



**CITY OF DECATUR**

OCCUPATION TAX CERTIFICATE APPLICATION  
RETURN APPLICATION TO:

P.O. BOX 220, DECATUR, GA 30031  
(404) 370-4100

FEDERAL EIN#  
TYPE OF APPLICATION

CALENDAR YEAR \_\_\_\_\_  
 NEW  RENEWAL

AMENDED  OTHER

STARTED NEW BUSINESS \_\_\_\_\_  
SOLD/CLOSED BUSINESS \_\_\_\_\_

BUSINESS MOVED \_\_\_\_\_

STATE ID#

MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

**PLEASE COMPLETE ALL INFORMATION**

PRACTITIONER/BUSINESS NAME: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

MAILING ADDRESS, IF DIFFERENT. STREET ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

OWNERSHIP TYPE:  PARTNERSHIP  SOLE OWNERSHIP  CORPORATION  GEORGIA

OTHER \_\_\_\_\_

PRINCIPAL OFFICE CORPORATE NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

DOES THE BUSINESS INCLUDE ANY PRACTITIONERS OF THE FOLLOWING PROFESSIONS/OCCUPATIONS?  YES  NO

IF YES, DESIGNATE PROFESSIONAL OR OCCUPATION BY CHECKING THE APPROPRIATE BOX.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> LAW           | <input type="checkbox"/> OSTEOPATHY        | <input type="checkbox"/> LANDSCAPE ARC. | <input type="checkbox"/> DENTISTRY                               |
| <input type="checkbox"/> MEDICINE      | <input type="checkbox"/> PUBLIC ACCOUNTING | <input type="checkbox"/> LAND SURVEYORS | <input type="checkbox"/> CIVIL, MECH., HYDRL., ELEC. ENGINEERING |
| <input type="checkbox"/> CHIROPRACTORS | <input type="checkbox"/> OPTOMETRY         | <input type="checkbox"/> EMBALMING      | <input type="checkbox"/> MARRIAGE/FAMILY THERAPIST               |
| <input type="checkbox"/> PODIATRY      | <input type="checkbox"/> PSYCHOLOGY        | <input type="checkbox"/> FUNERAL DIR.   | <input type="checkbox"/> SOCIAL-WORK                             |
|  | <input type="checkbox"/> VETERINARY        | <input type="checkbox"/> ARCHITECTURE   | <input type="checkbox"/> PROF. COUNSELING                        |

ARE YOU THE FIRST BUSINESS IN THIS LOCATION?  YES  NO

IF NOT, WHO WAS THE LAST TENANT? \_\_\_\_\_

DOES THIS BUSINESS OPERATE IN LOCATIONS OTHER THAN THE ONE INDICATED ABOVE?

YES  NO IF YES, PLEASE LIST ADDITIONAL LOCATIONS: \_\_\_\_\_

IS BUSINESS CARRIED ON UNDER A TRADE NAME OTHER THAN THE ONE SHOWN ABOVE?

YES  NO IF YES, NAME: \_\_\_\_\_

NEW BUSINESS ONLY: HAVE SIGN PERMITS BEEN ISSUED?  YES  NO VALID ID  YES  NO

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

**BUSINESS INFORMATION:**

EMAIL ADDRESS: \_\_\_\_\_

# OF FULL-TIME EMPLOYEES \_\_\_\_\_

# OF PART-TIME EMPLOYEES \_\_\_\_\_

EMERGENCY CONTACT OTHER THAN YOURSELF

NAME: \_\_\_\_\_

PHONE# \_\_\_\_\_

AFTER HRS. \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

TO BUSINESS: \_\_\_\_\_

**TAX OFFICE USE ONLY**

**BUSINESS DOCUMENTS REQUIRED:**

- DECATUR FIRE INSPECTION REPORT
- DECATUR CERTIFICATE OF OCCUPANCY
- DEKALB COUNTY FOOD SERVICE PERMIT (FOR RESTAURANTS ONLY)
- GA BOARD OF COSMETOLOGY LICENSE
- GA LICENSE FOR TOBACCO SHOPS

**PAYMENT INFORMATION:**

PAID: \$ \_\_\_\_\_

CREDIT CARD

CASH

CHECK

CHECK NUMBER \_\_\_\_\_

LICENSE #: \_\_\_\_\_

BUSINESS TAX CLASS: \_\_\_\_\_

NAI CS #: \_\_\_\_\_ CATEGORY CODE: \_\_\_\_\_

ADMINISTRATION FEE: \$25.00

LICENSE FEE AMOUNT: \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_