- I. The use shall be conducted entirely within the dwelling unit. Approval through a Conditional Use Permit is required for home occupations located in accessory buildings (with the provision that the accessory building be no larger than 1,000 square feet).
- J. There shall be no direct retail sales on the premises in connection with such home occupation.
- K. There shall be no warehousing of material, equipment or merchandise on the premises.
- L. No traffic shall be generated by such home occupation in greater volumes that would be expected in residential neighborhood.
- M. Outdoor storage and outdoor lights are prohibited. \*I understand that if I have a utility trailer that it must be parked in an enclosed structure or parked in the side or rear yard.
- N. No equipment or processes shall be used in such home occupation, which creates noise, vibration, glare, fumes, odors, or electrical interference, outside the dwelling unit. In the case of the electrical interference, no equipment or process shall be used which creates visual or audible interference in any television or radio receivers off the premises, or cause fluctuations in line voltage off the premises.
- O. No signs other than those authorized within applicable zoning district shall be erected. A sign permit is required; apply through the Department of Development Services.
- P. No commercial vehicles except as authorized by Section 515-010 of the Zoning Ordinance. \*I understand that parking of semi-trucks and other large commercial vehicles such as tow trucks and dump trucks are prohibited from parking in a residential zoned area with less than 10 acres.

I hereby affirm that I am the owner of the said property or I have obtained the permission of the owner to conduct this business from said property. I hereby acknowledge that I have read and understand the Newton County Home Occupation Regulations and I am aware that failure to comply with said regulations may result in revocation of the Occupation Tax/ Business License and/or legal action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Full Name of Applicant

\_\_\_\_\_  
Date

**SUBSCRIBED AND SWORN BEFORE ME ON THIS**

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Seal

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

**AFFIDAVIT VERIFYING STATUS FOR PUBLIC BENEFIT PURSUANT TO GEORGIA IMMIGRATION LAWS**

By executing this affidavit under oath, as an applicant for a Newton County, Georgia Business or Alcoholic Beverage License, which is a public benefit as referenced in O.C.G.A Section 50-36-1, I am stating for myself or on behalf of \_\_\_\_\_ (Business Entity) my personal presence in the United Sates as follows, check one below.

- I am a United States Citizen.
- I am a legal permanent resident 18 years 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. I have provided my Alien Registration Number, or in the event I do not have an Alien Registration Number, I have provided another identifying number below.

**O.C.G.A 50-36-1 (e) (2) Must provide copy of registration card (front and back).**

\_\_\_\_\_  
Alien Registration and Card Number or Non-Citizen

\_\_\_\_\_  
Document Expiration Date

\_\_\_\_\_  
Birth Date

**PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-6(d)**

By executing this affidavit, as an applicant for \_\_\_\_\_ (Business Entity), I verify its compliance with O.C.G.A. 36-60-6(d), stating that the private employer verifies one of the following below, check one.

- Employers with 10 or less employees:** 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 10 or less 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 applicable provisions and deadlines established in O.C.G.A. 13-10-90.
- Employers with more than 10 employees:** 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. 30-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below:

\_\_\_\_\_  
E-Verify, Company ID Number

\_\_\_\_\_  
Date of Authorization

In making the above representation under oath, I understand that the Newton County Business License Office is relying upon this affidavit, and I hereby authorize them to do so and will notify them immediately if there should be any change in the above statements. I am aware 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 Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Full Name of Applicant

\_\_\_\_\_  
Date

**SUBSCRIBED AND SWORN BEFORE ME ON THIS**

\_\_\_\_\_  
DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Seal

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