



**CITY OF WINDER  
23 NORTH JACKSON STREET  
PO BOX 566  
WINDER, GEORGIA 30680  
770-867-3510**

**HOME OCCUPATION APPLICATION**

*Please answer the following questions and submit the application to the City of Winder for review.*

<b>APPLICANT INFORMATION</b>  NAME:	<b>NATURE OF BUSINESS</b>  ___ Mail Order/Home ___ Office ___ Marketing ___ Arts/Crafts
HOME ADDRESS:	NAME OF BUSINESS
Driver's License # (Copy of License Required)	Email Address:
EIN#	Birthdate
Social Security # (Number Must Be Verified)	
Georgia Sales Tax # (If Applicable)	Telephone #

**Please read the attached information prior to completing the following:**

<b>How many employees will you have other than yourself?</b>		<b>Percentage of space in your home dedicated to the business.</b>	<b>%</b>
<b>Do you plan to display any products? (if yes, please describe)</b>	___ Yes ___ No	<b>Do you have a business vehicle (if yes, please describe)</b>	___ Yes ___ No
<b>Do you have off-street parking (if yes, please describe)?</b>	___ Yes ___ No	<b>Will you have deliveries, such as Federal Express, Etc. to you home? (if yes, please describe)</b>	___ Yes ___ No
<b>Do you plan to have any signs?</b>	___ Yes ___ No	<b>Will you have customers coming to your home? (if yes, please describe)</b>	___ Yes ___ No
<b>Do you own or rent your home?</b>			
<b>If renting, written consent from the property owner is required for approval.</b>			

List any types of equipment used by the business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any special material utilized by the business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any materials or equipment to be stored at your home: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe your business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*I certify that the above information is correct and true to the best of my knowledge, and further understand that the above information will be checked by the City of Winder. I authorize the City of Winder to check my driving and criminal records file. I understand that any false statements may result in rejection of my application. I agree to abide by all home occupation regulations. Failure to do so may result in revocation of my Business Registration.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**FOR CITY OF WINDER USE ONLY**

<b>DATE RECEIVED:</b>	<b>ZONING:</b>
<b>NAICS CODE:</b>	<b>TYPE OF BUSINESS:</b> _____ <b>APPROVED</b> _____ <b>DENIED</b>
<b>LOCATION:</b> _____ <b>APPROVED</b> _____ <b>DENIED</b>	<b>REASON FOR DENIAL:</b>

**SPECIAL PROVISIONS (IF APPLICABLE):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Zoning/Planning

Approved/Denied

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Environmental Protection Services

Approved/Denied

\_\_\_\_\_  
 Date