



**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  Payment (check\*, credit card, cash)
- Completed Business Contacts Listing  Sales Tax ID # (phone 877-423-6711) and FEIN (800-829-4933)
- 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

**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)
- Health Inspection Certificate (Health Dept. 770-254-7422)
- Incorporation Letter (required for corporations, closed corporations or LLC's)
- 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](http://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!)						<b>\$20.00</b> <b>+ \$4.00</b> 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.		OWNER NAME		HOME ADDRESS		CITY, STATE, ZIP		HOME PHONE & EMAIL	
Copy of Driver's License, SS or Green Card		OWNER NAME		HOME ADDRESS		CITY, STATE, ZIP		HOME PHONE & EMAIL	
Affidavit Verifying Status		MANAGER'S NAME		HOME ADDRESS		CITY, STATE, ZIP		HOME PHONE & EMAIL	

<b>Finance Department Use Only!</b>		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**

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**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 \_\_\_\_\_

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**Partnership (if applicable)**

Partner's Name & Address \_\_\_\_\_

Partner's Home Phone/Cell \_\_\_\_\_ Email \_\_\_\_\_

Partner's Name & Address \_\_\_\_\_

Partner's Home Phone/Cell \_\_\_\_\_ Email \_\_\_\_\_

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**Additional Owners or Contacts:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_