• Professionals are required to renew their Business Tax Certificate by January 1st and payment is due by April 1st, annually.

• A 10% failure to pay penalty will be assessed after April 1st on all renewals.

• New applicants must complete the attached form and return it with payment in the amount of $400.00.

• **New applicants must attach a copy of their Georgia State License.**

• New applicants with multiple years will be assessed $400.00 per year plus 10% penalty per year.

• If you have any questions please contact the Professional Accounting Technician at (404) 330-6627 or Customer Service at (404) 330-6270.

• Your correspondences can be forwarded to: professionaltaxmail@atlantaga.gov.
CITY OF ATLANTA  
DEPARTMENT OF FINANCE – OFFICE OF REVENUE  
55 TRINITY AVENUE SW, SUITE 1350  
ATLANTA, GA 30303  
TELEPHONE: (404) 330-6627  
FAX: (404) 658-7465  
EMAIL: professionaltaxmail@atlantaga.gov

PROFESSIONAL REGISTRATION

(Please type or print legibly)

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<td>1. DATE YOU BECAME A LICENSED PRACTITIONER IN ATLANTA</td>
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Have you ever obtained a Professional Business License in the City of Atlanta?  
Yes ___  No ___

If yes, please provide Professional Business Tax Account Number: __________________LPR

- License fee for January thru December: $400.00
- 10% penalty for Failure to File by start date per year.
- 10% penalty for Failure to Pay by due date per year.

I, __________________________________________________________,  
Last Name    First Name    Middle Initial

Hereby register my profession as ________________________________; and further certify that I am duly licensed by the State of Georgia.

PRINCIPAL OFFICE NAME AND LOCATION

Firm/Company Name: _________________________________________
Street Address: ____________________________________________ Suite: ________ Quadrant: _____
City/State/Zip Code: _________________________________________
Telephone Number: __________________________ Facsimile Number: _______________________

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____________________________________________

____________________________________________

____________________________________________

____________________________________________

Under penalty of law, I hereby certify and declare that the above information, to best of my knowledge and belief is true and complete. I agree to notify the Office of Revenue should any of the information change.

Signature of Applicant ______________________________ Date __________ Amount Applied _____________

1. New applicants must attach a copy of their State of Georgia license before application can be processed.
2. PLEASE MAKE CHECK PAYABLE TO THE CITY OF ATLANTA and mail with this form to the above address.

FOR OFFICE USE ONLY:

ACCOUNT NUMBER: ___________________ LPR  
AMOUNT DUE: _________________________
ZONING APPROVED: _______ DENIED: _______ CONDITIONS: _______ LOT: _______ DIST: _______
APPROVED BY: _________________________ DATE: ___________________