



BUSINESS LICENSE **NEW** APPLICATION

CITY OF ATLANTA
DEPARTMENT OF FINANCE | OFFICE OF REVENUE | BUSINESS TAX DIVISION
55 TRINITY AVENUE SW, SUITE 1350, ATLANTA, GA 30303 | PHONE (404) 330-6270 | E-mail biztax@atlantaga.gov

INSTRUCTIONS: Please complete all sections of this form. The State of Georgia requires a notarized SAVE and E-Verify to issue a valid business license. All business licenses expire on December 31st annually. Business licenses must be renewed on for before February 15th annually.

Annual Renewal Deadline: February 15 Annual Payment Deadline: April 1

Business Tax Account Information

1. Legal Name of Business/DBA		2. Business Mailing Address	
3. Business Location Address			
4. Corporate Address			5. Contact Name
6. Business Phone	7. Corporate Phone		8. E-mail
9. Type of Business <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Owner <input type="checkbox"/> Other (please specify):			10. Type of Business <input type="checkbox"/> Non Profit <input type="checkbox"/> For Profit
11. Date of Incorporation (Found on your Articles of Incorporation)		12. Date of Opening (This is your opening date)	
13. Is this a residential business? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Federal Employer ID# (FEIN) <small>The Federal Employee Identification Number is required for business entity types except for Sole Proprietors. Assigned the Internal Revenue Service at http://www.irs.gov</small>	
15. State of Georgia Sales Tax ID #	16. State of Georgia Tax ID #	17. Secretary of State Control # <small>To apply for your State Taxpayer Identification Number and State Sales Tax Identification Number, apply online at the Georgia Tax Center: http://gtc.dor.ga.gov</small>	
18. Estimated Gross Revenues		19. Number of Employees <small>All businesses are subject to Audit by the City of Atlanta Department of Finance. If selected for audit, Pursuant to City Ordinance Chapter 30-85, businesses must attach a copy of their prior year tax return (IRS forms 1120, 1065, or Georgia Forms 500 through 700).</small>	
20. E-Verify # (4-6 Digits)			<small>If 11 or more employees, please provide E-Verify number.</small>

PLEASE LIST PRINCIPAL OFFICERS OF BUSINESS

21. Name	Address	Phone	SS# (Last 4 Digits Only)
22. Name	Address	Phone	SS# (Last 4 Digits Only)

Certification

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

I, 23. Full Name	, being the	24. Title
of the business firm named, do hereby register to operate said business with the dominant business activity of		25. 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

Office Reviewer