



City of Fairburn
 56 Malone Street
 Fairburn, GA 30213
 770-964-2244 (phone) 770-969-3484 (fax)

**COMMERCIAL
 OCCUPATIONAL TAX RETURN APPLICATION**

*Read and complete this Application. Provide any required documentation to the clerk.
 If you are a Non-Profit Organization, please provide a copy of your 501(c)3 - Exempt Organization IRS Form.*

Business Name: _____

Business Location: _____

Mailing Address: _____

Business Phone: _____ **Business Fax:** _____

Website Address: _____ **Email Address:** _____

Owner's Name: _____ **Owner's SS# or FEIN#:** _____

Owner's Home Address: _____

Owner's Home Phone #: _____ **Owner E-mail:** _____

Will the manager be the primary contact person for this company? _____ **If yes, please provide emergency contact information:** (someone who can gain access to the business after normal business hours in case of fire, burglar alarm, or other emergency).

Manager Name: _____

Address: _____

Home and/or cell Phone #: _____ **E-mail:** _____

Date business activity initiated or proposed in the City of Fairburn: _____

Product Type (if applicable): _____ **Number of Employees:** _____

Prior Use of Building/Property (if known): _____

(If this business is a new use for this location, site plan review & approval may be required)

Will any construction or renovations be required? Yes No

Provide a detailed explanation of business activity to be conducted at this location:

Will this company have sales people soliciting in Fairburn? _____

Estimated Gross Receipts for the current tax year: \$ _____

Is this Business a Home Occupation? _____ **If yes, please complete the Home Occupation application.**

 Signature

 Date

 Print Name

 Business Title

**City of Fairburn
Affidavit Verifying Status**

By executing this affidavit under oath, as an applicant for a City of Fairburn, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1. I am stating the following with respect to my application for a City of Fairburn, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for:

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

1) ___ I am a United States citizen.

OR

2) ___ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

*

Alien Registration Number for non-citizens

SUBSCRIBED AND SWORN BEFORE ME ON THIS ____ DAY OF _____, 20____.

Notary Public

My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

FOR OFFICE USE ONLY

BUSINESS NAME: _____

ADDRESS/ PARCEL ID#: _____

MAJOR GROUP: _____ SIC _____

Planning & Zoning

Zoning District: _____ Home Occupation: Yes No
Approved by: _____ Date: _____
Denied by: _____ Date: _____
Comments: _____

Building Department

Approved by: _____ Date: _____
Denied by: _____ Date: _____
Inspection Required: Yes No
Comments: _____

Fire Department

Approved by: _____ Date: _____
Denied by: _____ Date: _____
Inspection Required: Yes No
Comments: _____

Tax Class _____ **x gross receipts \$** _____ **+ \$50.00 administration fee = tax due \$** _____

Date Paid: _____ **Receipt Number:** _____

Received by: _____