

CITY OF GARDEN CITY

Revenue Department
100 Central Ave – Garden City, GA 31405 – (912) 963-2755

Completed, signed and
notarized **AFFIDAVIT
VERIFYING STATUS FOR
CITY PUBLIC BENEFITS
APPLICATION** and **E-
VERIFY FORM** must be
returned with a copy of a
Secure and Verifiable
Document.

2012 OCCUPATIONAL TAX RETURN

This form is being submitted by the below named company for: **(check one)**

First registration in Garden City: **Give date business started in Garden City:** ___/___/___
OR mo / day / year

Renewal Amended Final Return: Give date business closed, sold, or moved _____

Name of Business (Give full name): _____

Doing Business As (DBA) (if applicable): _____

Name **AND** title of person working at this location who is responsible for daily business operations:

Name: _____ Title: _____

Physical location: _____

Mailing address for tax bill and returns: _____

Mailing address for License: _____

Phone #: _____ **Fax #:** _____ **E-mail:** _____

Ownership (check one): Proprietorship, Partnership (Give percentage ownership of each partner), Corporation

Give name, home address, and home phone number of owner: _____

Tax I.D./Federal ID # under which the income tax return for the business will be filed: _____

Corporate Headquarters mailing address: _____

Corporate HQ Telephone #: _____ **Fax#:** _____ **Fed ID#:** _____

E-mail: _____

Business Activity (*Describe fully all business activities*): _____

Number of Employees _____

****Note: If a license is required by the State of Georgia or any Federal Agency, a copy must be submitted with this return. ****

GA Sales Tax # _____ (This is required for all businesses with sales. Application will be returned if this number is not provided.)

Actual Gross Receipts for 2011: \$ _____ for the period ___ / ___ /11 through ___ / ___ /11.

OR

Estimated Gross Receipts for 2012 (for businesses started in 2012): \$ _____ for the period ___ / ___ /12 through 12/31/12. **BY LAW, THE CITY MUST KEEP YOUR GROSS RECEIPTS CONFIDENTIAL.**

It is the responsibility of every business owner/official/applicant to make certain that the type or nature of the business activity being conducted at any location in the City of Garden City is permitted by and conforms to the zoning ordinances of the City. Activity or "use" means any business activity including the dominant activity and all other business activity conducted by the business at a location. You must not begin operation of your business at any location until it is determined by the Director of the City's Zoning Department that your "business use" is permitted at the business's location.

By signing below, you acknowledge that it is your responsibility to insure that your business meets all occupancy and zoning requirements of the City of Garden City and that the information given on this form is true and correct to the best of your knowledge.

Signature of Owner, Officer, Manager responsible for this form _____ Printed Name of Person Signing _____ Title of Person Signing _____ Date _____

THIS RETURN CANNOT BE FAXED TO THE CITY – FORM WITH ORIGINAL SIGNATURE MUST BE RETURNED.

This space reserved for use of the City of Garden City:

Use # _____ District: _____
Proper District?: Y or N
Zoning Official _____ Date _____

Acct #: _____
Filing Status: _____
Moved?: _____

Tax Class _____
S.I.C. Code _____