



**Cobb County Business License Division**  
**191 Lawrence Street, Marietta, GA 30060-1692**  
**Phone (770) 528-8410 Fax (770) 528-8414**  
**Web site Address - [www.cobbcounty.org](http://www.cobbcounty.org)**

## Attorney Occupation Tax Form

**Payment must be filed with this form to pay Occupation Tax. You will not be billed.**

This Business is:                     New Application  
     Ownership Change / Date ownership changed \_\_\_\_\_  
     I am filing a name/or address change for # \_\_\_\_\_

Is this business located:     Outside Cobb         In Unincorporated Cobb         Inside a City

1. Name Doing Business As \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

2. Name of Corporation \_\_\_\_\_

3. Business Address \_\_\_\_\_ Suite# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Mailing Address \_\_\_\_\_ Suite# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Is property zoned?     Residential     Commercial     Industrial

Full Detailed Description of Business \_\_\_\_\_  
\_\_\_\_\_

6. Are you an individual professional operating in a larger practice?     Yes     No

7. Gross Receipts in GA from this location for the calendar year prior to this application \$ \_\_\_\_\_  
Gross Receipts in GA from this location for the year two calendar years prior to this application \$ \_\_\_\_\_

8. Date Business began in Cobb County \_\_\_\_\_

If a firm, answer questions 9-13. If an individual professional, please skip to question #13.

9. President/ Managing Member \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (    ) \_\_\_\_\_ D/O/B \_\_\_/\_\_\_/\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

10. Vice President/ Member \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (    ) \_\_\_\_\_ D/O/B \_\_\_/\_\_\_/\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

11. Secretary/ Member \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (    ) \_\_\_\_\_ D/O/B \_\_\_/\_\_\_/\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

12. Treasurer/ Member \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone(    ) \_\_\_\_\_ D/O/B \_\_\_/\_\_\_/\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

13. Individual professional \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone( ) \_\_\_\_\_ D/O/B \_\_\_/\_\_\_/\_\_\_/Drivers License # \_\_\_\_\_ State \_\_\_\_\_

14. Person Completing Application \_\_\_\_\_ Title \_\_\_\_\_  
Business Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

I will comply with the Zoning Restrictions stated above: \_\_\_\_\_  
(initials)

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

I, \_\_\_\_\_, affirm that the facts stated by me are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of applicant \_\_\_\_\_  
( ) Owner ( ) Manager ( ) Other specify \_\_\_\_\_

**OFFICE USE ONLY:**

Occ. Tax Cert. # \_\_\_\_\_ SIC # \_\_\_\_\_ Category \_\_\_\_\_ BL STAFF \_\_\_\_\_

Due previous yr \_\_\_\_\_ Due for 2 yrs prior to current yr \_\_\_\_\_

Penalty \_\_\_\_\_ Interest \_\_\_\_\_ Total Due\$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Method of payment: CASH / CHECK #  
(circle one )

Zoning Division \_\_\_\_\_ Approved/Denied  
(circle one )