City of Newnan
25 LaGrange Street
Newnan, GA 30263
Direct: (770) 253-2682

Occupational Tax Certificate Application

(Please allow up to one week to process your application)

Type of business:

◯ **Home Based Business**

◯ **Non-home Based Business (Brick & Mortar)**

All forms must be filled out completely, including mailing and business addresses and all available phone/fax/email information. Gross receipts are utilized to calculate the annual taxes due to the City of Newnan. Initially, gross receipts can be estimated. For renewals, gross receipts must be substantiated by a copy of the prior year's business tax return. Certificates and/or renewal certificates will not be issued until all property taxes (real and/or personal) are paid for the business, owner(s) and location. The same applies to any delinquent revenues owned to the City of Newnan.

If you are moving within the City of Newnan Downtown Business District, please contact the Sanitation Department by dialing (770)253-0327 to set up service.

Purchase of existing business: **If you have purchased an existing business, the prior business owner must close out their business and pay all associated taxes in full prior to the issuance of the new owner's Occupational Tax Certificate, no exceptions!**

The following must be included with the completed, signed application:

- Owner's driver's license, Social Security or Green Card
- Copy of signed lease, buyer's agreement or closing statement for business location
- Notarized - Affidavit Verifying Status for each Owner of the business
- Notarized - Private Employer Affidavit

Copies must be provided of the following if applicable to the certificate being issued:

- Sales Tax ID # (Phone (877) 423-6711 and FEIN (800) 829-4933)
- State License (If required by the State of Georgia)
- Incorporation Letter (Required for corporations, closed corporations or LLC)
- Health Inspection Certificate (Heath Department (770) 683-7345)
- Department of Agriculture (Inspection (404) 656-3645)

Contact Information:

- Licensing Specialist - (678) 673-5478
- Planning & Zoning City Planner - (770) 254-2354
- Building Department - Inspections (770) 254-2362
- Fire Marshall - (770) 253-6730
- Tax Commissioner - (770) 254-2670

NEWNAN
GEORGIA

New Occupational Tax Certificate Application

Date: _____

Certificate #_____

Date Business Opened in Newnan: _____

EIN or Social Security Number:
Georgia Sales Tax Number:
Georgia State Card:
Registration Number:

Disabled Veteran or Not-for-Profit: ☐ Yes ☐ No

Business Type:
☐ **Retail**
☐ **Annual (Service)**
☐ **Financial (Bank)**
☐ **Insurance**

NAICS Code:
Description of Business Activity:

Estimated Gross Receipts Thru End of Current Year: $
Tax Rate:
Administrative Fee: $25.00
Total Amount Due: $

Business Name:
DBA (Doing Business As):
Business Address Line 1:
Business Address Line 2:
City:
State/Province:
ZIP/Postal Code:

NEWNAN
GEORGIA

New Occupational Tax Certificate Application

Mailing Address (If Different from Business Address)

Address Line 1:
Address Line 2:
City:
State/Province:
ZIP/Postal Code:

Business Contact Information

Business Phone Number:
Email Address:
Fax Number:
Website:

Business Type (Select One):

☐ **Sole Proprietorship**
☐ **Partnership**
☐ **Limited Liability Company (LLC)**
☐ **Corporation**
☐ **Other: _____**

Corporate Information (If Applicable)

Corporate Name:
Corporate Address Line 1:
Corporate Address Line 2:
City:
State/Province:
ZIP/Postal Code:

Owner Information

Owner Name:
Home Address:
City:
State/Province:
ZIP/Postal Code:
Owner's Phone Number:
Owner's Email Address:

New Occupational Tax Certificate Application

Is the business conducted at any additional locations within the City of Newnan? ☐ Yes ☐ No

If yes, please list all additional business addresses:_____

Certification: The information requested in this application is required by the City of Newnan Code of Ordinances.

I,_____, bearing the title of_____, on behalf of the Business Firm Named, hereby register to operate said business with the dominant business activity of: Description of Business Activity:_____

In Accordance with the business ordinance, City of Newnan, Geogia, I, the undersigned, certify that I am the person duly authorized by he business herein named to file this return including the accompanying schedules and that the information contained in these documents are true, correct and complete. I hereby make application for an Occupational Tax Certificate to conduct the above-described business in the City of Newnan. I understand that approval must be obtained from the departments having authority prior to issuance of the certificate. By signing below, I do solemnly swear, subject to criminal penalties for false swearing, that information contained in the application is true and no false or fraudulent information is made herein to procure the granting of this certificate.

Owner Signature:_____ Date:_____

Property Information

Coweta County Tax Assessor's Office Phone: (770) 254-2680 Website: www.cowetatax.com
Map/Parcel Number:
Are Property Taxes Current? ☐ Yes ☐ No
Landlord/Property Owner:
Shopping Center/Complex Name (if applicable):
Previous Use of Building:
Building Type: ☐ New Construction ☐ Existing Building
Will construction or renovations be required? ☐ Yes ☐ No
Is this a home-based business? ☐ Yes ☐ No *If Yes, approval from the Building Department and Fire Marshal is not required.*

City of Newnan Official Use Only

Zoning Department:
Approval Status: ☐ N/A ☐ Approved ☐ Denied Zoning District:
Date Reviewed: Reviewed By:

Building Department
Change of Occupancy Permit Required? ☐ Yes ☐ No
Date Reviewed: Reviewed By:

Fire Marshal: Approval Status: ☐ N/A ☐ Approved ☐ Denied
Date Reviewed: Reviewed By:

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Corporation/Limited Liability Company (If Applicable):

Corporation/LLC Name

President/Owner Name:		
President/Owner Address:		
City:	State:	Zip Code:
President's Phone Number:		
President's Email:		
Date of Incorporation/LLC:		

Partnership (if applicable)

Partner's Name:		
Partner's Address:		
City:	State:	Zip Code:
Partner's Phone Number:		
Partner's Email:		

Additional Partner (if applicable)

Partnership (if applicable)		
Partner's Name:		
Partner's Address:		
City:	State:	Zip Code:
Partner's Phone Number:		
Partner's Email:		

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www.newnanga.gov

AFFIDAVIT VERIFYING STATUS FOR CITY OF NEWNAN PUBLIC BENEFIT

By executing this affidavit under oath, as an applicant for an ***Occupational Tax Certificate*** as referenced in O.C.G.A. §50-36-1, from the **City of Newnan, Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- ○ I am a United States citizen.
- ○ I am a legal permanent resident of the United States.
- ○ 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 registration number issued by the Department of Homeland Security or other federal immigration agency is: _____.

(Must attach a copy for verification)

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 ○ Permanent Resident Card

○ Passport/Visa (US only) ○ Work Visa ○ Other _____

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 Code §16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in _____ (City), _____ (State).

_____
Printed Name of Applicant

_____ _____
Signature of Applicant Date

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

Notary Public: _____

(Affix Seal)

My Commission Expires: _____.

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Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

(Please check the appropriate box below and complete, including notarization at bottom)

****

☐ Employs more than 10 (total employees for Individual, Firm or Corporation)

By executing this affidavit, the undersigned private employer _____ (business name) verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than 10 employees and has registered with and utilizes the federal work authorization program commonly known as E-verify. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number (**this number is NOT the FEIN/Federal Employer Identification Number**) and date of authorization are as follows:

_____ _____

Federal Work Authorization User Identification Number **(E-VERIFY #)** Date of Authorization

_____

Name of Private Employer

****

☐ Employs less than 10 (total employees for Individual, Firm or Corporation)

By executing this affidavit, the undersigned private employer _____ (business name) verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 10 employees and therefore, is not required to register with and/or utilize the federal work authorization program provision commonly known as E-Verify.

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 allowed by such statute.

_____ _____

Name of Authorized Agent or Officer Title of Authorized Agent or Officer

_____

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE_____DAY OF_____, 20_____.

_____ My Commission Expires: _____

NOTARY PUBLIC

AFFIX SEAL