CITY OF ATLANTA

MULTI-YEAR BUSINESS TAX APPLICATION

POST OFFICE BOX 830471, BIRMINGHAM, AL 35283

TOLL FREE PHONE: 855-219-4336

ACCOUNT NO.	TAX CLASS	SIC	EMP. INITIAL

This application is used for a business that has operated for more than one year without a business license or for an existing business that has not renewed in more than one year. The annual business tax renewal deadline is February 15. The annual business tax payment deadline is April 1.

	MONTH	DAY	YEAR
BUSINESS START DATE IN ATLANTA			

NO. OF EMPLOYEES	
2016	
2015	
2014	

GROSS REVENUE	
2016	
2015	
2014	

E-Verify # (required for 11 or more employees)

REGISTRATION MUST BE DONE WITHIN 30 DAYS OR $500 FAILURE TO FILE LATE FEE; CITY CODE 30-65

BUSINESS NAME / DBA			STREET ADDRESS	CITY, STATE ZIP CODE	TELEPHONE
COPORATION NAME			MAILING ADDRESS	CITY, STATE ZIP CODE	TELEPHONE
OFFICER OR PARTNER	TITLE	NAME LAST FOUR (4) DIGITS OF SOCIAL SECURITY #	RESIDENCE ADDRESS	CITY, STATE ZIP CODE	TELEPHONE
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FEDERAL TAX ID #	**SALE TAX ID#**		**EMAIL ADDRESS**		
STATE TAX ID #	**SECRETARY OF STATE CONTROL #**				

CERTIFICATION: THE INFORMATION HEREIN IS REQUIRED BY SECTION 30-68 1995 CODE OF ORDINANCES OF THE CITY OF ATLANTA, GEORGIA

PRINT NAME _____ TITLE _____ TELEPHONE NO. ( ) _____

TYPE OF BUSINESS _____

ACCORDING TO THE CLASSIFICATION INDEX OF THE BUSINESS TAX ORDINANCE, CITY OF ATLANTA, GEORGIA; THE UNDERSIGNED CERTIFIES THAT HE/SHE IS THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS REGISTRATION AND APPLICATION FOR A LICENSE, INCLUDING THE ACCOMPANYING REVENUE AND EMPLOYEES, AND THAT THE SAME ARE TRUE, CORRECT AND COMPLETE.

APPLICANT SIGNATURE _____ MONTH _____ DAY _____ YEAR _____

PARTNER SIGNATURE _____ MONTH _____ DAY _____ YEAR _____

CITY OF ATLANTA ZONING DIVISION USE ONLY

Zoning Enforcement Division, 55 Trinity Avenue SW, Suite 3900, Atlanta, GA 30303, Phone (404) 330-6175

The Zoning Enforcement Division conducts research to verify that there is permitted use based on the district regulations. Some licenses may require site inspections or further research to determine approval, which may require additional review time.

ZONING APPROVAL _____ *DENIED* _____

CONDITIONS _____

LOT _____ *DISTRICT* _____ *ZONING DISTR.* _____ *BY* _____ *DATE* _____

PLEASE RETAIN COPY FOR YOUR RECORDS