

CITY OF ALBANY/ DOUGHERTY COUNTY
TREASURER'S OFFICE
POST OFFICE BOX 447, SUITE 150
ALBANY, GA 31702-0447
TELEPHONE (229) 431-2118 FAX (229) 432-8160
www.albany.ga.us

OCCUPATIONAL TAX RENEWAL APPLICATION (FORMERLY BUSINESS LICENSE)

DOUGHERTY COUNTY

APPLICATION DATE: _____

ALL INFORMATION MUST BE TYPED OR PRINTED

BUSINESS INFORMATION

____ SOLE PROPRIETOR ____ CORPORATION ____ PARTNERSHIP ____ LLC

BUSINESS NAME (DBA IF APPLICABLE): _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL _____

BUSINESS MAILING ADDRESS _____

CITY/STATE/ZIP _____

BUSINESS OWNER NAME _____ HOME PHONE _____

HOME ADDRESS _____

CONTACT PERSON #2 _____ HOME PHONE _____

HOME ADDRESS _____

FEDERAL EMPLOYEE ID# _____ SALES TAX NO. _____

CURRENT BUSINESS LICENSE NO. _____

NAME ON STATE LICENSE/PERMIT _____

STATE LICENSE NO. _____ ATTACH COPY OF LICENSE
(PROFESSIONALS, CONTRACTORS, SUBCONTRACTORS)

DISADVANTAGED BUSINESS ENTERPRISES:

PLEASE MARK THE APPROPRIATE BLOCKS:

- | | | | |
|-------|-----------------|-------|--------------------------|
| () 1 | BLACK MALE | () 6 | ASIAN MALE |
| () 2 | BLACK FEMALE | () 7 | ASIAN FEMALE |
| () 3 | WHITE FEMALE | () 8 | NATIVE AMERICAN MALE |
| () 4 | HISPANIC MALE | () 9 | NATIVE AMERICAN FEMALE |
| () 5 | HISPANIC FEMALE | () 0 | WHITE MALE/ NON-MINORITY |

OVER

FEE CALCULATION

Choose one of the following to compute your Occupational Tax due

Number of Employees

1. (per Department of Labor Quarterly Report) _____

See Below Chart to Determine Amount Due based on **Number of Employees** entered above.

Number of Employees	Amount Due	Number of Employees	Amount Due
0-5	\$100.00	251-300	1900.00
6-10	150.00	301-350	2100.00
11-15	200.00	351-400	2300.00
16-20	300.00	401-450	2500.00
21-30	400.00	451-500	2700.00
31-40	500.00	501-600	2950.00
41-50	600.00	601-700	3200.00
51-60	700.00	701-800	3450.00
61-70	800.00	801-900	3700.00
71-80	900.00	901-1000	3950.00
81-90	1000.00	1001-1250	4200.00
91-100	1100.00	1251-1500	4450.00
101-150	1300.00	1501-2000	4700.00
151-200	1500.00	2001-2500	4950.00
201-250	1700.00	2501	5100.00

TOTAL AMOUNT DUE \$ _____

Please forward your application and payment to the address at the top of page 1.

We accept cash, money order, checks.

Please be advised that the deadline for payment is March 15th of the current year.

I hereby certify that the above stated information as well as supplemental attachments are true and correct under penalty of law as set forth by the City of Albany Occupation Tax Ordinance as now or hereafter amended.

 APPLICANT SIGNATURE

 PRINT NAME

 TITLE

 DATE