



CITY OF STATESBORO
50 E MAIN ST
P.O. BOX 348
STATESBORO, GA 30459
P: 912-764-5468
F: 912-764-4691

Occupational Tax Certificate Requirements

Applicant will need to call and schedule an inspection AFTER submitting all the completed paperwork to the clerk's office. The process will continue after the paperwork has been reviewed for accuracy.

Fire Department: 912-764-3473
Building Official: 912-764-0630

Applicant needs to call the following if food is served and return a copy of the permit to the clerk's office:

- Food service permit (restaurant) from the Health Department 912-764-0737
- Food sales permit (prepackaged food) from the Department of Agriculture 229-386-3489

If you have any questions, please call Sue Heape with the tax/license department at 912-764-0625.



City of Statesboro

912-764-0625

**Occupational Tax Application
Massage Parlors**

Application MUST be legible

All lines must include correct information or be marked "N/A" (if not applicable)

**A business must be issued an Occupational Tax Certificate before conducting business.
All applicants will be required to provide a photo ID.**

1. Date of application: _____
2. Business Legal Name: _____
3. Business Name (DBA): _____
4. Applicants name: _____
5. Business mailing address: _____

6. Business phone number: _____
7. Dominant line of business: _____
8. Contact email: _____
9. Georgia Sales Tax #: _____ Federal Tax ID #: _____
10. State Board License #: _____ Exp Date: _____
11. List all owners, partners, officers, and managing agents and provide a copy of drivers license:
Full Legal Name: _____
Home address: _____

Two previous addresses: _____

Employment for the last 3 years: _____

Telephone:_____ SSN:_____ DOB:_____

Height:_____ Weight:_____ Eye Color:_____ Hair color:_____ Sex:_____

*****If there is more than one person, please provide this information on each individual on a separate sheet of paper*****

12. Is this property leased, rented, or owned? _____

13. Property owner:_____

14. Do you operate an amusement game room? _____

15. If so, how many Class B machines?_____

16. Most recent business at this location?_____

17. Is this an ownership change only?_____

18. Are alcohol sales proposed?_____

19. Have you ever owned or operated a business in the City of Statesboro?_____

20. If yes, please list the name of the business and the location of the business:

21. Have you ever had a business license revoked or suspended in another city or state?

22. If yes, list all massage or similar business license history whether the applicant has had a business license revoked or suspended, the reason therefore, and the business activity, or occupation subsequent to such action of suspension or revocation:_____

23. List the name and address of each massagist who will be employed in the establishment and any massage business or other establishment owned or operate by that massagist. _____

23. Describe any other business to be operated on the same premises or on adjoining premises owned or controlled by the applicant: _____

24. List all criminal convictions other than misdemeanor traffic violations, including the date of convictions, nature of the crimes and place convicted. _____

25. Provide the name & address of the recognized school attended, the dates attended and a copy of the diploma or certificate of graduation awarded the applicant showing the applicant has completed not less than 70 hours of instruction.

26. Provide the names, current addresses, and written statements of at least three bona fide permanent residents, other than relatives, of the United States that the applicant is of good moral character. If the applicant is able, the statements must be furnished from residents of the city, then Bulloch County, then the State of Georgia, then lastly the rest of the United States.

27. Is your business a home occupation? _____

____ YES If your proposed place of business is utilizing an existing building, will it constitute
____ NO a change of use from the type of business previously there?
If yes, please contact the Engineering Department at (912)764-0655.

____ YES Will there be electrical, plumbing, or heating/air work performed prior to opening
____ NO your business?
If yes, please contact the City Building Official at (912)764-0655.

____ YES Will construction valued at more than \$1000.00 be performed prior to opening
____ NO your business? If yes, please contact Planning and Development at (912)764-0630.

____ YES Does the building meet handicap accessibility?
____ NO If no or unsure, please contact the Building Official at (912)764-0655.
____ UNSURE

Even if all questions are checked "NO" the Fire Official **must** perform an inspection of your building and any code violations found **must** be corrected. Please call (912)764-3473 to schedule the fire inspection. If any code violations are found, they must be corrected and re-inspected **prior** to the issuance of the Occupation Tax Certificate.

Each person who is licensed by the examining boards of the Secretary of State's office **must** provide evidence of proper and current state licensure before a City of Statesboro Occupation Tax Certificate will be issued. **Please submit this information with your application.**

Each person who is licensed by the medical boards **must** provide a copy of the current license before a City of Statesboro Occupation Tax Certificate will be issued. **Please submit this information with your application.**

FEES:

Application Fee: \$ 40.00

Administration Fee: \$ 95.00

Regulatory Fee: \$ 55.00

Number of full time equivalent employees: _____ X \$20 = \$ _____

*Full time equivalent employees are determined by adding the total number of hours worked by all employees per week and dividing by 40. **Owners are counted as a full time employee.**

Total Due to City \$ _____

****Please read AND initial each statement below****

_____ ALL business licenses expire December 31st each year. It is the business owner's responsibility to renew the license before January 31st each year to avoid late fee penalties.

_____ I understand the penalty fees will not be dropped due to failure to make a timely renewal.

.....
CERTIFICATION:

I, _____ BEING THE _____
Print Name Title

OF THE BUSINESS FIRM HEREIN NAMED, ATTEST THAT THE NUMBER OF EMPLOYEES REPORTED ABOVE IS THE NUMBER OF EMPLOYEES REPORTED ON THE GEORGIA DEPARTMENT OF LABOR TAX AND WAGE REPORT AND I DECLARE THAT THE ABOVE INFORMATION CONTAINED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME ON
THIS _____ DAY OF _____, 20____

NOTARY PUBLIC

MY COMMISSION EXPIRES



STATESBORO POLICE DEPARTMENT

25 WEST GRADY STREET / STATESBORO, GEORGIA 30458
PHONE: (912) 764-9911 / FAX: (912) 489-5050

Please take a moment to complete the following information regarding your new business. This information will be forwarded to the Statesboro Police Department in maintaining a database for current information on businesses in case of emergency after hours contact. If any of the information should change, we would appreciate notification at the following address and telephone number. Again, thank you for your time and patience in completing this form. If you have any questions or concerns, please feel free to contact:

Statesboro Police Department
25 West Grady Street
Statesboro, Ga. 30458
(912) 764-9911

Business Name: _____

Street Address: _____

Business Phone: _____ **Reference Person:** _____

Dispatch Alert: Please note any private security information regarding your business (such as vicious dog at gate, alarm company, etc...).

Contact Information: Please list three emergency contacts.

<u>Name</u>	<u>Telephone Numbers</u>	<u>Cell Phone Numbers</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

General Information: Such as hours of operation, also please list any information that you feel would assist us in serving you and your business.



City of Statesboro Home Occupation Use Requirements

Home occupation defined: An occupation for gain or support conducted only by members of a family residing on the premises and conducted entirely within the dwelling, providing that no article is sold or offered for sale except such as may be produced by members of the immediate family residing on the premises .

The City of Statesboro allows certain businesses to operate out of a home in R-20, R-15, R-3, R-4, R-6, R-8, R-10, R-30, and R- 40 zoning districts. In order to operate legally, a person operating a home occupation must obtain a business license and meet the following requirements of the *Statesboro Zoning Ordinance*.

- 1.The occupation carried on within the dwelling unit shall be restricted to the heated floor space of the dwelling, shall involve the sale of only those articles, products or services produced on the premises, shall not occupy in excess of 25 percent of the heated floor space within the structure , shall be conducted entirely within the dwelling by members of the family in residence and a maximum of one additional employee and shall be clearly secondary to the dwelling for dwelling purposes.
2. There shall be no external display of products or storage of equipment or other externally visible evidence whatsoever of the occupation, business, or profession.
3. There shall be no signs except for a small four-square-foot property identification sign linking the property to the home occupation.
4. There shall be no emission of smoke, dust, odor, fumes, glare, noise, vibration, electrical or electronic disturbance detectable at the lot line or beyond.
5. There shall be no chemical, mechanical or electrical equipment on the premises other than that normally found in a purely domestic residence.
6. No on-street parking of business-related vehicles shall be permitted at any time. No business vehicle larger than a van, panel truck or pickup truck shall be permitted to park overnight on the premises.
7. Beauty salons, barbershops, doctors, and dentists, and similar businesses are not permitted home occupations.
8. Any business, occupation or profession, the operation of which does not meet the aforementioned requirements of a home occupation shall not be interpreted to be a home occupation despite the fact that it might attempt to operate in a residence.
9. The above-listed requirements of a home occupation shall not be construed to restrict sale of garden produce grown on the premises, provided this exception shall not extend to allow the operation of a commercial greenhouse or nursery or the existence of stands or booths for display of said produce.
10. The following uses are allowable as types of home occupations (not all-inclusive):
 - a.Child care, but not more than six children at a time.
 - b.Tutoring of all types, but limited to not more than four pupils at one time.
 - c.Arts & crafts
 - d.Small appliance repair
 - e.Contracting offices (ie painting, cleaning, yard maintenance, building) but not including storage of equipment, materials, or vehicles.
 - f.Professional services (ie attorneys, accountants, realtors, insurance agents)
 - g.Upholstery
 - h.Alterations
 - i.Chimney cleaning
 - j.Home marketing (ie Amway, Mary Kay, Tupperware, etc)
 - k.Musician and artist
 - l.Laundries
 - m.Other similar uses as approved by the zoning administrator

I, _____, have read, understood, and agree to abide by the City of Statesboro Home Occupation Regulations.

Signature

Date

Complete ONLY if there is fewer than 11 employees

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.

Signature of Exempt Private Employer: _____

Printed Name of Exempt Private Employer: _____

Name of Business: _____

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

Executed on _____, 20____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent: _____

Printed name & Title of Authorized Officer or Agent: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

Complete ONLY if there is MORE THAN 10 employees

Private Employer Affidavit of Compliance Pursuant to O.C.G.A 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation **employs more than ten employees** and has registered with and utilizes 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. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User ID Number: _____ Authorization Date: _____

Name of Private Employer: _____

Name of Business: _____

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

Executed on _____, 20____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent: _____

Printed Name of Authorized Officer or Agent: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

STATESBORO, GEORGIA
SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) PROGRAM
O.C.G.A § 50-36-1 (e) (2) AFFIDAVIT

NOTE: O.C.G.A. § 50-36-1 defines an applicant as "any natural person, 18 years of age or older, who has made application for access to public benefits on behalf of an individual, business, corporation, partnership, or other private entity."

O.C.G.A. § 50-36-1 provides a list of public benefits for which alien verification is required. Included in the list of public benefits at O.C.G.A. § 50-36-1 is "a state or local benefit as defined in 8 U.S.C. Section 1621," which specifically includes "any grant, loan, professional license, or commercial license provided by an agency of a State or local government or by appropriated funds of a State or local government."

By executing this affidavit under oath, as an applicant for one of the enumerated benefit as referenced in O.C.G.A. § 50-36-1 and 8 U.S.C. 1621 from City of Statesboro, Georgia, 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, 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 agent 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 (i.e. valid driver's license or passport), 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 _____

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)

Printed name of applicant

Signature of applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

Georgia Department of Revenue

Any person who performs any business, occupation or profession subject to an Occupation Tax or regulatory fee under O.C.G.A. 48-13-1 is required to provide the city the following information when paying such occupation tax or regulatory fee.

Legal Name of Business: _____

Any associated Trade Names for the business: _____

Mailing address for the business: _____

Physical address for each location of the business: _____

Sales and use Tax Identification number assigned to the business by the Georgia Department of Revenue, if the business is required by law to have such a number: _____

I solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required is true and correct to the best of my knowledge and I fully understand that any false information will cause the denial or revocation of any license issued by the City of Statesboro. I also fully understand that knowingly providing false information under oath in this affidavit will subject me to criminal prosecution and possible imprisonment.

Signature

Notary Public

Office Use:

North American Industry Classification System Code (NAICS) _____



Statesboro Fire Department

Fire Inspection Checklist for Business Licenses

Fire Prevention Division
24 W. Grady St
Statesboro, GA 30458
Office: 912-764-FIRE (3473)
Fax: 912-681-7205

Fire Inspectors look at many items in your business. As a public service, The Statesboro Fire Departments Prevention Division is providing you a self-checklist to assist you and your business in making an assessment of your surroundings before and after the Official inspection by a Fire Inspector.

The checklist will give you a better understanding of what Inspectors look for and will assist you in obtaining a complete/passing inspection during the first visit. The checklist is **NOT** all inclusive as some businesses will require other items above and beyond what is on the list. Your inspector looks forward to discussing these additional items during the visit if requested.

The Statesboro Fire Department has adopted the Georgia Minimum Fire Safety Codes as the model code for the community. Fire Inspectors use this and other referenced codes as a standard for inspections within the fire district. Some of the most common codes used are:

National Fire Protection Association 101, Life Safety Code, 2012th Edition, National Fire Protection Association 10, Standard for Portable Fire Extinguishers, 2002nd Edition, National Fire Protection Association 70, National Electrical Code, 2005th Edition, National Fire Protection Association 96, Kitchen Hood Systems, 2004th Edition,

International Fire Code, 2012th Edition, International Building Code, 2012th Edition, Georgia 120-3-3

These are NOT the only code enforced by the Fire Prevention Division. Other referenced codes may be used based on circumstances presented to the bureau inspector.

Should you require further information, please feel free to contact the inspection division at the above number or via e-mail. An inspector will contact you within a reasonable amount of time to answer your questions.

Thank You

Prevention Officer Carlos Nevarez



Statesboro Fire Department

*Proudly serving the City of Statesboro
and surrounding communities since 1905*

Exits

- Illuminated exit signs maintained in working order
- Proper lock/hardware on exit door(no flush bolts, hasps, etc)
- Means of egress shall be kept clear
- Emergency lights maintained and in working order
- Exit doors open easily and close after opening
- Exit discharge is clear to the public way
- Doors with panic hardware shall have no other locking devices
- There is a sign over the main entrance, "this door to remain unlocked during business hours", if the door has a double keyed deadbolt
- Maximum occupancy signage shall be posted in a conspicuous location near the main entrance for assembly occupancies

Extinguisher/Fire Protection Equipment

- A minimum 2A10BC extinguisher installed as directed
- Hood extinguishing system maintained, and six month service and cleaning documented
- Fire extinguishers serviced within the past year and a new service inspection tag attached
- Extinguishers are securely mounted or in an approved cabinet
- Fire extinguishers are not obstructed and in plain view
- Fire extinguisher top shall be placed between 36" and 50" from floor
- Class K extinguisher installed within 30' of hood and duct system
- Fire alarm system in proper working order AND tested annually with accurate documentation
- 18" clearance between storage and sprinkler heads
- Sprinkler system shall be maintained AND tested annually with accurate documentation
- Standpipe shall be tested every 5 years, and flows taken every 3 years
- Maintain access to fire hydrants and connections for sprinkler and standpipe systems
- Fire and smoke walls shall be maintained and have no opening other than those allowed by the fire code

Electrical

- NO extension cords in place of permanent wiring. (Power strips with breaker buttons are acceptable)
- Electrical panel is not overloaded or obstructed
- 36" clearance maintained in front of electrical panels
- No multi-plug adapters in use, other than approved power strips
- There are no spliced or frayed cords or wires
- Spacers/Blanks installed in electrical panel gap(s)
- Circuit breakers are labeled
- No broken, faulty, or missing switches or outlets
- No missing covers for switches, outlets, junction boxes, electrical panels, etc.



Statesboro Fire Department

*Proudly serving the City of Statesboro
and surrounding communities since 1905*

- Electrical cords do not extend through walls, ceilings, floors, or above or under doors or floor coverings
- No exposed wiring in conduit

Appliances/Mechanical Devices

- All appliances are properly wired, connected and vented
- All appliances are listed

Storage/Combustible material/Housekeeping

- Flammable liquid properly stored
- No accumulation of combustible materials
- Oil rags in non-combustible container with lid
- Compressed gas cylinders secured regardless if full, in use, or empty
- "No Smoking" signs installed as required in areas where combustible materials are stored
- Area around building free of combustible material (weeds, trash, boxes, etc)
- Maintain storage 24" below ceilings without a sprinkler system
- Maintain 36" clearance around items such as furnace and hot water tanks and other ignition sources
- No storage shall be kept in exit stairways

Miscellaneous

- Fire protection equipment unobstructed
- Fire hydrants and fire department connections are visible and unobstructed
- Fire hydrants and other fire protection equipment are protected from physical damage where subject to impact by vehicles
- Knox box entry system mounted in an accessible place for Madison Fire District use only
- Charcoal grills, propane grills, and/or other open-flame cooking devices shall not be located on combustible balconies or within 10' of combustible construction. EXCEPTIONS: one and two family dwellings, and where balconies/decks are protected by an automatic sprinkler system
- Address numbers shall be posted in contrasting colors on front and rear doors for commercial businesses. Numbers shall be a minimum of 8" high on the front and 4" on the back. All other structures shall be 4" except home daycares, which shall be 6".

Note: This list is a general guideline only for common violations that can be readily determined and corrected by the occupant.



CITY OF STATESBORO
50 E MAIN ST
P.O. BOX 348
STATESBORO, GA 30459
P: 912-764-5468
F: 912-764-4691

Massagist Business Permit Application

Application must be legible

All lines must include correct information or be marked "N/A"

A business must be issued an Occupational Tax Certificate before conducting business. All applicants will be required to provide a photo ID.

1. Date of Application: _____
2. Applicants Name: _____
3. Business location: _____
4. Business mailing address: _____
5. Business phone number: _____
6. Contact email: _____
7. Georgia Sales Tax ID: _____ Federal Tax ID: _____
8. State board certificate: _____ Expiration Date: _____
9. Full Legal Name: _____
10. Other names: nicknames and aliases by which you have been known: _____

11. Home address: _____

12. Two previous addresses: _____

13. Drivers license number (please provide a copy): _____

14. Phone number: _____ SSN: _____ DOB: _____

15. Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____

16. Provide 2 front face portrait photographs taken within 30 days of the date of this application at least 2 inches by 2 inches.

17. Name and address of the recognized school attended, the dates attended, and a copy of the diploma or certificate of graduation showing the applicant has completed not less than 70 hours of instruction:

18. Massage or similar business history and experience for the past 10 years prior to the date of this application including but not limited to whether or not such person is previously operating in this or another city or state under license or permit has had such license or permit denied, revoked, or suspended and the reasons therefor and the business activities or occupants subsequent to such action or denial, suspension or revocation: _____

19. List all convictions for felony or misdemeanor or violation of a local ordinance except traffic violations, including the date of convictions, nature of the crime and place convicted: _____

20. Have you ever had a business license revoked or suspended in another city or state? _____

21. If yes, list all massage or similar business license history whether the applicant has had a business license revoked or suspended and the reason therefore; the business activity or occupation subsequent to such action of suspension or revocation. _____

22. Provide the names, current addresses, and written statements of at least 5 bona fide permanent residents other than relatives of the United States that the applicant is of good moral character. If the applicant is able, the statement must be furnished from residents of the city, then Bulloch County, then the State of Georgia, then lastly the rest of the United States.

23. Provide a medical certificate signed by a physician licensed to practice in the state of Georgia within 7 days of the date of this application. The certificate shall state that the applicant was examined by the certifying physician and that the applicant is free from communicable disease. The additional information required by this subsection shall be provided at the applicants expense.

Certification:

I, _____, solemnly swear subject to the penalties O.C.G.A. Sec 16-10-20 as provided above which I have read and understood, that all information required in this application for Massage Therapy and supporting documents is true and correct to the best of my knowledge. I fully understand that any false information will cause the denial or revocation of any Massage Therapy Permit/License issued by the City of Statesboro. I fully understand that knowingly providing false information under oath in this affidavit will subject me to criminal prosecution and possible imprisonment.

Signature

Subscribed and sworn before me on this _____ day of _____, 20_____

Notary Public

My commission expires



City of Statesboro Consent Form

I am authorizing the City of Statesboro to conduct a background criminal history record check.

I hereby agree the City of Statesboro, the Georgia Crime Information Center, the employees of either agency, or the employees of any other agency of the Federal, State, and local agencies, shall not be responsible for the accuracy of the information given or have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check.

Full Name: _____

Address: _____

SSN: _____ DOB: _____

Place of birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Eye color: _____ Hair color: _____

Signature

Date

Sworn before me on this _____ day of _____, 20_____.

Notary Public

My commission expires