



City of Newnan, Georgia Occupational Tax Certificate Application

(Please allow up to one week to process applications)

New Business Application

New 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. Gross receipts are utilized to calculate the annual taxes due to the City. 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 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 completed, signed application:

- Copy of each owner's driver's license, SS or Green Card
- Completed Business Contacts Listing
- Completed Application
- 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
- Payment (check*, credit card, cash)
- Sales Tax ID # (phone 877-423-6711) and FEIN (800-829-4933)

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 Tony Bernard	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.



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

NEW BUSINESS APPLICATION

Certificate Number Issued _____ NAICS Code _____

Please Fill In All Information COMPLETELY

CALENDAR YEAR _____

PENALTY FOR FAILURE TO FILE RENEWAL BY APRIL 1st EACH YEAR

Disabled Veteran or Not-for-Profit? Yes No		MONTH DAY YEAR			(A) Estimated Gross Receipts or Flat Rate	(B) Tax Class	(C) Tax Rate Per \$1,000	(D) Admin. Fee	(E) Amount Due
If yes, proof of status must be provided with return.									
BUSINESS TYPE: (check one only) Retail Annual (Services) Financial (Bank) Insurance Temporary (one time use)		Date of Business Opening in Newnan? Closed Business Date? (temporary licenses only!)						\$20.00 + \$4.00 Notary Fees - check if required	REGISTRATION NO. (Column A/1000) X Column C + Column D or Flat Rate + Column D
BUSINESS NAME: DBA:		BUSINESS LOCATION IN NEWNAN, STREET ADDRESS and ZIPCODE (Not PO Box)				DESCRIPTION OF BUSINESS ACTIVITIES:			
MAILING ADDRESS FOR BUSINESS →	ATTENTION:		BUSINESS MAILING ADDRESS, CITY, STATE, ZIPCODE (if different)			BUSINESS PHONE #			
ADDITIONAL CONTACT INFORMATION →	BUSINESS FAX #		WEBSITE			EMAIL			
BUSINESS TYPE: CHECK ONE →	PARTNERSHIP SOLE OWNER	CORPORATION? GA LLC OTHER	CORPORATE NAME, if applicable		STREET OR PO BOX		CITY, STATE, ZIPCODE		
(Required for each owner) If more than two owners, see Pg. 4. Attach list if needed. Copy of Driver's License, SS or Green Card Affidavit Verifying Status	OWNER NAME		HOME ADDRESS		CITY, STATE, ZIP		HOME PHONE & EMAIL		
	OWNER NAME		HOME ADDRESS		CITY, STATE, ZIP		HOME PHONE & EMAIL		
	MANAGER'S NAME		HOME ADDRESS		CITY, STATE, ZIP		HOME PHONE & EMAIL		

Finance Department Use Only! Date Paid _____ Amount Paid _____ Payment Method: CC Cash MO Check# _____
 Processed by _____ Date Processed _____ Prior Owner Paid in Full? Yes No

Is business carried on at locations in Newnan other than the one listed 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, (TYPE 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 type of business activity at this location _____ **Select:** New Construction? Existing Building?

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: N/A

Approved Denied

Notes _____

Reviewed By _____ Date _____

FIRE MARSHALL APPROVAL: N/A

Approved Denied

Notes _____

Reviewed By _____ Date _____

City of Newnan, Georgia
New 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 _____

Additional Owners or Contacts:

Name: _____ Title: _____ Home Phone: _____

Home Address: _____ Email: _____

Name: _____ Title: _____ Home Phone: _____

Home Address: _____ Email: _____