



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

## **Amended 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's)
- 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



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Date: \_\_\_\_\_

Certificate # \_\_\_\_\_

Date of Business Opening in Newnan: \_\_\_\_\_

Closed Business Date? (Temporary licenses only): \_\_\_\_\_

|                                 |
|---------------------------------|
| FEIN or Social Security Number: |
| Georgia Sales Tax Number:       |
| Georgia State Card:             |
| Registration Number:            |

Disabled Veteran or Not-for-Profit: Yes or No (circle one)



Business Type:

- ☐ Retail
- ☐ Annual (Services)
- ☐ Financial (Bank)
- ☐ Insurance
- ☐ Temporary (one time use)

|                                   |
|-----------------------------------|
| NAICS Code:                       |
| Description of Business Activity: |

|                                      |
|--------------------------------------|
| <b>Type of Change Requested:</b>     |
| <b>New Owner: \$50.00</b>            |
| <b>Location Change: \$50.00</b>      |
| <b>Business Name Change: \$10.00</b> |
| <b>Adding DBA: \$10.00</b>           |
| <b>Total Due:</b>                    |

|                                  |
|----------------------------------|
| <b>New Business Name:</b>        |
| Dba:                             |
| <b>Business Address Line 1 :</b> |
| <b>Business Address Line 2:</b>  |
| <b>City:</b>                     |
| <b>State/Province/Region:</b>    |
| <b>Postal/Zip Code:</b>          |



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### Mailing Address If Different From Business Address:

|                        |
|------------------------|
| Address Line 1:        |
| Address Line 2:        |
| City:                  |
| State/Province/Region: |
| Postal/Zip Code:       |

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

|                                    |                                                                                |
|------------------------------------|--------------------------------------------------------------------------------|
| Business Type: Choose One          | Is the Business a Corporation? Y <input type="radio"/> N <input type="radio"/> |
| Partnership: <input type="radio"/> | LLC: <input type="radio"/> Other: <input checked="" type="radio"/>             |
| Sole Owner: <input type="radio"/>  | GA: <input type="radio"/>                                                      |

### Previous Business Information:

|                   |
|-------------------|
| Owner Name:       |
| Business Name:    |
| Business Address: |

### New Corporate Name (If Applicable):

|                           |
|---------------------------|
| Corporate Address Line 1: |
| Corporate Address Line 2: |
| City:                     |
| State/Province/Region:    |
| Postal/Zip Code:          |

### New Owner Name:

|                        |
|------------------------|
| Address Line 1:        |
| Address Line 2:        |
| City:                  |
| State/Province/Region: |
| Postal/Zip Code:       |

### New Owner's Phone Number:

### New Owner's Email Address:



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Is business carried on at locations in Newnan other than the one listed above? Yes or No

If yes, please provide a listing all location addresses.

**Certification: The information herein is required by the City of Newnan Code of Ordinances.**

I, (your name) \_\_\_\_\_ Bearing the Title of \_\_\_\_\_ of  
The Business Firm Named, Do Hereby Register to Operate Said Business with the Dominant  
Business Activity of: Description of Business: \_\_\_\_\_

In Accordance with the business ordinance, City of Newnan, Georgia, I, the undersigned, certify that I am the person duly authorized by the 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 the 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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Tax Assessor's Contact Info: Phone: (770) 254-2680 or Website: [www.cowetataxcom.com](http://www.cowetataxcom.com)

Map or Parcel Number of Property: \_\_\_\_\_

Are Taxes Current? Yes ☐ or No ☐

Landlord or Property Owner's Name: \_\_\_\_\_

Complex Name (if applicable): \_\_\_\_\_

Prior use of Building: \_\_\_\_\_

New Construction: \_\_\_\_\_

Existing Building: \_\_\_\_\_

Will Construction or Renovations be Required? ☐ Yes or ☐ No

Is this a Home-Based business? ☐ Yes or ☐ No (if yes, approval of Building Dept and Fire Marshal is **Not** required)

**This section is for City of Newnan Official Use Only!**

Zoning Approval: N/A

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Zone: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Building Approval: Is Change of Occupancy Permit required? Yes or No

Notes: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Fire Marshal Approval: N/A

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Notes: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_



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## Amended Occupational Tax Certificate Application

### Corporation/Limited Liability Company (If Applicable):

#### Corporation/LLC Name

|                               |
|-------------------------------|
| President's/CEO Home Address  |
| Address Line 1:               |
| Address Line 2:               |
| City:                         |
| State/Province/Region:        |
| Postal/Zip Code:              |
| President's/CEO Phone Number: |
| President's/CEO Email:        |
| Date of Incorporation/LLC:    |

#### Partnership (if applicable)

|                         |
|-------------------------|
| Partner's/Owner Name:   |
| Address Line 1:         |
| Address Line 2:         |
| City:                   |
| State/Province/Region:  |
| Postal/Zip Code:        |
| Partner's Phone Number: |
| Partner's Email:        |

#### Additional Partner (if applicable)

|                             |
|-----------------------------|
| Partnership (if applicable) |
| Partner's/Owner Name:       |
| Address Line 1:             |
| Address Line 2:             |
| City:                       |
| State/Province/Region:      |
| Postal/Zip Code:            |
| Partner's Phone Number:     |
| Partner's Email:            |



**City of Newnan**  
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Fax: 770-254-2353  
[www.newnanga.gov](http://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      ☐ Social Security Card      ☐ Green Card
- ☐ Passport/Visa (U.S. only)      ☒ Perm Resident Card      ☐ 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\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

AFFIX SEAL