



City of Newnan, Georgia
Occupational Tax Certificate Application
(Please allow up to one week to process applications)

Amended Application

Amended Applications -- All forms must be filled out completely, including mailing and business addresses and all available phone/fax/email information. Currently we do not accept applications by mail. 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 owed to the City.

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 checked off and included with the original, signed application:

- Copy of owner's driver's license, SS or Green Card
- Completed Application
- Sales Tax ID # (phone 877-423-6711) and FEIN (800-829-4933), if both are applicable
- Copy of signed lease, buyer's agreement or closing statement for business location
- Notarized - Affidavit Verifying Status of City of Newnan Public Benefit
- Notarized - Private Employer Affidavit
- Payment (check*, credit card, cash)
- Completed Business Contacts Listing

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

- State License (if required by the State of Georgia)
- Incorporation Letter
(required for corporations, closed corporations or LLC's)
- Health Inspection Certificate (Health Dept. 770-254-7422)
- Dept. of Agriculture Inspection (404-656-3645)

Contact Information:

Occupational Tax Certificate Information	Dana Wicher	678-673-5478
Zoning Department	Dean Smith or Chris Cole	770-254-2354
Building Inspection	Pam Strickland	770-254-2362
Fire Marshall	Tim Cox	770-253-6730
Tax Commissioner		770-254-2670

For additional information concerning occupational taxes, our website is www.ci.newnan.ga.us.

*If paying by check, certificate may **NOT** be issued until check clears the bank.



AMENDED OCCUPATIONAL TAX RETURN

City of Newnan, Finance Department
25 LaGrange Street, PO Box 1193, Newnan, GA 30264

AMENDED APPLICATION

Occupational Tax Certificate Number # _____

Check Type Change Requested?

DATE: _____

____ New Owner ____ Location Change ____ Adding DBA ____ Business Name Change

GEORGIA SALES TAX NUMBER	GEORGIA STATE CARD
FEIN	REGISTRATION NO.

Disabled Veteran or Not-for-Profit? <u>Yes</u> <u>No</u> If yes, proof of status must be provided with return - 501(c), Letter from Dept. of Veteran Affairs, etc.		MONTH	DAY	YEAR	New Owner \$50.00	Location Change \$50.00	Adding DBA Name to Certificate \$10.00	Business Name Change \$10.00	Total Amount Due
BUSINESS TYPE: (check one only) <input type="checkbox"/> Retail <input type="checkbox"/> Financial (Bank) <input type="checkbox"/> Annual (Services) <input type="checkbox"/> Insurance <input type="checkbox"/> Temporary (one time use)									\$
Started Business in Newnan? Last date of operation for previous owner?									
BUSINESS NAME:		BUSINESS LOCATION IN NEWNAN - STREET ADDRESS and ZIPCODE (Not PO Box)				CURRENT BUSINESS ACTIVITY: (NAICS)			
DBA:						NAICS Changes? <u>Yes</u> <u>No</u>			
MAILING/CONTACT INFORMATION FOR BUSINESS	ATTENTION:	BUSINESS MAILING ADDRESS, CITY, STATE, ZIPCODE (if different)				BUSINESS PHONE #			
PREVIOUS BUSINESS INFORMATION	OWNER:	BUSINESS NAME:				STREET ADDRESS and ZIPCODE:			
LICENSEE TYPE: CHECK ONE	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER	<input type="checkbox"/> CORPORATION? <input type="checkbox"/> GA <input type="checkbox"/> LLC <input type="checkbox"/> OTHER	PRINCIPAL OFFICE AND CORPORATE NAME		STREET OR PO BOX		CITY, STATE, ZIPCODE		
(Required for each owner) If more than two owners, see Pg. 4. Attach list if needed. <input type="checkbox"/> Copy of Driver's License, SS or Green Card <input type="checkbox"/> Affidavit Verifying Status	OWNER NAME		HOME ADDRESS		CITY, STATE, ZIP		PHONE & EMAIL:		
	OWNER NAME		HOME ADDRESS		CITY, STATE, ZIP		PHONE & EMAIL:		
	MANAGER'S NAME		HOME ADDRESS		CITY, STATE, ZIP		PHONE & EMAIL:		

Finance Department Use Only! Date Paid _____ Amount Paid \$ _____ Payment Method: CC Cash Check MO CC # _____

Ck # _____ Processed by _____ Date Processed _____ Prior Owner Paid in Full? Yes No

Is business carried on at locations in Newnan other than the one shown above? ___ Yes ___ No If yes, list all locations (Attach a separate list if necessary)

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

I, (PRINT NAME) _____ BEARING THE TITLE OF _____
OF THE BUSINESS FIRM NAMED, DO HEREBY REGISTER TO OPERATE SAID BUSINESS WITH THE DOMINANT BUSINESS ACTIVITY OF (EXPLAIN TYPE 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 signature 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: _____

Map or Parcel number of Property _____

Taxes current? ___ Yes ___ No

Landlord or Property Owner's Name _____

Complex name (if applicable) _____

Prior use of building _____ Last date license issued for location _____

Will construction or renovation be required? ___ Yes ___ No Is this a home-based business? ___ Yes ___ No

If yes, approval of Building Department and Fire Marshall is **NOT** required.

SKIP HERE and continue on page 4! 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 No

Notes _____

Reviewed By _____ Date _____

FIRE MARSHALL APPROVAL: N/A ___

Approved Denied

Notes _____

Reviewed By _____ Date _____

*Only Owner of Property can pull Change of Occupancy Permit, if required.

City of Newnan, Georgia
Occupational Tax Certificate Application – Contacts Listing

Corporation/Limited Liability Company (if applicable)

Corporation/LLC Name _____

Address _____

Phone _____ President/CEO: _____

President's Home Address & Phone: _____

President's Email: _____ Date of Incorporation/LLC _____ State of Incorporation/LLC _____

Partnership (if applicable)

Partner's Name & Address _____

Partner's Home Phone/Cell _____ Email _____

Partner's Name & Address _____

Partner's Home Phone/Cell _____ Email _____

Other Owners or Contacts:

Name: _____ Title: _____ Home Phone: _____

Home Address: _____ Email: _____

Name: _____ Title: _____ Home Phone: _____

Home Address: _____ Email: _____