CITY OF STOCKBRIDGE
OCCUPATIONAL TAX
ANNUAL RENEWAL APPLICATION

4640 North Henry Blvd
Stockbridge, GA 30281
Phone number: 678-833-3302 or 678-833-3310
Fax number: 678-302-9732

ALL INFORMATION MUST BE TYPED OR PRINTED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Dear Business Owner,

In order for the Stockbridge Occupational Tax/ Business Services Department to calculate a fair and equitable fee for businesses to operate next year the following information is required. **Please complete and return this form** in its entirety no later than **October 1 of current year.** **If the renewal paperwork is not received by the mentioned due date a penalty will be accessed.**

***Tax ID # or SSN #:** _____ ***E-verify #** _____

***BUSINESS NAME (DBA IF APPLICABLE):** _____

***BUSINESS STREET ADDRESS (no PO Box):** _____

***CITY/STATE/ZIP:** _____

***BUSINESS PHONE NUMBER:** _____

***EMAIL:** _____

***MAILING ADDRESS:** _____

(if different from above)

***CITY/STATE/ZIP:** _____

***BUSINESS OWNERS:** _____

***ALTERNATE/CELL PHONE:** _____

***Number of Employees:**
(Nationwide for the Company) _____

***Number of Employees:**
(City of Stockbridge) _____

***Type of Business (ex: Retail, Salon, Physician)** _____

***Actual Gross Receipts for previous 12 months $**_____

***Attach proof to support this figure: Profit Report or First Page of Tax Return**
*****If not attached, a penalty will be issued except for Professional Licenses******

(Applicable to Professionals)
Please see Code of Ordinances 9.01.010 for the definition of Professionals

NAME ON STATE LICENSE _____

STATE LICENSE NUMBER _____
***ATTACH COPY OF LICENSE(S)**

__ **Professional Services Flat Rate** (please check) ***If checked, how many professionals** _____

PLEASE COMPLETE THE BACK PAGE →

I have uploaded supporting documentation.

Even if the business will **not** operate in the following year, sign, date, and return this form to prevent renewal fees.

__ **No longer in business as of** _____ (Date)

***** DO NOT SEND PAYMENT NOW, BILLS WILL BE MAILED IN NOVEMBER *****

I certify that I am the person duly authorized herein named to file this return, including accompanying schedules and statements and that the same are true, correct, and complete.

Signature: _____ Date:_____

Name (please print): _____

Important things to consider when renewing your business license:

Businesses with Alcohol Licenses:

Only ***one*** form need to be completed for each application and the alcohol license will be automatically renewed.

Outstanding Debt

If you owe the City money, then you may have outstanding debt holds on your account. You may still renew your business license, however, **the license certificate will NOT be mailed to you until all debt holds are resolved.** License fees not paid on time will incur late fees, and may be subject to interest charges.

These changes should be filed before you renew your license (s)

Changes to the Business Licensing Account

If you have changed your business legal entity of officers/owners, then **you are required to report the changes to us within 30 days**.

Insurance companies outside of the City of Stockbridge, please DISREGARD this application.

If you have changed your business location, DO NOT renew your current license. Licenses are specific to a location and are not transferable. **You must provide the new address of said business on the application.**

Home Occupation Business Owners **must** be in compliance with the City of Stockbridge reference **Home Occupations Regulation Chapter (8.36.170) Section 3-7-104.**

Please contact Stockbridge Business Services Department at 678-833-3302 or 678-833-3310 should you need further assistance.