



Post Office Box 785
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Cornelia, Georgia 30531
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Submitted On:
Certificate #:
Issued On:

HOME OCCUPATION BUSINESS LICENSE APPLICATION

Processing Fee: \$25.00

INSTRUCTIONS: Please fill in ALL information requested below and return to Cornelia City Hall:

Business Name:
Owner(s) Name(s):
Business Owner(s) Driver's License Number(s):
Business Mailing Address:
Business Phone Number:
Specific Nature of Business:



Information on Property Where Home Occupation is Proposed



Physical Address (911 #):
Map & Parcel Number(s): Land Lot(s):
Current Zoning or Land Use Classification:
Present use of the Property:
Property Owner's Name:
Property Owner's Phone Number:
Property Owner's Mailing Address:

* If the Applicant is not the Property Owner, a letter from the Property Owner, acknowledging the applicants intentions, must be submitted along with this application before a License can be issued. *

General Information

Vehicle(s) used for Operation of Home Occupation:
Material(s) Stored on Site:
Equipment / Machinery used:
Number of Employees:
Total Square Footage of Structure where business is to be operated from:
Square Footage devoted to Home Occupation within Structure mentioned above:

I understand and have initialed beside all rules and regulations mentioned on the back: Yes No
If applicable, I have submitted the required letter from the Property Owner: Yes No
I have paid the \$25.00 Processing Fee to the City of Cornelia: Yes No

Describe Home Occupation Proposed (*use separate sheet if necessary*): _____

The following information was taken from the Zoning Ordinance of the City of Cornelia, Georgia, Article 8, Section 817, entitled Home Occupations. **Please read each item carefully and initial in the space provided beside each statement.** The failure of a Home Occupation Licensee to comply with any of the following conditions shall be reasonable grounds for revocation of a Home Occupation Business License if granted.

- _____ 1. Employment of person(s) not residing in the dwelling is limited to one full-time employee or two part-time employees.
- _____ 2. The home occupation shall be clearly incidental and secondary to the residential use of the dwelling and shall not change the residential character of the building or lot.
- _____ 3. No storage or display of products or materials shall be visible from the adjoining street or adjacent properties, and only products produced on the premises may be sold on the premises.
- _____ 4. Only vehicles used primarily as passenger vehicles shall be permitted in connection with the conduct of a home occupation.
- _____ 5. No external alterations of the dwelling solely for the accommodation of a home occupation are permitted.
- _____ 6. No chemical, electrical, or mechanical equipment that is not normally a part of domestic or household equipment shall be used primarily for commercial purposes, other than equipment approved by the Zoning Administrator for permitted home occupations.
- _____ 7. A single attached business identification sign not to exceed four (4) square feet shall be permitted.
- _____ 8. Use of a building for a home occupation shall not exceed fifty (50%) percent of one (1) floor of the principal building. Home occupations are not permitted, in whole or part, within accessory buildings.
- _____ 9. A business license shall be obtained from the City prior to the operation of any home occupation. Said business license shall require approval by the Zoning Administrator.
- _____ 10. The following uses are allowed as home occupations (not all inclusive): Tutoring, consultation and instruction in music, dance, arts, crafts and similar subjects, limited to two (2) students at one time; family day care homes; professional services (i.e., attorneys, architects, accountants, realtors, insurance and travel agents; secretarial services and answering services; mail order and general offices not involving storage of equipment, materials or vehicles; phone solicitations; beauty salons and barber shops limited to two patrons at a time; food catering.
- _____ 11. The following uses are specifically prohibited as home occupations (not all inclusive): cabinet shops and or metal cutting; doctors, dentists or other medical professions; automobile repair or related work; small engine repair shops, and landscaping/nursery/ greenhouse operations.
- _____ 12. Trip generation uniquely attributed to the home occupation, as opposed to the normal vehicular traffic related to domestic use of the dwelling, and shall not exceed ten (10) vehicle trips per day.
- _____ 13. The failure of a home occupation licensee to comply with any of the above conditions shall be reasonable grounds for revocation of a home occupation business license.

Should your Home Occupation require any type of State License(s) or approval from the State of Georgia or Habersham County Health Department, a copy of said license(s) and/or letter of approval must be attached to this application prior to submittal.

I, PRINT NAME: _____, have read all of the above conditions and understand that the failure of a Home Occupation Licensee to comply with any of the above conditions shall be grounds for revocation of a Home Occupation Business License.

OFFICE USE ONLY

Application Reviewed By: _____

Application Approved: Yes ~or~ No

If the application is denied, a letter must be sent to the applicant, Certified Mail, stating the reasons for denial.

Applicant's Signature

Owner's Signature (*if applicable*)