



BUSINESS LICENSE RENEWAL APPLICATION 2018

CITY OF ATLANTA DEPARTMENT OF FINANCE | OFFICE OF REVENUE
55 TRINITY AVENUE SW, SUITE 1350, ATLANTA, GA 30303 Email: biztax@atlantaga.gov
Renew ONLINE by visiting www.atlantaga.gov/Online_Services
Renew annually by February 15 to avoid penalty and interest fees.

Businesses are required to submit a notarized SAVE affidavit, a notarized E-verify affidavit and a copy of the applicant's government issued photo ID as part of the application process. A business license will NOT be issued until full compliance is achieved. For more information, visit the City's website at www.atlantaga.gov/Doing_business.

Business Tax Account Information

1. Legal Name of Business/DBA		2. Business Site Address	
3. Corporate Address		3b. Mailing Address (include suite, apartment and/or building number)	
4. Contact Name			
5. Business Phone		6. Corporate Phone	
7. E-mail		7b. Secretary of State Control #	
8. State of Georgia Sales Tax ID #	9. State of Georgia Tax ID#	10. Federal Employer Identification #	
11. Ownership Type <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Owner <input type="checkbox"/> Other (please specify):			11b. Is This an Internet Business?
12. Are there any changes? Check to indicate the appropriate change and write new information below: <input type="checkbox"/> Location <input type="checkbox"/> Business Name <input type="checkbox"/> Mailing Address <input type="checkbox"/> Telephone Number			If you are changing your location, a Zoning Fee of \$50 is required.
13. PRIOR YEAR ACTUAL GROSS REVENUE		All businesses are subject to audit by the City. If selected for audit and pursuant to City Ordinance Chapter 30-85, a business must provide prior year tax returns or other evidentiary documentation to support reported revenue.	14. NUMBER OF EMPLOYEES
15. E-VERIFY # (4-7 DIGITS)			If 11 or more employees, please provide E-Verify number.

Certification

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

I, 16. Full Name	, being the	17. Title
of the business firm named, do hereby register to operate said business with the dominant business activity of		18. Describe Business Activity
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

Business Tax Account #