

**CITY OF HOLLY SPRINGS**  
**ZONING CLEARANCE CERTIFICATE**

Prior to completing an occupational tax form or "business license" application, the Zoning Administrator must first identify the zoning district of the proposed business use location. The Zoning Administrator will then contact the applicant to confer zoning compliance; subsequently, this form is forwarded to the Business License Clerk and the applicant may then proceed to complete the occupational tax application and proceed with the business license process. Should the business use location not conform with the zoning district requirements, the Zoning Administrator will contact the applicant immediately, identifying the deficiency(s) and recommending a course of action to achieve zoning compliance. **PLEASE ALLOW ONE (1) BUSINESS DAY FROM FILING TO PROCESS**

Please complete this form truthfully, to the best of your knowledge. In addition to the possible on-site inspection of the premises, the City will rely upon the answers given in this application. If it appears that after the permit is issued and business begins the answers were untruthful, penalties in accordance with City Code will be assessed.

**RETURN THIS FORM TO: City of Holly Springs, 3235 Holly Springs Pkwy. (See U.S. Mail Address Below)**

**PLEASE PRINT OR TYPE**

**FAX (770) 345-2827 OR Mail: P.O. Box 990, Holly Springs, GA 30142**

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Business/Corporation Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Location: \_\_\_\_\_ Suite No. \_\_\_\_\_

Business Phone: \_\_\_\_\_ Corporate Phone: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Nature of Business: (Describe the requested use in detail, including **all** the products, services or trades to be conducted at the above location.) \_\_\_\_\_

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR ZONING ADMINISTRATOR USE ONLY:**

Tax Parcel Number \_\_\_\_\_ Map Number \_\_\_\_\_ Zoning District \_\_\_\_\_

Is this requested use classified as a permitted use within the zoning district? Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, please identify the permitted use classification: \_\_\_\_\_

Is this requested use listed as a conditional use within the zoning district? Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, please identify the conditional use classification & additional requirements (if any): \_\_\_\_\_

Mark-X if Request Includes Zoning Stipulations ( ) **Attach Relevant Zoning Stipulations, if any**

**Applicant Cleared to Apply for Occupational Tax Permit:** Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator



City of Holly Springs

**SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE)**

Affidavit of Compliance with O.C.G.A. 50-36-1 “Verification of Lawful Presence within the United States.”

O.C.G.A. 50-36-1 requires that applicants applying for such things as licenses for public benefits complete a signed and sworn affidavit verifying the applicant’s lawful presence in the United States. Therefore, the applicant must answer the following questions:

The applicant is a U. S. citizen or legal permanent resident at least eighteen (18) years old.

       YES                                             NO                                      or                                      IF NOT:

The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. **A photo static copy of the applicant’s alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.\***

O.C.G.A. 50-36-1 states that “Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to this Code section shall be guilty of a violation of Code Section 16-10-20.”

**I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Legal Company Name

\_\_\_\_\_  
Company Address

(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. **A STAMPED SIGNATURE IS NOT ACCEPTABLE.**)

I hereby certify that \_\_\_\_\_ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

SUBSCRIBED AND SWORN BEFORE ME ON THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
Notary Public

AFFIX SEAL

\*All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-36-2.