



City of Newnan, Georgia Occupational Tax Certificate Application

Amended Application

(Please allow up to one week to process applications)

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. **If you are moving into the city of Newnan Downtown Business District, please contact the sanitation dept at (770) 253-0327 for 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 checked off and included with the original, signed application:

- Copy of owner's driver's license, SS or Green Card Payment (check*, credit card, cash)
- Completed Application Completed Business Contacts Listing
- 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

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 Dept. of Agriculture Inspection (404-656-3645)
(required for corporations, closed corporations or LLC's)

Contact Information:

| | | |
|--|--------------------------|--------------|
| Occupational Tax Certificate Information | Iris McClung | 678-673-5478 |
| Zoning Department | Dean Smith or Chris Cole | 770-254-2354 |
| Building Inspection | Jennifer Cantrell | 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? __ Yes __ No 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: DBA: | | BUSINESS LOCATION IN NEWNAN - STREET ADDRESS and ZIPCODE (Not PO Box) | | | | CURRENT BUSINESS ACTIVITY: (NAICS) NAICS Changes? ____ Yes ____ No | | | |
| 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 | 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: _____