

Welcome to the First Mountain City
Jasper, Georgia



New Business Application

City of Jasper
200 Burnt Mountain Road
Jasper, GA 30143
706-692-9100
www.jasper-ga.us

Checklist for New Businesses in the City of Jasper

1. Consult with the Planning & Zoning Department to make sure the type of business you plan to open is allowed in your zoning district.
2. Complete a Tenant Occupancy Change Form for the Fire Marshall.
The Fire Marshal will contact you to schedule a fire safety inspection.
3. Additionally, The City of Jasper Building Inspector will contact you for an inspection to be completed.
4. Complete the City of Jasper Occupation Tax/Business License Application.
5. Provide a copy of your driver's license.
6. If you are a retail business, provide a copy of your Sales & Use Tax Certificate.
7. Provide a copy of any state & federal licenses required for type of business (examples: cosmetology, restaurant, used car sales, etc.)
8. Review instructions & complete the Federal Work Authorization Affidavit verifying status & the Private Employer Affidavit required by Georgia law (O.C.G.A. 36-60-(d)).
9. Complete a sign permit application to be approved by the Building Official prior to installing any signage (this includes any lettering on the windows & doors) being placed at the business.
10. Complete City of Jasper water/sewer Application.
11. Return Packet to City Hall

Business License Occupational Tax (per employee)

0-4: \$100	31-50: \$500	201 +: \$2000 +\$10 per employee
5-10: 150	51-100: \$750	
11-30: 250	101 -200: \$1500	

Renewal: \$100

\$25 Late fee for first 30 days

\$100 Late fee for any 30 days after that

Change in Licensee: \$50

City of Jasper

Application for Business License/Occupational Tax License

This application must be completed and returned with applicable fees to:

City of Jasper
200 Burnt Mountain Road
Jasper, GA 30143
706-692-9100

****Make Checks Payable to the City of Jasper****

Name of Business _____

Business License # _____

Local Business Address _____

Mailing Address, if different _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Owner of Business _____

Home Address _____

Manager of Business _____

Home Address _____

Description of Business _____

Federal Tax 1.0. or Social Security# _____

E-Verify# _____

GA Sales Tax ID# (Retailers or Resellers) _____

Number of Employees: Full Time _____ Part Time _____

(SAVE and E-Verify affidavits must be signed and documentation attached)

I certify that the foregoing information is true and correct. I understand that falsification of any part of this application could cause revocation of the certificate.

Date: _____ Signature _____

CITY OF JASPER
FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHALL
 200 Burnt Mountain Road
 Jasper, GA 30143



Greg Chapman, Fire Marshall

Office Phone: (706) 692-9100
 Fax Number: (706) 692-2126
 Cell Phone: (678) 460-9301

TENANT OCCUPANCY CHANGE

A Tenant Occupancy Change Inspection will need to be conducted to ensure the proposed business meets all building and fire safety codes and meets all requirements of current zoning. The Inspectors may discover code violations that will need to be corrected. You may be required to submit plans and obtain a building permit to correct some violations. Any new tenant that moves into a commercial space or takes over a commercial business is required to obtain a Certificate of Occupancy and/or Business License, Certificate of Occupancy and Business License **will** not be issued until code requirements are met.

Property Address		Suite#	
City	Zip Code	Zoning	
Prior Business Name at Above Address			
Proposed Business Name			
Proposed Business Type: Assembly__ Ambulatory Health__ Business/Office__ College__ Daycare__ Education__ Hospital__ Industrial__ Institution__ Mercantile/Retail__ Nursing Home__ Personal Care__ Storage__			
Business Owners Name		Business Phone	
Email		Cell Phone	
Address	City	State	Zip Code
Property Owners Name		Phone	
Address	City	State	Zip Code

I hereby certify that I have read and examined this application and know the same to be true and correct, I understand that any changes to the structure, exits, signage, miscellaneous plumbing, electrical connections, equipment or HVAC system requires a commercial permit and/or plan review with the associated inspections and fees. This application is only valid for change in tenant where there are no changes in the type of occupancy or use of the building or areas within the building.

_____ attest, to the best of my knowledge, all of the above information is true,
 (Business Owners Signature)

Date: _____

F.M.O. Approved__ Rejected__	
By: _____	Date: _____
Comments: _____ _____	



GUIDELINES FOR ANNUAL AND BUSINESS LICENSE FIRE SAFETY INSPECTIONS

ADDRESS/ SUITE MARKING:

Address/suite numbers shall be located on street side in 4 inch numbers in contrast with background.

MEANS OF EGRESS:

Check exit doors making sure they are not blocked and unlocked during business hours.

Exit aisles clear and not blocked.

Exit and emergency lights are working and have annual inspection completed.

Means of egress is handicap accessible.

HANDICAP ACCESSABILITY:

Handicap parking with proper signage.

Handicap accessible public areas.

Handicap accessible restrooms.

FIRE EXTINGUISHERS:

Travel distance to a fire extinguisher not more than 75 feet in normal business.

Fire extinguishers shall be placed as close as possible to exits and or main exit for public.

Size of fire extinguisher 10lb ABC.

Fire extinguishers shall be tagged and serviced by a state licensed company annually.

FIRE WALLS AND SMOKE BARRIERS:

Buildings that have fire walls/barriers and or smoke barriers must be maintained.

Penetrations in these walls shall be sealed with approved fire stopping material.

Fire walls/barriers and smoke barriers shall be marked with permanent signage appropriate to the wall rating.

FIRE ALARMS AND SUPPRESSION SYSTEMS:

Buildings that have fire alarms and or sprinklers shall be maintained.

Systems shall be serviced annually by a state licensed contractor.

Sprinkler systems shall have a current green tag.

Current records of inspections are on site.

COMMERCIAL COOKING SYSTEMS:

Hood systems shall be maintained by state licensed company.

Hood systems shall be serviced every 6 months and tagged.

Hood systems shall be kept cleaned and free of grease build up.

Current records of inspections and cleaning are on site.

ELECTRICAL:

Extension cords shall not be used for permanent wiring, only UL listed surge protectors.

All electrical wiring taps shall be in boxes and have covers on boxes

Electrical panels shall have a clearance of 30 inches width and 36 inches depth in front of panels.

Electrical breakers shall be labeled to indicate what they operate.

ELECTRICAL AND MECHANICAL ROOMS:

Doors to electrical, mechanical and fire sprinkler rooms shall be labeled.

No storage of combustible materials in these rooms.

STORAGE:

Storage of combustibles shall be orderly and shall not be stored in exits.

Storage of combustibles shall not be near heating devices distance of 36 inches minimum or shielding so ignition cannot occur.

Ceiling clearance shall be maintained 2 feet below ceiling in nonsprinklered areas of buildings or a minimum of 18 inches below sprinkler heads in sprinklered areas of buildings.

No storage in attics, under floors and concealed spaces unless protected on storage side by one hour fire rated construction. Storage shall not be placed on exposed joists.

No storage under stairs.

No storage of fueled equipment or vehicles inside buildings other than repair shops.

KNOX BOX:

All newly or renovated commercial buildings and multi-family dwellings are required to install a Knox Box on the exterior of the building. Location to be approved by the fire marshal.

Knoxbox.com Knox Box 3200 series

Any questions please direct to Fire Marshal Greg Chapman at City of Jasper Fire Department. gchapman@jasper-ga.us



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) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The 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. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I 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 and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE __ DAY OF __, 20__

NOTARY PUBLIC



O.C.G.A. § 50-36-1(E)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) **Occupational Tax Certificate**, as referenced in O.C.G.A. § 50-36-1, from **The City of Jasper, 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 or 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 agency 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, 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 Number: _____ Exp. Date: _____ or

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).

Signature of Applicant

Printed Name of Applicant

Name of Business

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



City of Jasper
200 Burnt Mountain Road
Jasper, GA 30143
Phone: (706)-692-9100

Agreement of Understanding

By signing this Agreement of Understanding I, _____, acknowledge that I am aware of the limitations placed on me by the City of Jasper in regard to the Occupational Tax License being issued to me, or renewed, in the name of _____, and located at _____.

Because my business is located at a rented facility, I understand that the following restrictions apply.

Those restrictions include but not limited to:

- 1) No advertising is to be made unless a sign permit has been filed and the fee paid with the City of Jasper Planning & Development Department.

I further understand that by violating any of the above restrictions, the City of Jasper may revoke my Occupational Tax License.

X

Applicant's Signature

X

Date



City of Jasper
200 Burnt Mountain Road
Jasper, GA 30143
Phone: (706)-692-9100

Agreement of Understanding

By signing this Agreement of Understanding I, _____, acknowledge that I am aware of the limitations placed on me by the City of Jasper in regard to the Occupational Tax License being issued to me, or renewed, in the name of _____, and located at _____.

Because my business is located at a rented facility, I understand that the following restrictions apply.

Those restrictions include but not limited to:

- 1) The landlord understands that the above business is being ran out of the rented location by the tenant.

I further understand that by violating any of the above restrictions, the City of Jasper may revoke my Occupational Tax License.

X

Landlord's Signature

X

Date

I 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 and Title of Authorized Officer or Agent

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

NOTARY PUBLIC
