CITY OF WARNER ROBINS
OCCUPATION TAX APPLICATION
202 N. DAVIS DRIVE PMB 718
WARNER ROBINS, GA. 31093
(478) 302-5593 / (478) 929-1133

This application is NOT for these types of businesses:
Alcohol, Bondsmen, Carnivals, Circuses, Pawnbrokers, Peddlers, Secondhand Dealers, Tattoo Parlors, Taxi Cabs, Tent Sales

Check One: New Application ____ Amended Application ____

Are you a public employee as defined under O.C.G.A. Sec. 50-18-72(a)(21)- this includes employees of the State of Georgia, any Georgia county, city or agencies and commissions; other political subdivisions; teachers in public, charter and nonpublic schools; and employees in certain early care and education programs? _____YES_____NO

Applicant_____ Date_____
("Applicant" is the individual or corporation in which the license is to be issued)

Employee ID/Tax ID/SS# _____ DOB _____

Address _____ Phone _____

City _____ State ____ Zip _____

Name of Business _____

Business Address _____ Phone _____

City _____ State _____ Zip _____

Owner of Business _____ DOB_____

Owner Address _____ Phone _____

City _____ State _____ Zip _____

Check One: Partnership ____ Corporation ____ LLC ____ Sole Owner ____

Corporation Address _____ Phone _____

City _____ State _____ Zip _____

Representative of Corporation _____

Local Manager _____ DOB_____

Manager Address _____ Phone _____

City _____ State _____ Zip _____

Dominant Line of Business _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Preferred Email Address _____

Number of Employees ____

Average number of employees during the last 12 months of business at this location, including full-time equivalent employees, owner, and family members working in the business _____

OATH AND CONSENT STATEMENT

I declare, under penalty of perjury, that this information has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. I further acknowledge that any false information contained herein shall be grounds for rejection of the application or revocation of license.

_____ _____ _____

APPLICANT'S SIGNATURE TITLE DATE

Sworn to and subscribed before me
this _____ day of _____, 20_____.

NOTARY_____

CITY OF WARNER ROBINS OFFICIAL USE ONLY

Lease/Deed ____
Health Permit____
State License ____

SAVE ___
E-VERIFY ___
S.O.S. Registration _____

Dept. of Ag. _____
(If required)

_____ _____

Building Official Fire Department

_____ _____

Zoning Official Date Issued

_____ _____

City Marshall City Clerk

COMMENTS:
_____
_____
_____
_____
_____
_____

Occupation Tax Application Information

APPLICATIONS ARE ACCEPTED BETWEEN THE HOURS OF 8:00AM – 4:00PM.

APPLICATIONS THAT DO NOT CONTAIN ALL OF THE REQUIRED DOCUMENTATION WILL NOT BE ACCEPTED.

THE FOLLOWING DOCUMENTS ARE REQUIRED ATTACHMENTS TO THE OCCUPATION TAX PERMIT APPLICATION:

- Copy of the lease or deed for the business address
- Copy of Secretary of State Registration along with a list of all officers for corporations
- Copy of State license for professions listed under Title 43 of O.C.G.A.
- S.A.V.E. affidavit (included in the application)
- E-Verify affidavit (included in the application)
- List of all subcontractors and independent agents including name, phone number, and address
- Evidence that all appropriate health permits, bonds, certificates of qualification, certificates of competency, or any other regulatory documentation if required by law

BUILDING INSPECTOR & FIRE MARSHAL MUST APPROVE ALL APPLICATIONS
(Inspections Tue & Thurs 9:00am-12:00 only, building must be open for Inspection). You will be contacted for an appointment by that office.

EACH SUBCONTRACTOR OR INDEPENDENT AGENT MUST FILL OUT AN OCCUPATION TAX RETURN.

ALL BUSINESS LICENSES ARE DUE AND PAYABLE WHEN THE BUSINESS IS COMMENCED

ANY NEW BUSINESS OPENING AFTER APRIL 1 OF THE CURRENT YEAR SHALL BE PRO-RATED QUARTERLY

ALL LICENSES EXPIRE DECEMBER 31 OF THE CURRENT YEAR ISSUED

ALL SIGNS MUST BE APPROVED BEFORE INSTALLATION