

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 <input type="checkbox"/> Renewal <input type="checkbox"/> Amended <input type="checkbox"/> New _____ (date) <input type="checkbox"/> Closed _____ (date)	CHECK ONE <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Home Occupation <input type="checkbox"/> Professional
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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) _____

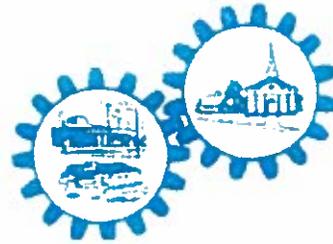
being the (title) _____

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



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:



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 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
 - b) _____ On January 1st 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 1st of the below signed year the individual, firm or corporation employed more than ten (10) employees.
 - b) _____ On January 1st 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:



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 occupation 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



come to tomorrow
MORROW, GEORGIA

City of Morrow Public Works: Sanitation Office

6311-C Murphy Drive, GA 30260 770.960-3000 (P) 770.960.3015 (F)

AFFIDAVIT FOR SANITATION:

I, (print name) _____ am the company representative for

(company name) _____

at (address) _____

I affirm to take care of sanitation as follow:

___ Set up sanitation with City of Morrow

___ My landlord _____ covers sanitation; landlord's

contact name _____ Phone number _____

Landlord's sanitation account number _____

___ Other _____

___ (Initial) I understand that using an unauthorized dumper is a violation of the City's Ordinance.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Public Works Signature: _____ Date: _____



From the City of Morrow Police Department Code Enforcement Unit

Sign Code Basics

- 1) Sign & Construction permits are issued through City Hall which is located at 1500 Morrow Road. The telephone number is 678-902-0924 or 770-961-4002.
- 2) New wall signs must consist of "individualized channelized letters powered by an electrical strip". (Section 8-5-14-d)
- 3) New sign panels must be panned with embossed copy, providing that the copy is less than 6 inches or a sign face smaller than 2 feet by 4 feet. (Section 8-5-14-c)
- 4) When a business has been issued a permit for their building sign, they are allowed to display a banner, a maximum of 60 days, while they wait for the installation of the permitted signage. The banner is a part of the sign permit process and does not require a temporary sign permit. When the building sign is installed the banner must be removed. (Section 8-5-17-b-2)
- 5) Single neon or other type of illuminated sign may be used in the interior window of a store front. Signs shall not exceed an overall area of 2 square feet and shall not display movement such as flashing or scrolling. (Section 8-5-12-d) No lines or rows of lights are allowed.
- 6) A "Temporary Sign Permit" is required for signage used for advertising special events, Grand Openings, sidewalk sales, etc. These may only be displayed 3 times per calendar year, one time in a quarter, and 30 days between displays, for a maximum 10 day period. (Section 8-5-17-b-1)
- 7) Inflatables are prohibited. These include but are not limited to balloons, wind dancers and trademarked items. (Section 8-5-13-i)
- 8) Portable & Mobile signs are prohibited. (Section 8-5-4)
- 9) Advertising material, such as flyers, may not be placed on vehicles, mailboxes or any supporting structures. (Section 11-1-45)
- 10) Window signage requires a permit and may not exceed 25% of the total window space. (Section 8-5-9)

To access the City of Morrow's code of ordinances via the internet, visit:

www.Municode.com



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.

Opening/Relocation Date: _____

Signature: _____ Date: _____



**CITY OF MORROW
FIRE MARSHAL'S OFFICE**
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



ERICA WILSON, MPH
Environmental Health Specialist

Email: ericawilson@chr.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