

City of Barnesville Home Occupation Application

Date: _____

New

Renewal

Name of Applicant: _____

Name of Business: _____

Street Address: _____

Telephone: Business _____ Home _____

Fax #: _____

Property Owner: _____

Property Owner Address: _____

Business Hours: _____

Type of Business: _____

Description of Business: _____

Total # of Full Time _____ and Part Time _____ employees

Federal Tax ID # or Social Security # _____

Explain specific activity that will occur at this location relative to the business.

Estimated vehicular traffic increase as a result of this business: _____ per day.

Noise: Yes No If yes, describe below. _____

Odor: Yes No If yes, describe below. _____

Does this business involve manufacture of product or item? Yes No If yes, give detailed description and list all materials included in product. If necessary, attach additional page. _____

Are vehicles or mobile equipment involved in this business? Yes No If yes, describe below. _____

Will this business operation require modification to existing facilities, structure, site, etc.? Yes No If yes, describe below. _____

Is this business regulated by any other government entity or agency? Yes No

CERTIFICATION

I, _____, being the owner of the business firm named herein register to operate business activity described herein in accordance with all applicable rules and regulations of the City of Barnesville and the State of Georgia. I, the undersigned, certify that I am the person authorized by the business herein to file this application/return and that all the information provided is true, correct, and complete.

Applicant Signature

The _____ day of _____, 20____

FOR CITY USE ONLY

Zoning: _____

Occupational Tax: \$ _____

License #: _____

Approved: _____
City Clerk/Designee

The zoning has been reviewed and is determined as: Approved Not Approved

Zoning Administrator