

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

CITY OF ALBANY, TREASURER DIVISION,
 240 PINE AVENUE, SUITE 150 OR POST OFFICE BOX 447,
 ALBANY, GEORGIA 31702-0447
 (229) 431-2118

ZONE:	PLANNING/ZONING APPROVAL	DATE:
COMMENTS:		

CHECK <input type="checkbox"/> NEW BUSINESS ONE: <input type="checkbox"/> MODIFY EXISTING CERTIFICATE		DATE OF APPLICATION: _____ / _____ / _____	
<input type="checkbox"/> NAME <input type="checkbox"/> ADDRESS <input type="checkbox"/> OTHER		CHECK ONE: <input type="checkbox"/> EXISTING BUILDING <input type="checkbox"/> REMODEL/RENOVATE <input type="checkbox"/> ALBANY <input type="checkbox"/> DOUGHERTY COUNTY <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> USE OF LAND WITHOUT BUILDING	
CHECK ONE: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> HOME OCCUPATION <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> REGISTERED 1 <input type="checkbox"/> NONPROFIT		DATE BUSINESS WILL OPEN: _____ / _____ / _____ <input type="checkbox"/> N/A-CHANGE OF NAME OR OWNER ONLY	

1. CHECK ONE: <input type="checkbox"/> ALBANY <input type="checkbox"/> DOUGHERTY COUNTY		CHECK ONE: <input type="checkbox"/> EXISTING BUILDING <input type="checkbox"/> REMODEL/RENOVATE <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> USE OF LAND WITHOUT BUILDING		CHECK ONE: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> HOME OCCUPATION <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> REGISTERED 1 <input type="checkbox"/> NONPROFIT		DATE BUSINESS WILL OPEN: _____ / _____ / _____ <input type="checkbox"/> N/A-CHANGE OF NAME OR OWNER ONLY	
2. BUSINESS NAME				BUSINESS LOCATION (DO NOT USE P. O. BOX)		CITY, STATE	
NEW NAME (NAME CHANGE ONLY)				NEW ADDRESS (ADDRESS CHANGE ONLY)		CITY, STATE	
3. CORPORATION NAME OR COMPANY NAME (IF DIFFERENT THAN BUSINESS NAME)				MAILING ADDRESS, STREET OR P. O. BOX		CITY, STATE	
4. SALES TAX NUMBER:		STATE I.D. NUMBER:		FEDERAL TAX NUMBER (REQUIRED INFORMATION):		ZIP CODE	

5. IF YOUR BUSINESS MEETS THE QUALIFICATIONS OF A DISADVANTAGED BUSINESS ENTERPRISE, PLEASE MARK ALL APPROPRIATE BOXES:

WHITE MALE WHITE FEMALE BLACK MALE BLACK FEMALE HISPANIC AMERICAN NATIVE AMERICAN ASIAN PACIFIC AMERICAN ASIAN-INDIAN AMERICAN OTHER

6. WILL YOUR BUSINESS BE ENGAGED IN THE PROVISION OF ANY ADULT ENTERTAINMENT OR SERVICE TO INCLUDE, BUT NOT LIMITED TO, PARTIALLY CLAD DRESS, TOPLESS OR NUDE ENTERTAINMENT?

YES OR NO IF YES, PLEASE EXPLAIN: _____

7. WILL YOUR BUSINESS SELL ANY ADULT NOVELTIES OR ANY ITEMS THAT WOULD NOT BE APPROPRIATE TO INDIVIDUALS UNDER THE AGE OF MAJORITY?

YES OR NO IF YES, PLEASE EXPLAIN: _____

8. BUSINESS OWNER OR OFFICER:		HOME ADDRESS OR P. O. BOX		PHONE NUMBER	
TITLE (IF APPLICABLE)		CITY		STATE	
CO-OWNER OR OFFICER:		HOME ADDRESS OR P. O. BOX		PHONE NUMBER	
TITLE (IF APPLICABLE)		CITY		STATE	
CO-OWNER OR OFFICER:		HOME ADDRESS OR P. O. BOX		PHONE NUMBER	
TITLE (IF APPLICABLE)		CITY		STATE	
9. PREDOMINANT TYPE OF BUSINESS:		NO. OF EMPLOYEES		GROSS RECEIPTS	

***NOTE ALL HOME OCCUPATIONS AND REGISTERED CERTIFICATES WILL AUTOMATICALLY EXPIRE ON DECEMBER 31 OF PRESENT YEAR.**

A FALSE STATEMENT ON ANY PART OF MY OCCUPATIONAL TAX APPLICATION MAY BE GROUNDS FOR REVOKING OR SUSPENDING THE CERTIFICATE AFTER IT HAS BEEN ISSUED.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

Applicant's signature: _____ Date: _____

FOR OFFICE USE ONLY

FIRE MARSHAL APPROVAL:		INSPECTION DATE:		CERTIFICATE OF OCCUPANCY ISSUE DATE:	
LICENSE INSPECTOR:		INSPECTION TIME:		APPLICATION CHECKED BY:	
APPLICATION RECEIVED BY:		DATE APPLICATION RECEIVED:		DATE APPLICATION CHECKED:	