



CITY OF ATLANTA DEPARTMENT OF FINANCE | OFFICE OF REVENUE
55 TRINITY AVENUE, S.W. – SUITE 1350 ATLANTA, GEORGIA 30303
PHONE: (404) 330-6270 | EMAIL: BIZTAX@ATLANTAGA.GOV



Georgia Secretary of State Professional Licensing

The Georgia Secretary of State (SOS) grants professional licenses. Please contact the Georgia Secretary of State's Office to submit your initial State professional application and to renew your State professional license.

For additional questions, please visit www.sos.ga.gov or contact the Georgia Secretary of State at 404-656-2881. SOS offices are located at 214 State Capitol, Atlanta, GA 30334.

Note: You must present a copy of your Georgia professional license to register as a professional with the City of Atlanta.

City of Atlanta Professional Licensing Code of Ordinances

Sec. 30-63 of the Atlanta Code of Ordinances governs licensing requirements for professional occupation tax. Practitioners of professions as described in O.C.G.A. § 48-139(c) are as follows, but is not an all-inclusive listing:

Physicians; Osteopaths; Chiropractors; Podiatrists; Dentists; Optometrists; Psychologists; Veterinarians; Landscape architects; Land surveyors; Practitioners of physiotherapy; Public accountants; Embalmers; Funeral directors; Civil, mechanical, hydraulic or electrical engineers; Architects; Marriage and family therapists, social workers and professional counselors.

A professional practitioner shall elect as their entire occupation tax one of the following: (1) The occupation tax based on gross receipts (2) A fee of \$400.00 per practitioner.

Sec. 30-65 of the Atlanta Code of Ordinances prescribes an annual payment deadline of April 1 for professional licenses (excludes attorneys).

Sec. 30-94(b) of the Atlanta Code of Ordinances prescribes an annual payment deadline of June 1 for attorneys.

Professional practitioners are subject to incur a penalty of ten percent (10%) of the tax due. Any taxes not paid by the due date shall accrue interest at the rate of one and one-half percent (1.5%) per month.



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PROFESSIONAL REGISTRATION

This form is used to establish a City of Atlanta professional business license. New applicants **must attach a copy of their State of Georgia license** before the City’s application can be processed.

Secretary of State Control #: _____

Have you ever operated a business in the City of Atlanta? () YES () NO

If YES, please provide date(s) of operation: _____

Applicant Name (Last, First Middle): _____

Firm/Company Name: _____

Business Address: _____

Mailing Address: _____

Email Address: _____ Phone: _____

I, _____, hereby register my profession
 Last Name First Name Middle Initial

as _____; and further certify that I am duly licensed by the State of Georgia.

ATTACH A COPY OF YOUR STATE OF GEORGIA LICENSE

ACKNOWLEDGEMENT AND CONFIRMATION

I declare under penalty of making false declaration, that I am authorized to complete this form and to the best of my knowledge and belief, it is a true, correct and complete statement made in good faith.

 Signature Title Date

OFFICIAL USE ONLY

Zoning Approved: () Zoning Denied: ()

Account Number: _____ LPR Amount Due: _____

Conditions: _____

Lot: _____ District: _____ Zoning District: _____

Approved By: _____ Date: _____