



**City of McDonough – Occupational Tax Division**  
**136 Keys Ferry Street, 2<sup>nd</sup> Floor, McDonough, GA 30253**  
**Office: 678-782-6225      OFFICE HOURS 9AM – 4PM**  
Website: [www.mcdonoughga.org](http://www.mcdonoughga.org)      Email: [taxclerk@mcdonoughga.org](mailto:taxclerk@mcdonoughga.org)

**For Office use only:**

Today's Date: \_\_\_\_\_

**Occupational Tax Account No:**  
\_\_\_\_\_

## LOCATION CHANGE ONLY

**CERTIFICATES WILL EXPIRE ON DECEMBER 31<sup>ST</sup> 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: \_\_\_\_\_

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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, 3<sup>rd</sup> Floor, McDonough GA 30253  
Website: [www.mcdonoughga.org](http://www.mcdonoughga.org) / Email: [ttebo@mcdonoughga.org](mailto: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 3<sup>rd</sup> 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 \_\_\_\_\_