

City of Pendergrass
P.O. Box 95
65 Smith Bridges St.
Pendergrass, GA 30567
(706) 693-2494 - Fax (706) 693-7149

Permit # _____

OCCUPATIONAL TAX APPLICATION

Please complete ALL items on this application.

Please Check One New Application Renewal Date _____

Business Name _____

Business Location _____ Start Date _____

Sales Tax No. _____

City _____ State _____ Zip _____ Federal ID _____

Mailing Address _____ State ID _____

City _____ State _____ Zip _____ Email _____

City _____ State _____ Zip _____ Website _____

Phone Number _____ **Fax No.** _____ **Home Based** Yes No

Description of Business _____

Ownership Corporation LLC Sole Proprietor Partnership Non-Profit Trust

Enter below any Owners, Partners, or Officers of Business (attach additional sheet, if necessary)

Owner Name _____ **Title** _____ **Phone #** _____

Home Address _____

City _____ State _____ Zip _____ Cell # _____

Name _____ Title _____ Phone # _____

Home Address _____

City _____ State _____ Zip _____ Cell # _____

FEE

0-5 Employees \$50.00 6-25 Employees \$75.00 26-50 Employees \$85.00

51-100 Employees \$100.00 101-up \$300.00

Tax Year _____ Amount Paid _____

Date _____ Check No. _____

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.

Signature of Owner or Representative: _____ Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF PENDERGRASS.