



OCCUPATIONAL TAX APPLICATION FOR THE YEAR 20 _____

Date: _____

New [] Renewal []

LICENSE TYPE	LICENSE FEE
Home Business	\$75.00
Occupational License	\$50.00 base fee plus:
1-10 employees	\$200.00
11-20 employees	\$450.00
21-50 employees	\$700.00
51 or more employees	Call for rate

LEGAL BUSINESS NAME: _____

DBA: _____ BUSINESS PHONE: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT EMAIL: _____

ACCOUNTING CONTACT NAME & EMAIL: _____

APPLICATION FOR HOME BUSINESS _____ COMMERCIAL LOCATION* _____

*All commercial locations require an inspection

Describe business activity: _____

Type of Business: Sole ownership ___ Partnership ___ Corporation, LLC, SC, PC, CC ___

On average, how many employees including owner(s)? Full-time _____ Part-time _____

Does this occupation require you to obtain a health permit, food service permit? Yes ___ No ___
If yes, a copy of the permit is required as part of the completed application.

PROVIDE THE NAME, TITLE, ADDRESS AND PHONE NUMBERS OF ALL OWNERS, PARTNERS AND MANAGING MEMBERS. IF YOUR BUSINESS IS A CORPORATIONS, LIST THE REGISTERED AGENT, OFFICE ADDRESS AND NAME AND ADDRESS OF THE PRESIDENT.

State of Georgia Business Registration License (include copy):

Name on License _____
License Number _____
Expiration Date _____

Georgia Sales Tax # _____

Federal EIN # _____

*Your business may be subject to Regulatory Fees in addition to the Occupational Tax Application Fees. Please see the City of Statham for details.

I hereby make an application for an Occupational Tax License to conduct business in the City of Statham. I understand that prior to issuance of said license, all required documentation and applicable City Ordinances must be met, and all fees must be paid in full. I, _____, do solemnly swear that the information in this application is true and correct to the best of my knowledge.

Signature: _____

Print Name: _____ Date: _____

For City of Statham Use Only

License Type: Home Business _____ Occupational License _____

License Fee: \$ _____ Date Paid in Full: _____

Regulatory Fees Paid (if applicable) \$ _____

Payment Reference Number: _____

Total Amount Paid: _____