



CITY OF DECATUR
 OCCUPATION TAX CERTIFICATE APPLICATION
 RETURN APPLICATION TO:
 P.O. BOX 220, DECATUR, GA 30031
 (404) 370-4100

TYPE OF APPLICATION
 CALENDAR YEAR _____
 NEW RENEWAL
 AMENDED OTHER

STARTED NEW BUSINESS _____ MO DAY YEAR
 SOLD/CLOSED BUSINESS _____
 BUSINESS MOVED _____

PLEASE COMPLETE ALL INFORMATION

PRACTITIONER/BUSINESS NAME: _____
BUSINESS LOCATION: _____
 CITY, STATE: _____ ZIP CODE _____ PHONE #: _____
MAILING ADDRESS, IF DIFFERENT, STREET ADDRESS: _____
 CITY, STATE: _____ ZIP CODE _____ PHONE #: _____
OWNERSHIP TYPE: PARTNERSHIP SOLE OWNERSHIP CORPORATION GEORGIA
 OTHER _____

PRINCIPAL OFFICE CORPORATE NAME: _____

STREET ADDRESS: _____ ZIP CODE _____ PHONE # _____
 CITY, STATE: _____ ZIP CODE _____ PHONE # _____

OWNERS(S) NAME: _____
RESIDENCE ADDRESS: _____ ZIP CODE _____ PHONE # _____
 CITY, STATE: _____ ZIP CODE _____ PHONE # _____

OWNERS(S) NAME: _____
RESIDENCE ADDRESS: _____ ZIP CODE _____ PHONE # _____
 CITY, STATE: _____ ZIP CODE _____ PHONE # _____

RESIDENCE ADDRESS: _____ ZIP CODE _____ PHONE # _____
 CITY, STATE: _____ ZIP CODE _____ PHONE # _____

DESCRIPTION OF BUSINESS: _____
DOES THE BUSINESS INCLUDE ANY PRACTITIONERS OF THE FOLLOWING PROFESSIONS/OCCUPATIONS? YES NO

- IF YES, DESIGNATE PROFESSIONAL OR OCCUPATION BY CHECKING THE APPROPRIATE BOX.**
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> LAW | <input type="checkbox"/> OSTEOPATHY | <input type="checkbox"/> LANDSCAPE ARC. | <input type="checkbox"/> DENTISTRY |
| <input type="checkbox"/> MEDICINE | <input type="checkbox"/> PUBLIC ACCOUNTING | <input type="checkbox"/> LAND SURVEYORS | <input type="checkbox"/> CIVIL, MECH., HYDRL., ELEC. ENGINEERING |
| <input type="checkbox"/> CHIROPRACTORS | <input type="checkbox"/> OPTOMETRY | <input type="checkbox"/> EMBALMING | <input type="checkbox"/> MARRIAGE/FAMILY THERAPIST |
| <input type="checkbox"/> PODIATRY | <input type="checkbox"/> PSYCHOLOGY | <input type="checkbox"/> FUNERAL DIR. | <input type="checkbox"/> SOCIAL-WORK |
| | <input type="checkbox"/> VETERINARY | <input type="checkbox"/> ARCHITECTURE | <input type="checkbox"/> PROF. COUNSELING |

ARE YOU THE FIRST BUSINESS IN THIS LOCATION? YES NO
IF NOT, WHO WAS THE LAST TENANT? _____
DOES THIS BUSINESS OPERATE IN LOCATIONS OTHER THAN THE ONE INDICATED ABOVE?

YES NO **IF YES, PLEASE LIST ADDITIONAL LOCATIONS:** _____

IS BUSINESS CARRIED ON UNDER A TRADE NAME OTHER THAN THE ONE SHOWN ABOVE?
 YES NO **IF YES, NAME:** _____

NEW BUSINESS ONLY: HAVE SIGN PERMITS BEEN ISSUED? YES NO **VALID ID** YES NO
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANTS SIGNATURE: _____ **DATE** _____

BUSINESS INFORMATION:

EMAIL ADDRESS: _____
 # OF FULL-TIME EMPLOYEES _____
 # OF PART-TIME EMPLOYEES _____
EMERGENCY CONTACT OTHER THAN YOURSELF
 NAME: _____
 PHONE# _____
 AFTER HRS. _____
 RELATIONSHIP _____
 TO BUSINESS: _____

TAX OFFICE USE ONLY

- BUSINESS DOCUMENTS REQUIRED:**
- DECATUR FIRE INSPECTION REPORT
 - DECATUR CERTIFICATE OF OCCUPANCY
 - DEKALB COUNTY FOOD SERVICE PERMIT
 - (FOR RESTAURANTS ONLY)**
 - GA BOARD OF COSMETOLOGY LICENSE
 - GA LICENSE FOR TABACCO SHOPS

PAYMENT INFORMATION:

PAID: \$ _____
 CREDIT CARD
 CASH
 CHECK _____
 CHECK NUMBER _____

LICENSE #: _____
BUSINESS TAX CLASS: _____
NAICS #: _____ **CATEGORY CODE:** _____
ADMINISTRATION FEE: \$25.00
LICENSE FEE AMOUNT: _____
TOTAL AMOUNT DUE: _____
APPROVED: _____
DATE APPROVED: _____