



OCCUPATIONAL TAX RETURN

City of Newnan, Finance Department

25 LaGrange Street, PO Box 1193
Newnan, GA 30264

NEW BUSINESS APPLICATION

Please Fill In All Information COMPLETELY

CALENDAR YEAR _____

Please Type or Print With Ball Point Pen

PENALTY FOR FAILURE TO FILE BY APRIL 1st EACH YEAR

GEORGIA SALES TAX NUMBER or FEIN	GA STATE CARD or REGISTRATION NO.
----------------------------------	-----------------------------------

Disabled Veteran? Proof of status must be provided with return.	MONTH	DAY	YEAR	(A) Estimated Gross Receipts	(B) Tax Class	(C) Tax Rate Per \$1,000	(D) Admin. Fee	(E) Amount Due
Not-for-Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must attach a copy of your form 501(c) to this return.	STARTED BUSINESS?						\$20.00	
	ENDED BUSINESS (for temporary licenses only!)							(Column A/1000) X Column C + Column D

BUSINESS NAME	BUSINESS LOCATION IN NEWNAN: STREET ADDRESS (NOT PO BOX)	CITY, STATE, ZIPCODE
---------------	--	----------------------

MAILING INFORMATION FOR BUSINESS	ATTENTION:	BUSINESS MAILING ADDRESS - STREET OR PO BOX	CITY, STATE, ZIPCODE
----------------------------------	------------	---	----------------------

PREVIOUS BUSINESS NAME AND LOCATION	ATTENTION:	STREET (DO NOT USE PO BOX)	CITY, STATE, ZIPCODE
-------------------------------------	------------	----------------------------	----------------------

TYPE OF BUSINESS: CHECK ONE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	PRINCIPAL OFFICE AND CORPORATE NAME	STREET OR PO BOX	CITY, STATE, ZIPCODE
	<input type="checkbox"/> SOLE OWNER	<input type="checkbox"/> GA <input type="checkbox"/> OTHER			

(For each owner) <input type="checkbox"/> Copy of Driver's License attached <input type="checkbox"/> Copy of S. S. Card or Green Card attached	OWNER NAME	STREET	CITY	STATE, ZIPCODE
	OWNER NAME	STREET	CITY	STATE, ZIPCODE
	OWNER NAME	STREET	CITY	STATE, ZIPCODE

Is business carried on at locations in _____ Yes IF YES, LIST ALL LOCATIONS (ATTACH LIST IF NECESSARY)
Newnan other than one shown above _____ No

Certification -- The information herein is required by the City of Newnan Code of Ordinances.

I (NAME) _____ BEING THE (TITLE) _____
OF THE BUSINESS FIRM NAMED, DO HEREBY REGISTER TO OPERATE SAID BUSINESS WITH THE DOMINANT BUSINESS ACTIVITY OF (EXPLAIN TYPE OF BUSINESS):

TELEPHONE (AREA CODE) _____

CELL PHONE _____ EMAIL _____

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 STATEMENTS AND THAT THE SAME ARE TRUE, CORRECT, AND COMPLETE. I CERTIFY THAT I AM A LEGAL RESIDENT OF THE UNITED STATES.

Applicant Signature _____ DATE: _____

FOR FINANCE DEPARTMENT USE ONLY

Date Paid	Payment Method and #:
Standard Industrial Classification No.	Occp Tax Certificate Type and Number Issued:
	Processed by:

NEW BUSINESS: ZONING APPROVAL REQUIRED.

ZONE _____ DATE _____

APPROVED BY: _____