

Sandy Springs New Application for Business Occupational Tax Certification

YEAR _____

Business Name: _____

Business Telephone Number: _____ Fax Number: _____

Business Address (physical location): _____ Suite or Apt #: _____

City, State, Zip: _____ Email: _____

Type of Ownership (check one): [] GA Corporation [] Foreign Corporation [] Sole Owner [] Partnership []

Other: _____

Corporate Name: _____

Corporate Address: _____

Owner's Name: _____

Owner's Address: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____ Phone Number: _____

Fed ID or SSN (Owner): _____ Sales Tax ID: _____

***Corporations and partnerships must provide the name of all officers or partners, their titles, mailing address and SSN's on a separate sheet of paper.**

Are you the Applicant? Yes _____ No _____

Are you the Property Owner? Yes _____ No _____

Are you a NON-PROFIT Organization? Yes _____ No _____ *If yes, please provide proof of 501(c)(3) status.*

Have you obtained your certificate of occupancy? Yes _____ No _____

Date business commenced in the City of Sandy Springs: _____

Who is your Solid Waste Provider / Hauler? _____

Number of Employees: _____

Estimate gross receipts for the year \$ _____

Are you a professional electing to pay the flat fee? _____

Is this a home-based occupation? [] Yes [] No

If your business engaged in International Business [] Yes [] No

Will your business be an adult entertainment establishment (sexually oriented business) as defined by the City of Sandy Springs Code, or will it offer any form of adult entertainment? [] Yes [] No

Is this business required by the State of Georgia to have a state license? [] Yes [] No

Previous use of location (if known): _____

Give a description of the primary business activity: _____