OCCUPATIONAL TAX APPLICATION

837 Highway 76 W, Clayton, GA 30525
Phone (706) 782-4512 | Fax (706) 782-4596
cityclerk@cityofclaytonga.gov

BUSINESS INFORMATION

Application Date: _____ Business Start Date: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation

Describe Business: _____

State License Number: _____

State License Type: _____

Sales Tax Number: _____

Federal ID Number: _____

State ID Number: _____

# of Employees	Fee + Admin
☐ 0-3	$85 + 25
☐ 4-8	$100 + 25
☐ 9-20	$125 + 25
☐ 21-35	$150 + 25
☐ 35-50	$165 + 25
☐ 50+	$200 + 25

OWNER(S) INFORMATION

Owner Name: _____ Title: _____

Home Address: _____

Phone Number: _____ Email: _____

Owner Name: _____ Title: _____

Home Address: _____

Phone Number: _____ Email: _____

ACKNOWLEDGMENT

- Completed application must be submitted with a copy of owner's/representative's government issued identification, payment of all fees, and any other required documents before being considered. Completion of form does not guarantee an issuance of an Occupation Tax Certificate.
- Fee is subject to total number of full and part-time employees, with a minimum of one employee. If applying after July 1 for a new application, the fee will be half price. All new applications are subject to a $25 administrative fee regardless of application date.
- I declare under penalties of perjury that this application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state, and city laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of this business license.

Owner/Representative Print Name: _____

Owner/Representative Signature: _____ Date: _____