CITY OF ATLANTA-OFFICE OF REVENUE

BUSINESS TAX RENEWAL FORM

55 Trinity Avenue, SW Suite 1350 Atlanta, Georgia 30303 • Office (404) 330-6270 • www.atlantaga.gov or https://web.atlantaga.gov/blis to renew online

A $500 PENALTY WILL BE ASSESSED FOR FAILURE TO FILE RENEWAL BY FEBRUARY 15

(1) DBA/TRADE NAME:

(2) ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Other

PIN | Tax Class | SIC Code | Business Tax No.

(3) Location:

Business Telephone:

Sales Tax ID #

Federal EIN:

State Tax ID #

(4) Corporate Name:

Corporate Address:

Corporate Telephone:

(5a) Is this a residential business? ☐ **Yes** ☐ **No** (Please check one. Do not leave blank)

(5b) Business E-Mail:

OWNER/MANAGER IS RESPONSIBLE FOR REPORTING ALL CHANGES TO YOUR BUSINESS

(6) RENEWAL ☐

FINAL: ☐ SOLD ☐ CLOSED

CHANGES (COMPLETE LINE 9) ☐

******RENEWAL******

If you are renewing please check the *renewal box (line 6)*, fill in the *prior year gross revenue and number of employees (line 7)*, *sign and date the form (line 14)* and return in enclosed envelope. Do not leave gross revenue or number of employees blank. If no gross revenue earned, then indicate $0. Out of state businesses with no Georgia location must report Atlanta revenue only. All businesses are subject to Audit. Pursuant to City Ordinance Chapter 30-85, businesses must attach a copy of prior year applicable tax return (IRS forms 1120, 1065, or Georgia Forms 500 through 700).

(7) IF RENEWAL

PRIOR YEAR ACTUAL GROSS REVENUE: (Report Georgia Revenue Only)

NUMBER OF EMPLOYEES:

(8) IF FINAL/CLOSED, ENTER ACTUAL GROSS REVENUE AND EMPLOYEES HERE:

GROSS REVENUE _____ NUMBER OF EMPLOYEES _____

DATE SOLD/CLOSED:

(9) CHANGES: Please list change and circle one to indicate appropriate change to: (a) business name, (b) mailing address, (c) telephone number, (d) Prior to a location change, Zoning Approval is required in person.

PLEASE LIST PRINCIPAL OFFICERS OF BUSINESS

(10) Name	Address	Title	Phone	SS#
(11) Name	Address	Title	Phone	SS#
(12) Name	Address	Title	Phone	SS#

(13) CERTIFICATION – THE INFORMATION HEREIN IS REQUIRED BY SECTION 30-68 CODE OF ORDINANCES OF CITY OF ATLANTA, GEORGIA. I (NAME)_____ BEING THE (TITLE)_____ OF THE BUSINESS FIRM NAMED, DO HEREBY REGISTER TO OPERATE SAID BUSINESS WITH DOMINANT BUSINESS ACTIVITY OF (TYPE OF BUSINESS)_____ Fax _____ Emergency Contact Telephone_____

(14) Pursuant to the ordinance; the undersigned certifies that he/she is the person duly authorized by the business herein named to file this registration and application for a business license, including the accompanying schedules and statements, and that the same are true. The business license does not authorize the serving of alcohol. All applicable businesses must obtain a separate alcohol license.

Applicant Signature_____ Title_____ Date _____

CITY OF ATLANTA ZONING DIVISION USE ONLY ZONING APPROVAL _____ /_____ /_____ DENIED _____ /_____ /_____

CONDITIONS LOT_____ DIST_____ ZONING DIST._____

PARCEL ID # _____ BY _____ DATE _____

PLEASE COMPLETE REVERSE SIDE