

CITY OF GARDEN CITY

Revenue Department
100 Central Ave – Garden City, GA 31405 – (912) 963-2755

NEW BUSINESS OCCUPATIONAL TAX RETURN YEAR _____

1. Legal Business Name: _____
2. Doing Business As (DBA) (if applicable): _____
3. Business Physical Address: _____ Suite or Apt. No.: _____
4. Business Mailing Address: _____
5. Business Telephone Number: _____ Fax Number: _____ Email: _____
6. Contact Person: _____ Contact's Title: _____ Contact's Phone Number: _____
7. Type of Ownership: _____ Corporation _____ Sole Proprietorship _____ General Partnership _____ LLC
_____ LLP _____ Foreign Corp _____ Other

****Corporations and partnerships must provide the name of all officers or partners, their titles, mailing addresses, Phone numbers and SSN's on a separate sheet of paper****

8. Owner Name: _____ Owner Mailing Address: _____
9. Federal Employer Identification Number (FEIN): _____ GA Sales Tax #: _____ SSN(Owner): _____
10. Date business commenced in Garden City: _____ Number of Employees (Required): _____
11. Estimate gross receipts for the year \$ _____ for the period ____/____/____ through ____/____/____
12. Is this a home-based occupation? Yes or No
13. Have you registered your trade name? Yes or No (If yes, please submit a copy of the printout from the Secretary of State's website.)
14. Is this business required by the State of Georgia to have a state license? Yes or No (If yes, please submit a copy of the state license.)
15. Are you licensed through the Secretary of State's Professional Licensing Boards? Yes or No (If yes, please provide copy of the board certificate.)
16. Give a description of primary business activity:

As Required by O.C.G.A ~ 36-60-6(a): Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented. If it is determined your occupational license requires board certification, you must submit a copy of that certification along with your renewal. Failure to supply this documentation could result in a delay of the issuance of your certificate.

Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1 through 3): All businesses are now required to complete and return the "Affidavit Verifying Status of Benefit Applicant". This form must be completed in full, signed by an officer of the company, notarized and returned along with your completed renewal worksheet and payment in full. As specified on the Affidavit, you must also provide at least one "secure and verifiable" document with the completed Affidavit. Some examples of a secure and verifiable document are a current state issued ID, driver's license or US passport. For a full list of acceptable documents please visit the RDS website at www.revds.com (Taxpayer → Georgia → Taxpayer Forms) or the Attorney General of Georgia's website at <http://law.ga.gov>.

Immigration Legislation (HB87) Passed on April 14, 2011: Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires. However, this requirement went into effect for larger companies with 100 or more employees in 2012.

It is the responsibility of every business owner/official/applicant to make certain that the type or nature of the business activity being conducted at any location in the City of Garden City is permitted by and conforms to the zoning ordinances of the City. Activity or "use" means any business activity including the dominant activity and all other business activity conducted by the business at a location. You must not begin operation of your business at any location until it is determined by the Director of the City's zoning department that your "business use" is permitted at the business's location.

By signing below, you acknowledge that it is your responsibility to ensure that your business meets all occupancy and zoning requirements of the City of Garden City and that the information given on this form is true and correct to the best of your knowledge.

Signature of Owner/Officer, Manager, responsible for form

Title

Printed Name of Signature

Date

This space is reserved for use of the City of Garden City:

Use #: _____ District: _____

Acct #: _____ Tax Class _____

Proper District? Y or N

Filing Status: _____ NAICS Code _____

Zoning Official

Date

Moved? _____