# **Business License Check List**

## **New Occupational Tax Certificate**

☐ Pre-Clearance Certificate (Application Enclosed)

☐ Proof of Taxes Paid (Both Real and Personal Property Taxes)

☐ New Business Inspections (Commercial Zoned Properties Only)

☐ New Business License Application (Butts County Application Enclosed)

\*If your business is in the City of Jenkinsburg the Business License Application can be obtained through Jenkinsburg City Hall.\*





# **Butts County Planning & Development - 770-775-8210**

Permitting Process, Butts County UDO Compliance, Zoning Plan Review, Scheduling Inspections

Brad Vaughan, Director – <u>bvaughan@buttscounty.org</u>

Channing Cawthon, Planner – <u>ccawthon@buttscounty.org</u>

Shana Corley, Office Manager – scorley@buttscounty.org



# **Building Department (Charles Abbott & Associates)**

Permitting Process, Building Code Compliance, Building Plan Review, Completing Inspections

Jeremy Head, Building Official - jeremyhead@caa.inc

Kyle Golberg, Building Plan Reviewer - kylegolberg@caa.inc Ph. 229-376-8748



# **Butts County Environmental Health Dept**

Septic Approval Letters

Robert Waggoner - Robert. Waggoner@dph.ga.gov Ph. 770-504-2230 ext. 3



# **Butts County Water & Sewer Authority**

Water and Sewer Tap Receipts / Service Letters
Danielle Lackey, Manager — dlackey@buttswsa.com Ph. 770-775-0042



# **Butts County Public Works**

Driveway Permits and Driveway Inspections
Joey Lowe, Director – jlowe@buttscounty.org



# **Butts County Clerk of Superior Court**

Recorded Deed, Recorded Plats

Morgan Ward, Clerk of Court - Morgan. Ward@gsccca.org Ph. 770-775-8215



# **Butts County Fire Marshal's Office**

Fire Marshal Plan Review, Code Compliance, Inspections Enforcement & Investigations

Sean Wallace, Fire Marshal – <u>swallace@buttscounty.org</u> Ph. 678-236-8119



# **Butts County Tax Commissioners Office**

Proof of Taxes Paid

Nancy Washington, Tax Commissioner – Ph. 770-775-8206



# BOARD OF COMMISSIONERS

Mike Wilson

District 1 Commissioner

Jeremiah Hosford

District 2 Commissioner

Joe Brown

District 3 Commissioner

J. Keith Douglas

District 4 Commissioner

**Russ Crumbley** 

District 5 Commissioner

#### **ADMINISTRATION**

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County Manager

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Planning & Development Director

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Planner

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#### Jeremy Head

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#### **Kyle Golberg**

Building Plan Reviewer & Building Inspector

### Christopher Sears

Code Enforcement Officer

# BUTTS COUNTY BOARD OF COMMISSIONERS OFFICE PLANNING & DEVELOPMENT DEPARTMENT

625 West Third Street, Suite 3 - Jackson, Georgia 30233 Office 770-775-8200 - Fax 770-775-8225 www.buttscounty.com

## **ZONING PRE-CLEARANCE APPLICATION**

All business wishing to operate within Butts County, including the City of Jackson and City of Jenkinsburg, must be examined for zoning designation compliance by the Community Development Department.

The "Zoning Compliance" letter will be forwarded to the "Occupational Tax-Business License Division", upon approval of allowed use of property. A successful completion of this step will allow an applicant to acquire an "Occupational Tax –Business License" application.

<u>Please Note:</u> The imposition of court fines and the revocation of the "Occupational Tax Permit – Business License" will occur at any time in the event that any information contained with the application is false, fraudulent and unlawful.

# \*CURRENT TAX RECEIPT(S) SHOWING ALL PERSONAL AND REAL PROPERTY TAXES PAID \*MUST BE STAMPED BY BUTTS COUNTY TAX OFFICAL \*

| APPLICANT: APPLICANT'S PHYSICAL ADDRESS:  |              |  |  |  |
|---|--------------|--|--|--|
| PHONE:EMAIL:  |              |  |  |  |
| BUSINESS INFORMATION  |              |  |  |  |
| BUSINESS NAME: BUSINESS PHONE: BUSINESS EMAIL: DESIGNATED BUSINESS ADDRESS & PARCEL NUMBER:   |              |  |  |  |
| DESIGNATED BUSINESS ADDRESS & PARCEL NUMBER:  |              |  |  |  |
| PLEASE SPECIFY IN WHICH PROPERTY WILL BE USED: HOME OFFICE USE ONLY COMMERCIAL USE  |              |  |  |  |
| BUSINESS TYPE: TYPES OF PRODUCT(S) AND OR SERVICE OFFERED:  | CE           |  |  |  |
| DAYS/ HOURS OF OPERATION: ESTIMATED # OF EMPLOYEES:   |              |  |  |  |
| I,, do solemnly swear, subject to crimin penalties, that the information in this document is true and no false or fraudulent information used herein. | inal<br>1 is |  |  |  |
| X   |              |  |  |  |
| Office Use:       Butts County Flovilla City of Jackson Jenkinsburg         Zoning       Classified Business Type:                                    |              |  |  |  |

NACIS#

Parcel #



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625 West Third Street, Suite 3 - Jackson, Georgia 30233 Office 770-775-8200 - Fax 770-775-8211

www.buttscountyga.com

## **PROPERTY OWNER AFFIDAVIT**

| I,of                             | (Property Owner), property owner        |
|----------------------------------|---|
|                                  | street),(city),                         |
| (state)                          | (zip code).                             |
| I GIVE / DO NOT GIVE (circle one | e),                                     |
|                                  | (Tenant's name) permission to operate;  |
|                                  | (Business Name) at above stated         |
| property address.                |   |
| <u>X</u>                         | <u>X</u>                                |
| Signature of Property Owner      | Signature of Tenant                     |
| Printed Name                     | Printed Name                            |
|                                  | TRIBED AND SWORN TO BEFORE ME ONDAY OF, |
| Notary<br>My Cor                 | Public mmission Expires:                |



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625 West Third Street, Suite 3 - Jackson, Georgia 30233 Office 770-775-8200 - Fax 770-775-8225 www.buttscounty.com

### OCCUPATIONAL TAX LICENSE APPLICATION

\*Any person conducting business, via sales or services which originate and operate within Butts County is required to obtain a "Business License" and pay an "Occupational Tax". It is the responsibility of the business owner to maintain a current and active Business License and Occupational Tax Certificate \*

| Name of Business:            |                                |               |           |          |                  |
|------------------------------|--------------------------------|---------------|-----------|----------|------------------|
| Business Address:            |                                |               |           |          |                  |
| Physical Address (NO PO BOX) | City                           | State         |           | Zip Code |                  |
| Name of Business Owner:      | Date Business Formed:          |               |           |          |                  |
| Business Address:            |                                |               |           |          |                  |
| Mailing Address              | City                           | State         |           | Zip Code |                  |
| Telephone #:                 |                                | Email:        |           |          |                  |
| Business Type:               |                                | (Operation Lo | cation)   | Home Use | _ Commercial Use |
| Ownership Type:              | Single Pro                     | prietorship:  | Partnersh | nip: C   | orporation:      |
| E.I.N/ Tax I.D#              | State License# (Card Required) |               | E-verify: |          |                  |

## Occupational Tax is calculated by adding the license fee and processing fee together, please use the table below:

**Business License #** 

NAICS CODE#:

| Number of Employees | <b>Business License fee</b> | <b>Process fee</b> |
|---------------------|-----------------------------|--------------------|
| 0-10                | \$100.00                    | \$25.00            |
| 11-20               | \$200.00                    | \$25.00            |
| 21-30               | \$300.00                    | \$25.00            |
| 31-40               | \$400.00                    | \$25.00            |
| 41-50               | \$500.00                    | \$25.00            |
| 50 +                | \$600.00                    | \$25.00            |

\*Current tax receipt(s) showing all personal and real property taxes paid.\*

\*Must be stamped by Butts County Tax Official\*

Fire Marshal/ CO Approval (Commercial Locations Only) Inspection Date:



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## BUTTS COUNTY BOARD OF COMMISSIONERS OFFICE

### Planning & Development Department

625 West Third Street, Suite 3 - Jackson, Georgia 30233 Office 770-775-8200 - Fax 770-775-8211

www.buttscountyga.com

# FOR IMMEDIATE RELEASE-BUTTS COUNTY ENACTS NEW ILLEGAL IMMIGRATION LAW REQUIREMENTS:

During the 2011 legislative session, the Georgia General Assembly passed the illegal immigration Reform and Enforcement Act (House Bill 87). Among other initiatives, the legislation placed several new requirements on local governments and businesses. Individuals and business owners should be aware of two of these new requirements that took effect on January 1, 2012.

The first requirement calls for any person seeking a public benefit through the county to present a secure and verifiable document. Public benefits include such things as an occupation tax certificate (business license), an alcohol license and contracts. It further requires any person required to present identification to the county for any official purpose to present a secure and verifiable document. This means that anyone who applies for a public benefit through a county must not only submit a Systematic Alien Verification for Entitlement (SAVE) affidavit but they must also present a secure and verifiable document. Although counties may accept affidavits in person, electronically or by mail, secure and verifiable documents can only be submitted in person or electronically and cannot be accepted by mail.

For more information on what is considered a public benefit and a list of approved secure and verifiable documents, go to the Georgia Attorney General's website at <a href="www.law.ga.gov">www.law.ga.gov</a>. Click on "Key Issues," and then "Immigration Reports."

The second requirement calls for private employers with 500 or more employees seeking an occupation tax certificate (business license) or any other document required to operate a business within the county to register for and use the E-verify program and to sign an E-Verify affidavit. E-Verify is a federal program the checks the employment eligibility of all new hires.

The private employer requirement will be phased in through July 1, 2013. Private employers with 100 or more employees must be registered beginning on July 12012 and employers with more than 10 employees must be registered beginning on July 1, 2013. Private employers that are not subject to this requirement must sign an exemption affidavit. The affidavits for business owners are also available on the General Attorney General's website.

The Association County Commissioners of Georgia (ACCG) has worked to help counties understand the new requirements for compliance and reporting established through the Illegal Immigration Reform and Enforcement Act through regional training programs for county staff. For additional information on what counties must do to comply with this new law, go to <a href="https://www.accg.org">www.accg.org</a> and click on "Immigration.

"We've had more questions from counties on the implementation of the new illegal immigration laws than any other legislative issue in recent years," said ACCG Association Legislative Director Todd Edwards. "Our job is to make sure that we provide them with the best information that we have available and to help them understand what they need to do to comply.

## O.C.G.A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

| 1)I am a United States 0  | Citizen.                                  |                                       |                          |                    |
|---|---|---------------------------------------|--------------------------|--------------------|
| 2) I am a legal permaner  | nt resident of the U                      | Inited States.                        |                          |                    |
| 3) I am a qualified alien<br>Nationality Act with an alien numbe<br>immigration agency. My alien numb<br>immigration agency is:                                       | r issued by the De<br>er issued by the D  | partment of Home<br>epartment of Home | eland Security or othe   |                    |
| The undersigned applicant also hereby verifications and verifiable document, as required by   |   |                                       |                          | ded at least one   |
| The secure and verifiable document provided   | l with this affidavi                      | t can best be clas                    | ssified as:              |                    |
| In making the above representation use false fictitious, or fraudulent statement or reconstruction and face criminal penalties as allowed by Executed this the day of | epresentation in ar<br>such criminal star | affidavit shall bute.                 | be guilty of a violation | of O.C.G.A. 16-10- |
| Printed Name of Applicant   | -   |                                       |                          |                    |
| Signature of Applicant  | -   |                                       |                          |                    |
|   |   |                                       | BEFORE ME ON             | 20                 |
|   | NOTARY PU                                 | BLIC                                  |                          |                    |
|   | My Commiss                                | ion Expires:                          |                          |                    |

## Private Employer Affidavit Pursuant to 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 1.    | Please check only one:   |                               |                           |                  |  |
|---------------|--|-------------------------------|---------------------------|------------------|--|
| (A)           | (A) On January 1 <sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees. |                               |                           |                  |  |
|               | *If you select Section 1 (A), please   | e fill out Section 2 a        | nd then execute below.    |                  |  |
| (B)           | On January 1 <sup>st</sup> of the below-signed or fewer employees.   | l year, the individua         | l, firm, or corporation e | mployed ten (10) |  |
| Section 2.    | *If you select Section 1 (B), please   | e skip Section 2 and          | execute below.            |                  |  |
| provisions an | er has registered with and utilizes the fedend deadlines established in O.C.G.A. § 30 ization user identification number and da      | 6-60-6. The undersi           | gned private employer     |                  |  |
|               | Name of Private Employer   |                               |                           |                  |  |
|               | Federal Work Authorization User Ident<br>Authorization   | tification Number             | Date of                   |                  |  |
| I here        | reby declare under penalty of perjury that   | the foregoing is tru          | e and correct.            |                  |  |
| Exec          | cuted on the date of, 20   | in                            | (city)                    | (state.          |  |
|               | Signature of Authorized Officer or Age   | ent                           |                           |                  |  |
|               | Printed Name of and Title of Authorize   | ed Officer or Agent           |                           |                  |  |
|               |  |                               | ORN BEFORE ME ON          |                  |  |
|               |  | TARY PUBLIC Commission Expire | s:                        |                  |  |



## Office of the Fire Marshal

# **Pre-New Business Inspection Form**

This process is for any new business whether occupying an existing building. All actions start at the Butts County Planning and Zoning Department. All plan reviews, inspections and re-inspection must be submitted and scheduled through the City Tech portal. The Butts County Fire Marshal's Office does not accept plans directly or schedule inspections. The following items are required without exception.

### 1) Cover sheet -

- i. Business or Project Name
- ii. Address to include any suite numbers or letters
- iii. Business Owner and Person Operating the Business if other than Owner
  - 1. Name
  - 2. Address
  - 3. Phone Number
  - 4. Email address
- 2) **Scope of Work Sheet** Describe in detail the items in 3-6. This will help us facilitate the correct codes and speed up the inspection process. Please include a valid email address with your Scope of Work sheet.
- 3) **Overall Business Footprint Plan** space and dimensions of the business:
  - Must show tenant separation walls (if in a building with multiple businesses)
  - Must show what business is on either side of your business
  - Must include their suite numbers (if applicable)
  - Must show all door, windows of your business.
  - Location of all building utilities coming into the building.

# 4) Overall Interior Space Plan

To include room dimensions for each room, what each room will be used for, workspaces, and any stationary fixtures: ie, counters, displays, merchandise racks.



## Office of the Fire Marshal

## 5) Fire Protection System Plan

Is there a Fire Alarm System, Fire Sprinkler System and / or a Commerical Hood Suppression System in place now.

Are there multiple businesses under the same roof.

If the new business does not already have a KnoxBox, one is required.

If there is a controlled access gate to the property, a KnoxBox padlock is required for manual gates and an electronic KnoxBox is required for automatic gates.

### 6) Commodities

What type of business will be conducted, what type of items are being processed, manufactured, made, sold, stored and or recycled.

Are there Hazardous Materials on site, what are the quantities, include Safety Data Sheets for each with your response.

# 7) Submittal

- a. Butts County Planning and Zoning is your first step in the process.
- b. All Plans must be in PDF format and uploaded to City-Tech
- c. The Fire Marshal's Office can not advise you on requirements without knowing the information above.