



2024 MULTI-YEAR BUSINESS TAX APPLICATION
 55 TRINITY AVENUE, SUITE 1350, SW ATLANTA, GEORGIA
 Phone (404) 330-6270 Email: FAMDOCS@ATLANTAGA.GOV

Account #	Start Date In Atlanta	Tax Class	NAICS	Federal and State tax returns required for all years		
					# of Employees	Gross Revenue
E-VERIFY # (required if 11 or more employees)				2023		
				2022		
				2021		
BUSINESS NAME / DBA			STREET ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE	
CORPORATION NAME			MAILING ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE	
OFFICER OR PARTNER	TITLE	NAME	RESIDENCE ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE	
		LAST FOUR (4) DIGITS OF SOCIAL SECURITY #				
OFFICER OR PARTNER	TITLE	NAME	RESIDENCE ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE	
		LAST FOUR (4) DIGITS OF SOCIAL SECURITY #				
FEDERAL TAX ID # (EIN)			EMAIL ADDRESS			
STATE TAX ID #			Ownership Type <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Owner <input type="checkbox"/> Other (please specify):			
<p align="center">CERTIFICATION: THE INFORMATION HEREIN IS REQUIRED BY SECTION 30-68 1995 CODE OF ORDINANCES OF THE CITY OF ATLANTA, GEORGIA</p> <p>PRINT NAME _____ TITLE _____ TELEPHONE NO. () _____</p> <p>TYPE OF BUSINESS _____</p>						
<p align="center">ACCORDING TO THE CLASSIFICATION INDEX OF THE BUSINESS TAX ORDINANCE, CITY OF ATLANTA, GEORGIA; THE UNDERSIGNED CERTIFIES THAT HE/SHE IS THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS REGISTRATION AND APPLICATION FOR A LICENSE, INCLUDING THE ACCOMPANYING REVENUE AND EMPLOYEES, AND THAT THE SAME ARE TRUE, CORRECT AND COMPLETE.</p> <p>APPLICANT SIGNATURE _____ MONTH _____ DAY _____ YEAR _____</p> <p>PARTNER SIGNATURE _____ MONTH _____ DAY _____ YEAR _____</p>						
<p align="center">CITY OF ATLANTA ZONING DIVISION USE ONLY</p> <p align="center">Zoning Enforcement Division, 55 Trinity Avenue SW, Suite 3900, Atlanta, GA 30303, Phone (404) 330-6175</p> <p>The Zoning Division conducts research to verify that there is permitted use based on the district regulations. Some licenses may require site inspections or further research to determine approval, may require additional review time. Physical location changes require Zoning approval and a \$50 Zoning Processing Fee.</p>						
ZONING APPROVAL _____			DENIED _____			
CONDITIONS _____						
LOT _____	DISTRICT _____	ZONING DISTR. _____	BY _____	DATE _____		