



City of McDonough – Occupational Tax Division
136 Keys Ferry Street, 2nd Floor, McDonough, GA 30253
Office: 678-782-6225 OFFICE HOURS 9AM – 4PM
Website: www.mcdonoughga.org Email: taxclerk@mcdonoughga.org

For Office use only:

Today's Date: _____

Occupational Tax Account No: _____

LOCATION CHANGE ONLY

CERTIFICATES WILL EXPIRE ON DECEMBER 31ST OF THE CURRENT YEAR ISSUED

Type of Business: (check all that may apply)

☐ Commercial ☐ Home Occupation ☐ Non-Profit
☐ Sole Proprietor ☐ Corporation ☐ Limited Liability Corp ☐ Partnership ☐ Other: _____

FEIN: _____ Sales/Use No.: _____ E-Verify: _____

Corporation Name: _____

Business DBA, if applicable: _____

Previous Business Address: _____

NEW BUSINESS ADDRESS: _____ City: _____ State: _____ Zip: _____

Business Telephone: _____ Contact Telephone: _____

Mailing Address, if applicable: _____ City: _____ State: _____ Zip: _____

Business Email Address: _____ Contact Email Address: _____

Business Owner or Officer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Contact Telephone: _____

Description of Business Activity: _____

I hereby register the herein name business to operate within the City of McDonough, and certify that I am the person authorized by this business to file this return, including any accompanying schedules and statements. I further certify all statements and other information provided on and with this return is true, correct, and complete.

Signature: _____ Date: _____ Title: _____



City of McDonough /Community Development Department
136 Keys Ferry Street, 3rd Floor, McDonough GA 30253
Website: www.mcdonoughga.org / Email: ttebo@mcdonoughga.org

ZONING and LAND USE VERIFICATION FORM

Applicant-Complete the following (if applicable or indicate by writing N/A) Reason for Request:

☐ New Business ☐ Building Permit ☐ Alcohol License ☐ Name Change Only

Property or Business Owner - **PRINT LEGIBLY**

First _____ Last _____

24 Hour Contact Number _____

Email Address _____

Property Address Street # _____ Street Name _____ Suite _____

Name of Business _____

Shopping Center or Subdivision Name _____

Type of Business _____

Describe the operations of the Business

Note: All signage requires a permit. Any signage placed on property without proper permits will incur double fees. Please contact the Planning and Zoning Department on the 3rd floor to obtain an application and processing guidelines. Initials _____

Note: The determination of zoning compliance does not constitute approval of occupancy or approval of a business license; nor does it release the applicant from having to obtain a business license, building permit, Certificate of Occupancy, sign permit, and /or all other necessary permits required by local, state, or federal jurisdiction.

_____ **DO NOT WRITE BELOW THIS LINE** _____

Parcel Tax ID # _____

Present Zoning _____ with conditions / variances

Refer to code chapter _____ (via Municode.com) and/or Ordinance # _____,

_____ via Open Records Request for permitted operation of proposed business.

[Home-based Businesses-For Administrative Use Only] [Home-based Businesses-For Administrative Use Only]

Official Signature _____ Date _____