

BUSINESS LICENSE AND OCCUPATION TAX RETURN

Business Owner Name: _____

D/B/A (Doing Business as): _____

Mailing Address: _____

Physical Address/E911: _____

Telephone Number/Home/Office: _____

Is Business Located in Your Home?: _____ Yes _____ No

Federal Tax I.D. No. or Social Security No.: _____

State Sales Tax Number (If Applicable): _____

Name, Title and Address of Owners or Officers:

Name/Title: _____ Address: _____

Name/Title: _____ Address: _____

Describe Type of Business: _____

Type of Business: General Business ___ Professional Business ___ Date Started _____

Number of employees including owner and part time employees: _____

Occupational Tax Schedule: 1 to 10 Employees - \$15.00 per employee: Employees 1 to 14 - Employees \$14.00 per employee Employees over 40 - \$600.00.

Plus Administration Fee: \$60.00

Employees	\$
Administration Fee	\$
Video Games	\$ _____
Total	\$

Number of Video Games: _____

I certify that the information reported is true and correct.

Signature _____ Title _____ Date _____

City Clerk _____ Date _____



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):

Mailing Address if Different From the Physical Address:

Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:

Sales Tax ID #, if Your Business is Required to Have One by Law:

Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupancy tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6581 or e-mail Derek.Todd@dor.ga.gov.

An Equal Opportunity Employer

Affidavit Verifying Status For City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a

- ☐ City Business Occupation Tax Certificate
- ☐ City Alcoholic Beverage License
- ☐ City Taxi Permit
- ☐ Other City public benefit

For _____
(Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity.)

☐ I am a United States Citizen

☐ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

Alien Registration number for non-citizens

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

Notary Public
My Commission Expires: