

CITY OF COLLEGE PARK OCCUPATION TAX APPLICATION



REMIT TO: CITY OF COLLEGE PARK-
OCCUPATION TAX DEPT
P.O. BOX 87137
COLLEGE PARK, GA 30337
PHONE: 404-669-3766
WEBSITE: www.collegeparkga.com

Check one: New Application **OFFICE USE ONLY**
 Ownership Change/Date changed _____
 Change to Original App
 Date Received _____
 CERTIFICATE # _____

TOTAL DUE
\$ _____

COMPLETE ALL SECTIONS

CORPORATE NAME LLC INC CO

TYPE OF BUSINESS _____

BUSINESS NAME CHECK IF SAME AS ABOVE

HOME BASED BUSINESS? YES NO

BUSINESS ADDRESS/LOCATION Own Lease

ESTIMATED GROSS REVENUE: \$ _____
 NUMBER OF EMPLOYEES: _____

MAILING ADDRESS: CHECK IF SAME AS ABOVE

ARE YOU CURRENTLY DELINQUENT IN PAYMENT OF ANY TAXES OR FEES TO THE CITY OF COLLEGE PARK?
 YES NO

BUSINESS PHONE NUMBER: () -
 EMAIL ADDRESS:

IF YES, LIST THE TYPE OF TAX/FEE AND THE AMOUNT:

SOLE OWNER/CORPORATE OFFICER INFORMATION

NAME _____ TITLE _____
 ADDRESS _____ APT/STE/UNIT _____
 CITY _____ STATE _____ ZIP CODE _____

FED ID OR SSN: _____

FOR OFFICE USE ONLY

Government Issued CURRENT/VALID Photo ID
 Signed Copy of lease/Ownership documentation
 Certificate of Occupancy (Fire/Bldg Inspection)
 Food Service Permit (if applicable)
 State/Federal License(s) (if applicable)
 Zoning Approval Form
 Non-Profit Exemption documentation (501(c)(3))
 E-Verify/ SAVE form
 Sales Tax form

NAICS CODE: _____
 SIC CODE: _____
 TAX CLASS: _____

OTHER CORPORATE OFFICERS:

NAME _____ TITLE _____
 ADDRESS _____ CITY/STATE/ZIP CODE _____

NAME _____ TITLE _____
 ADDRESS _____ CITY/STATE/ZIP CODE _____

I, _____ being the _____ of the business named, do hereby register and apply for an occupation tax certificate to operate such business. Furthermore, I do hereby affirm under oath that the information provided by me on this form is true, correct and complete, and that all of the requirements of Chapter 11, Article I of the City Code have been met by the business named.

Signature _____
 Date: _____
 Phone # _____

Sworn to and subscribed before me
 this _____ day of _____, 20____

 Notary Public
 My Commission Expires: _____

[SEAL]



BUSINESS INFORMATION SHEET

NAME OF BUSINESS _____

ADDRESS _____

PROVIDE A DETAILED EXPLANATION OF BUSINESS ACTIVITY TO BE CONDUCTED:

IS THIS BUSINESS SUCH THAT THERE WILL BE GROUP INSTRUCTION, ASSEMBLY OR ACTIVITY?

YES

NO

WILL THERE BE ANY VISIBLE STORAGE OF SUPPLIES OR EQUIPMENT IN CONNECTION WITH THIS BUSINESS?

YES

NO

HOME BASED BUSINESSES ONLY: ANSWER THE TWO FOLLOWING QUESTIONS

- WHAT PERCENTAGE OF FLOOR SPACE IN YOUR HOME WILL BE USED FOR BUSINESS?
_____ %
- GIVE NAME, ADDRESS AND RELATIONSHIP OF PERSONS OTHER THAN YOURSELF WHO WILL BE WORKING IN THE BUSINESS:



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6758 or e-mail David.Smith@dor.ga.gov .



CITY OF COLLEGE PARK

P. O. BOX 87137 • COLLEGE PARK, GA. 30337 • 404/767-1537

SAVE Affidavit Pursuant to O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for an **OCCUPATIONAL TAX CERTIFICATE** as referenced in O.C.G.A. § 50-36-1, from The City of College Park, the undersigned applicant _____ representing the private employer known as _____

VERIFIES ONE OF THE FOLLOWING with respect to his/her application for public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States. **(PLEASE COMPLETE (3a) BELOW)**
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **(PLEASE COMPLETE (3a) BELOW)**
 - 3a) My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

4) Birthdate _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed in _____, _____
Date _____

Signature of Applicant

Printed Name of Applicant

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____.**

NOTARY PUBLIC

My Commission Expires:
