

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)

CITY OF ALBANY APPLICATION DATE: _____
____ PROFESSIONAL ____ INSURANCE AGENCY/COMPANY

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:

- | | | | | | |
|--------------------------|---|-----------------|--------------------------|---|--------------------------|
| <input type="checkbox"/> | 1 | BLACK MALE | <input type="checkbox"/> | 6 | ASIAN MALE |
| <input type="checkbox"/> | 2 | BLACK FEMALE | <input type="checkbox"/> | 7 | ASIAN FEMALE |
| <input type="checkbox"/> | 3 | WHITE FEMALE | <input type="checkbox"/> | 8 | NATIVE AMERICAN MALE |
| <input type="checkbox"/> | 4 | HISPANIC MALE | <input type="checkbox"/> | 9 | NATIVE AMERICAN FEMALE |
| <input type="checkbox"/> | 5 | HISPANIC FEMALE | <input type="checkbox"/> | 0 | WHITE MALE/ NON-MINORITY |

OVER

FEE CALCULATION

Number of Employees

1. (per Department of Labor Quarterly Report) _____

2. Enter total in state gross receipts per O.C.G.A. § 48-13-5 _____

Choose one of the following to calculate the Occupational Tax Due

3. **Multiply by Tax Rate** (*See Occupational Tax Schedule below*)
 - If the amount is less than \$100.00, then enter \$100.00
 - If the amount is more than \$7,600, then enter \$7,600.00 = _____

4. **Number of Professionals** _____ x \$400 = _____
 Attach separate list

5. **Insurance Agencies/Companies** _____ x \$150 = _____
 Attach separate list

TOTAL AMOUNT DUE: _____

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

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
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OCCUPATIONAL TAX SCHEDULE (*To Be Used For Line 3 Calculations Only*)

PROFITABILITY CLASS	TAX RATE (PERCENT)
1	.00029
2	.000475
3	.00055
4	.00055
5	.00065
6	.00085