

**BUSINESS TAX RETURN**

CITY OF MORROW  
1500 MORROW RD  
MORROW, GA 30260  
(770) 961-4002

CITY OF MORROW USE	
ACCOUNT NUMBER	RECEIPT NUMBER
TAX CLASS	NAICS
BILL MAILED	RECEIPT MAILED

**MUST BE COMPLETED & RETURNED PRIOR TO:**

1. MAILING NAME AND ADDRESS

6. BUSINESS NAME AND LOCATION

PLEASE TYPE OR PRINT WITH BALL POINT PEN

2. CHECK ONE

- \_\_\_ Renewal
- \_\_\_ Amended
- \_\_\_ New \_\_\_\_\_ (date)
- \_\_\_ Closed \_\_\_\_\_ (date)

CHECK ONE

- \_\_\_ Corporation
- \_\_\_ Sole Ownership
- \_\_\_ Partnership
- \_\_\_ Home Occupation
- \_\_\_ Professional

7. PHONE NUMBER OF THIS LOCATION (Please enter number if this section is blank)

3. GROSS RECEIPTS Complete applicable section:

**Renewals:** enter gross receipts for year just ending (Jan-Dec). This amount is considered an estimate for upcoming year. An adjustment for previous year will be made on your bill \$ \_\_\_\_\_

**Practitioners of Professions:** (doctors, attorneys, dentists, etc.) may elect to pay \$400 (+administrative fee) per practitioner in lieu of reporting gross receipts. Check here if taking this flat fee option \_\_\_\_\_

**Business which opened this year:** (or seasonal bus.), enter actual gross receipts for year just ending \$ \_\_\_\_\_

**Renewal of business which opened this year:** enter estimate of gross for upcoming year \$ \_\_\_\_\_

**New business:** estimate gross from opening date through Dec. 31 \$ \_\_\_\_\_

**Number of employees:** (see enclosed definition) \_\_\_\_\_

8. OWNERS, PARTNERS, OFFICERS, ETC. (use separate sheet if needed)

No Change

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Drivers Lic. # \_\_\_\_\_

Title \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Drivers Lic. # \_\_\_\_\_

Title \_\_\_\_\_

4. DOMINANT LINE OF BUSINESS:

OTHER LINES OF BUSINESS AT THIS LOCATION

9. BUSINESS NAME & ADDRESS CORRECTION

No Change

5. I (name) \_\_\_\_\_

being the (title) \_\_\_\_\_ of the business firm named, do hereby register and apply for an occupation tax certificate, and furthermore, do hereby certify that the information provided is true, correct, and complete.

SIGNATURE

PHONE #

10. MAILING NAME & ADDRESS CORRECTION

No Change



## E-Verify Affidavit City of Morrow Occupational Tax

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ (business license, occupational tax certificate or other document required to operate a business) as referenced in O.C.G.A. §36-60-6 (d), from the City of Morrow, the undersigned application representing the private employer known as \_\_\_\_\_ (printed name of private employer) verifies one of the following with respect to my application for the above mentioned document:

**1. Fill out this section between July 1, 2012, and June 30, 2013.**

- a) \_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
- b) \_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

**If the employer selected 1(a) please fill out Section 3 below and get notarized**

**2. Fill out this section on or after July 1, 2013**

- a) \_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed more than ten (10) employees.
- b) \_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

**If the employer selected 3(a) please fill out Section 4 below.**

**3. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provision and deadlines established in O.C.G.A. §36-60-6. The undersigned private employer attests that its federal work authorization user identification number and date of authorization are listed below:**

\_\_\_\_\_  
E-Verify Number

\_\_\_\_\_  
Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully make a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

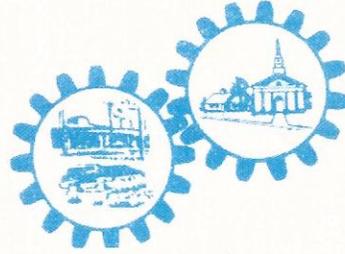
\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer of Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:



Affidavit Verifying Status for Public Benefit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ (type of public benefit) as referenced in O.C.G.A. 50-36-1, from the City of Morrow, Georgia, the undersigned applicant verifies one of the following with respect to my application for this public benefit:

- 1) \_\_\_\_\_ I am a United States citizen. (attach copy of Drivers License)
2) \_\_\_\_\_ I am a legal permanent resident of the United States\*. (Attach copy of Permanent Resident card-front and back)
3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other Federal immigration agency is: \_\_\_\_\_

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-26-1 (e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

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 O.C.G.A 16-10-20, and face criminal penalties as allowed by such criminal statute.

Signature of Applicant

Date

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

Subscribed and sworn before

Me on this the \_\_\_\_\_ 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:



State of Georgia  
**Department of Revenue**  
1800 Century Boulevard  
Atlanta, Georgia 30345

**Official Addendum to Business Occupancy License Application**

**Required Fields**

**Name of Business (Legal Name or Trade Name):**

**Mailing Address if Different From the Physical Address:**

**Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:**

**Sales Tax ID #, if Your Business is Required to Have One by Law:**

**Applicable North American Industry Classification System Code Number (Please list all NAICS):**

**NOTICE:**

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupancy tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6758 or e-mail David.Smith@dor.ga.gov .

An Equal Opportunity Employer



The City of Morrow Communications Center maintains a call list for each business located within Morrow's city limits. This listing of key-holding employees and their phone numbers enable us to contact employees in the event of an emergency. Please complete/update this form and submit it to the Morrow City Hall to ensure that accurate records are being maintained. If you have any questions, please contact the Morrow Communications Center at (770) 961-4000.

### BUSINESS LOCATION/ALARM COMPANY INFORMATION/KEY-HOLDER FORM

#### Business Information:

Business Name: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: Morrow  
*(Include Suite Number if Applicable)*

#### Alarm Company Information:

Name of Alarm Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### Emergency Key-Holder Information:

1. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: Yes  No  - Text Message Capability: Yes  No

2. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: Yes  No  - Text Message Capability: Yes  No

3. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: Yes  No  - Text Message Capability: Yes  No

#### Additional Information:

Please provide any additional information in the space provided below. Additional information may include but is not limited to information regarding before or after business occupants such as cleaning crews, maintenance workers, or other regularly authorized individuals.

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Opening/Relocation Date: \_\_\_\_\_

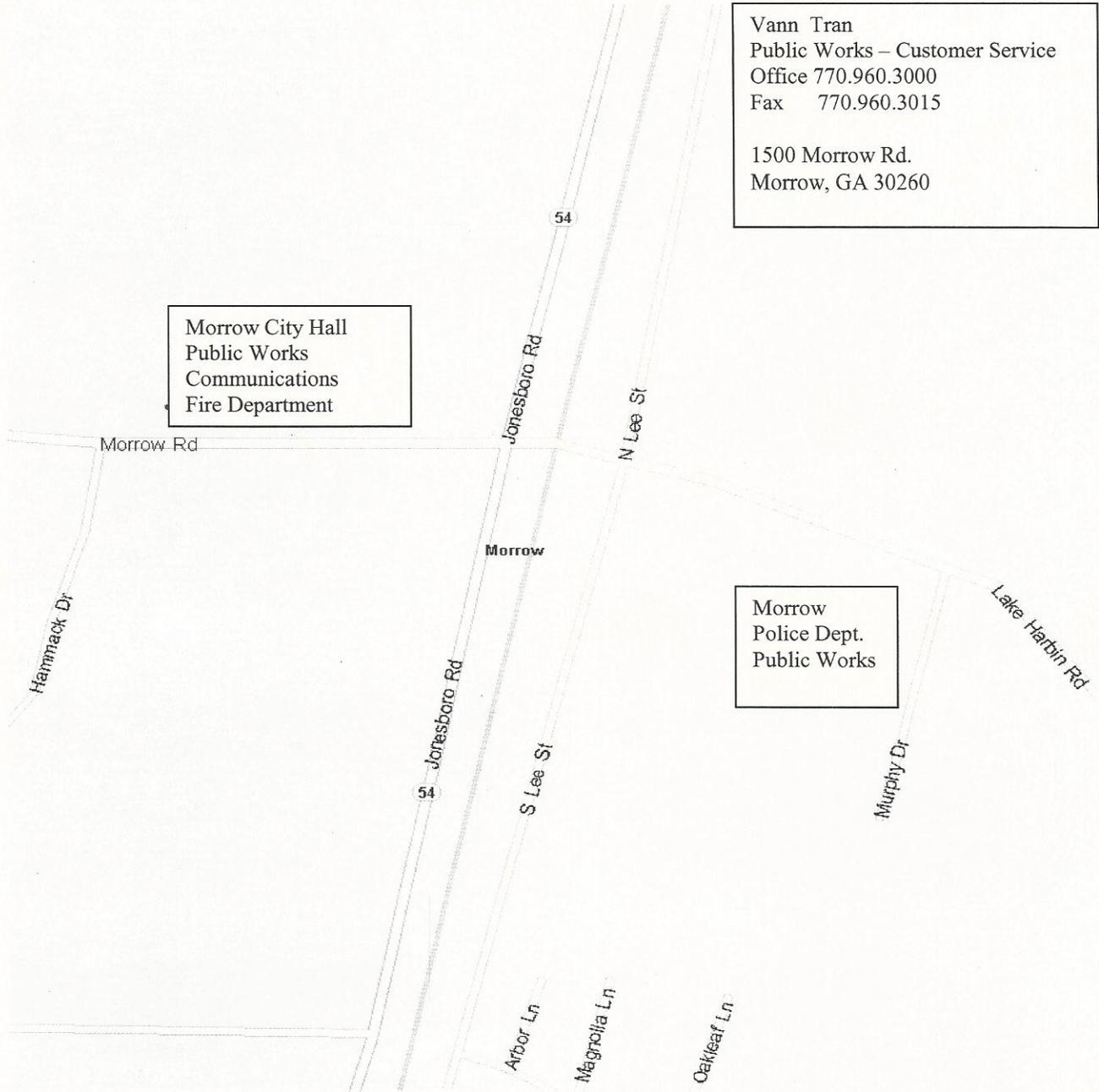
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Vann Tran  
 Public Works – Customer Service  
 Office 770.960.3000  
 Fax 770.960.3015  
  
 1500 Morrow Rd.  
 Morrow, GA 30260

Morrow City Hall  
 Public Works  
 Communications  
 Fire Department

Morrow  
 Police Dept.  
 Public Works



Prior to being issued a Business License (Occupation Tax Certificate), you must contact Vann Tran regarding sanitation service. Return this document with your signature and the signature of Public Works personnel to : Juanita Davis, City of Morrow, 1500 Morrow Rd, Morrow, GA 30260 Tel. 678-902-0939 Fax. 770.960.3002

Public Works Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \*\*\*\*\*  
 Name (Print) \_\_\_\_\_ Business Name \_\_\_\_\_  
 Signature \_\_\_\_\_



**CITY OF MORROW  
FIRE MARSHAL'S OFFICE**  
[www.cityofmorrow.com](http://www.cityofmorrow.com)

**HERB JONES**  
Fire Marshal

1500 Morrow Road  
Morrow, GA 30260-1654

Ph: [REDACTED] Fax: 770.960.1631

Cell: 404.516.1194

E-mail: [hjones@cityofmorrow.com](mailto:hjones@cityofmorrow.com)



**CCBoH**  
Clayton County  
Board Of Health  
PREVENT PROMOTE PROTECT

**ERICA WILSON, MPH**  
Environmental Health Specialist

Email: [ericawilson@dhr.state.ga.us](mailto:ericawilson@dhr.state.ga.us)

P: 678-610-7430

F: 770-603-4874

O: 678-610-7469

685 Forest Parkway  
Forest Park, GA 30297

[www.claytoncountypublichealth.org](http://www.claytoncountypublichealth.org)