

# -CITY OF GARDEN CITY-

## Revenue Department

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

# 2010 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 2009:** \$ \_\_\_\_\_ for the period \_\_\_\_/\_\_\_\_/09 through \_\_\_\_/\_\_\_\_/09.

**Or Estimated Gross Receipts for 2010** (for businesses started in 2010): \$ \_\_\_\_\_ for the period \_\_\_\_/\_\_\_\_/10 through 12/31/10.

Your business's gross income for 2009 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 2009, 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 2010, you must estimate your gross receipts for 2010 from the start up date in Garden City through Dec. 31, 2010. **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:** \_\_\_\_\_