



NEW BUSINESS LICENSE APPLICATION RDS

CITY OF ATLANTA | DEPARTMENT OF FINANCE | OFFICE OF REVENUE
POST OFFICE BOX 830471, BIRMINGHAM, AL 35283
TOLL FREE PHONE 855-219-4336
Complete all sections of this application.

Businesses are required to submit a notarized SAVE affidavit, a notarized E-Verify affidavit and a copy of the applicant's government issued photo ID as part of the application process. A business license will NOT be issued until full compliance is achieved.

Business Tax Account Information

1. Legal Name of Business/DBA		2. Business Site Address	
3. Corporate Address		3b. Mailing Address (include suite, apartment and/or building number)	
4. First Name	5. Middle Initial	6. Last Name	
7. Business Phone	8. Corporate Phone	9. E-mail	
10. Estimated Annual Gross Revenue	All businesses are subject to audit by the City. If selected for audit and pursuant to City Ordinance Chapter 30-85, a business must provide prior year tax returns or other evidentiary documentation to support reported revenue.		11. Number of Employees
12. Ownership Type <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (please specify):			
13. Date of Incorporation (Found on your Articles of Incorporation)		14. Date of Opening in Atlanta	
15. Is this a residential business? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Have you ever operated a business in the City of Atlanta? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Is This an Internet Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Type of Business <input type="checkbox"/> Non Profit <input type="checkbox"/> For Profit	19. State of Ga Tax ID #	Assigned by the Internal Revenue Service at https://gtc.dor.ga.gov
20. State of Georgia Sales Tax ID #	21. Secretary of State Control #	22. Federal Employer ID #	Assigned by the Internal Revenue Service at https://www.irs.gov

PLEASE LIST PRINCIPAL OFFICERS OF BUSINESS

23. Name	Address	Title	Phone	SS# (Last Four Digits Only)
24. Name	Address	Title	Phone	SS# (Last Four Digits Only)

Certification

The information herein is required by Section 30 68 in the Code of Ordinances of the City of Atlanta.

I, 25. Full Name	, being the	26. Title
of the business firm named, do hereby register to operate said business with the dominant business activity of		27. Business Type
Pursuant to the ordinance; the undersigned certifies that he/she is the person duly authorized by the business herein named to file this registration and application for a business license, including the accompanying schedules and statements, and that the same are true. The business license does not authorize the serving of alcohol. All applicable businesses must obtain a separate alcohol license. A partnership requires both signatures.		
Applicant Signature	Title	Date
Applicant Signature	Title	Date

For Official Use Only - Zoning Review

CITY OF ATLANTA
DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT | OFFICE OF BUILDINGS | ZONING ENFORCEMENT DIVISION
55 TRINITY AVENUE SW, SUITE 3900, ATLANTA, GA 30303 | PHONE (404) 330-6175

The Zoning Enforcement Division processes business license applications (available through the Business Tax Division) to verify if a business can exist in the desired location. Zoning conducts research to verify that there is permitted use based on the district regulations. Business licenses in the Zoning Enforcement Division are processed on the same day if you are submitting your business license application in person. Some licenses may require site inspections or further research to determine approval, which will require additional days to review. **The Zoning Enforcement Division charges a \$50 processing fee.**

Parcel ID #	Lot	District	Zoning District	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Conditions					
Zoning Staff Signature					Date

Tax Class

SIC Code

Business Tax Account #