

# CITY OF STOCKBRIDGE, GEORGIA: OCCUPATIONAL TAX - CHANGE OF ADDRESS FORM

REMIT TO: CITY OF STOCKBRIDGE- OCCUPATIONAL TAX DEPT  
 4545 NORTH HENRY BOULEVARD  
 STOCKBRIDGE, GA 30281  
 PHONE 770-389-7902

FOR GOVERNMENT USE ONLY  
 TAX YEAR \_\_\_\_\_  
 CERTIFICATE NO. \_\_\_\_\_  
 NAICS CODE \_\_\_\_\_

NEW: RETURN ORIGINAL BEFORE COMMENCING OPERATIONS  
 RENEWAL: RETURN ORIGINAL BEFORE OCTOBER 1

AMT PAID \_\_\_\_\_ DATE \_\_\_\_\_  
 CK \_\_\_\_\_ CA \_\_\_\_\_ CC \_\_\_\_\_

1. BUSINESS CORPORATE & "DOING BUSINESS AS" NAME  
 \_\_\_\_\_

General Check List: FOR OFFICE USE ONLY

- Owner's Photo ID (Driver's License)
- Signed copy of lease/Ownership documentation
- Certificate of Occupancy: Fire and Building Inspection

2. BUSINESS ADDRESS     Own     Lease (proof required)  
 \_\_\_\_\_

NOTE: Additional paperwork may be required.

3. BUSINESS MAILING ADDRESS  
 \_\_\_\_\_

### INSPECTIONS

FIRE MARSHALL:  
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4. IS BUSINESS LOCATED IN YOUR HOME?    Yes    No

BUILDING INSPECTOR:

5. FEDERAL TAX I.D NO. OR SSN  
 \_\_\_\_\_

6. TELEPHONE NUMBER  
 HOME OFFICE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 LOCAL OFFICE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

7. TYPE OF OWNERSHIP  
 SOLE OWNER             CORPORATION  
 PARTNERSHIP             LLC  
 STATE AND DATE OF CORPORATION \_\_\_\_\_  
 \_\_\_\_\_

8. NAME, TITLE AND ADDRESS OF OWNERS OR OFFICERS  
 If a corporation, give president and secretary.  
 NAME/TITLE \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ PH#: \_\_\_\_\_  
 NAME/TITLE \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ PH #: \_\_\_\_\_

MOVING FROM:

9. FULLY DESCRIBE TYPE OF BUSINESS  
 \_\_\_\_\_

IN ACCORD WITH THE BUSINESS ORDINANCE, CITY OF STOCKBRIDGE, GEORGIA, I, THE UNDERSIGNED, CERTIFY THAT I AM THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS AND THAT THE SAME ARE TRUE, CORRECT AND COMPLETE.

NAME (please print) \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_