

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 ONE:
 NEW BUSINESS
 MODIFY EXISTING CERTIFICATE
 NAME ADDRESS OTHER

CHECK ONE:
 ALBANY
 DOUGHERTY COUNTY

CHECK ONE:
 EXISTING BUILDING
 NEW BUILDING
 REMODEL/RENOVATE
 USE OF LAND WITHOUT BUILDING

CHECK ONE:
 PARTNERSHIP
 SOLE OWNER
 CORPORATION
 REGISTERED 1

CHECK ONE:
 HOME OCCUPATION
 NONPROFIT
 N/A-CHANGE OF NAME OR OWNER ONLY

DATE BUSINESS WILL OPEN: ____/____/____

2. BUSINESS NAME
 BUSINESS LOCATION (DO NOT USE P.O. BOX)
 CITY, STATE

3. CORPORATION NAME (IF DIFFERENT THAN BUSINESS NAME) (DOCUMENTATION REQUIRED)
 NEW ADDRESS (ADDRESS CHANGE ONLY)
 MAILING ADDRESS, STREET OR P.O. BOX
 CITY, STATE

4. SALES TAX NUMBER: (IF REQUIRED) _____ STATE LICENSE NUMBER: (IF REQUIRED) _____ FEDERAL TAX NUMBER (REQUIRED INFORMATION): _____

5. 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: _____

6. 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: _____

7. BUSINESS OWNER OR OFFICER:

HOME ADDRESS OR P.O. BOX	CITY	STATE	PHONE NUMBER
HOME ADDRESS OR P.O. BOX	CITY	STATE	PHONE NUMBER
HOME ADDRESS OR P.O. BOX	CITY	STATE	PHONE NUMBER
CITY	CITY	STATE	PHONE NUMBER

8. BUSINESS TYPE: _____ 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: _____

COMMENTS: _____