

-CITY OF GARDEN CITY-

Revenue Department

100 Main Street (31408) – P. O. Box 7548 – Garden City, GA 31418-7548 – (912) 963-2755

2008 OCCUPATIONAL TAX RETURN

THIS RETURN CANNOT BE FAXED TO THE CITY – FORM WITH ORIGINAL SIGNATURE MUST BE RETURNED AND MUST BE PRINTED ON LEGAL SIZE PAPER

(This form to be used for new business registration and for renewal of license for existing licensed businesses.)

This form is being submitted by the below named company for: **(check one)**

First registration in Garden City: Give date business started in Garden City: ____/____/____

Or mo / day / year

Renewal Amended Final Return Give date business closed, sold, or moved _____

Name of Business: _____

(Give full name)

D/b/a (if applicable): _____

Physical location of the business in Garden City: (give full address) _____

Phone #: _____

Fax #: _____ E-mail: _____ Web address: _____

Name AND title of person working at this location who is responsible for daily business operations (very important):

Name: _____ Title: _____

Mailing address for tax bill: _____

Mailing address for License: _____

Mailing address for next year's return: _____

Ownership: (check one)

Proprietorship (give name, home address, and home phone number of owner) _____

Tax I.D. # under which the income tax return for the business will be filed: _____

Partnership Give name, home address, and home phone number of primary partners, and percentage ownership of each partner: (attach a separate sheet if necessary)

Federal Tax I.D. # under which the income tax return for the business will be filed: _____

Corporation Corporate Name if different from Name of Business above: _____

Corporate Headquarters mailing address: _____

E-mail: _____

Corporate HQ Telephone #: _____ Fax#: _____ Fed ID#: _____

Business Activity: (Describe fully all business activities)

****Note: If a license is required by the State of Georgia, a copy must be submitted with this return. ****

Georgia Sales Tax Number _____
(This is required for all businesses with sales. Application will be returned if this number is not provided.)

This information to be completed by Garden City personnel

Tax Class _____ S.I.C. Code _____

Actual Gross Receipts for 2007: \$ _____ for the period ____/____/07 through ____/____/07.

Or Estimated Gross Receipts for 2008 (for businesses started in 2008): \$ _____ for the period ____/____/08 through 12/31/08.

Your business's gross income for the 2007 is the basis for this year's business tax estimate, to be adjusted if necessary when you file your return next year. If your business was in operation in Garden City for only a portion of 2007, give the gross receipts while in Garden City, and indicate the period by giving the start month/day to ending month/day. If a new business, or just opening in Garden City in 2008, you must estimate your gross receipts for 2008 from the start up date in Garden City through Dec. 31, 2008. **BY LAW, THE CITY MUST KEEP YOUR GROSS RECEIPTS CONFIDENTIAL.**

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 insure 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 this form Printed Name of Person Signing Title of Person Signing Date

This space reserved for use of the City of Garden City: Acct #: _____

Filing Status: _____ Moved?: _____

Fax bill: _____