



CITY OF ATLANTA  
 DEPARTMENT OF FINANCE | OFFICE OF REVENUE | BUSINESS TAX DIVISION  
 55 TRINITY AVENUE, S.W. – SUITE 1350  
 ATLANTA, GEORGIA 30303  
 PHONE: (404) 330-6270 | WEB: [WWW.ATL311.COM](http://WWW.ATL311.COM)



**NON-PROFIT LICENSE APPLICATION**

All requests for consideration for applying for exemption (non-profit applications) must be submitted in the following manner:

1. Applicant must provide a copy of the State Charter, if a Georgia based Corporation.
2. Applicant must provide a copy of the organization’s IRS Form 501(c)(3) Form. The IRS determination letter affirms that the IRS recognizes your organization’s tax-exempt status.
3. Applicant must complete a new business tax application and secure Zoning approval.
4. Disabled veterans must provide Identification card or Department of Veterans Affairs letterhead that affirms 30 percent plus disabled veteran status.
5. Notarized SAVE and E-Verify Affidavits, including a copy of government issued ID (i.e. driver’s license, U.S. Passport, etc.)

This application shall be made on behalf of any person, as defined under Section 30-51, by the President, Secretary or other governing officers thereof, requesting such exemption and must contain the following information: (attached additional sheets if necessary).

1. Name and address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_
2. Name and address of business, corporation, firm, organization, etc. If more than one location, list all additional addresses, P.O. Boxes are not acceptable.
3. Mailing address of businesses, if different than listed in #2: \_\_\_\_\_  
 \_\_\_\_\_
4. Start Date: \_\_\_\_\_
5. Business Telephone Number: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Name(s) of the owners/officers including the applicant. Name(s) of the agent or attorney for service of business affairs in the City of Atlanta, if applicable.
  - a. Name/Title: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Telephone Number: \_\_\_\_\_
  - d. Email Address: \_\_\_\_\_
8. Name and address of the person, firm or corporation for whose account the business is carried on, if any. \_\_\_\_\_  
 \_\_\_\_\_

9.  Georgia Corporation  Sole Owner  
 Partnership  Other

10. The name and character of the business, firm, organization, etc. \_\_\_\_\_

11. State organizational purpose: \_\_\_\_\_

12. Actual business activity engaged in: \_\_\_\_\_

13. What is the charitable purpose to which the proceeds are devoted and to what extent? \_\_\_\_\_

\_\_\_\_\_

14. Will any of the income be credited to surplus or inure to benefit of any private individual or stockholder and if so, in what manner and to what extent? \_\_\_\_\_

\_\_\_\_\_

15. Has exemption from filing Federal Income Tax returns been granted by the IRS? If not, state reason:

\_\_\_\_\_

16. Have any State or County Tax Assessors and Collectors approved applicant for exemption from Ad Valorem Taxes?  YES  NO

a. If Yes, list the State and County: \_\_\_\_\_

17. Has Fulton County granted the applicant an exemption from taxes?  YES  NO

18. Additional Comments: \_\_\_\_\_

\_\_\_\_\_

*For more information on how to protect your 501(c)(3) tax-exempt status, please review the IRS Publication 4221-PC.*

*For more information on the City of Atlanta's Code of Ordinances governing exempt entities (non-profit organizations), please review Sec. 30-51.*

\*\*\*\*\*

**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