



Planning and Zoning Department
 2116 Stallings Street, NW
 Covington, Georgia 30014
 Phone: (770) 385-2020 or F (770) 385-2170
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OCCUPATIONAL TAX APPLICATION

Business Location:		Phone:
Full Business Name	Doing Business As (If Applicable)	
<i>If registering as a DBA, the applicant must provide a notarized copy of the Registration of a Business to be Conducted Under a Trade Name as issued by the Clerk of Newton County.</i>		
Type of Business Organization:		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (Please Explain) _____		
<i>Please attach list of all officers or business partners with mailing addresses and phone numbers</i>		
Fed Employer Identification Number (EIN)	GA Sales & Use Tax Number	
Individual Name of Applicant (Business Owner or Corporate Agent)		Phone :
Home Mailing Address of Business Owner or Corporate Agent		
Managers Name:		Phone:
Corporate Mailing Address		
Accounts Payable or License Contact:		Phone:
Email Address:		Fax:

Please Select Where Renewals and Correspondence Should be Sent

Business Location
 Home Address
 Corporate Address
 Other _____

LICENSE FEES

Total Employees (Receive a W-2 NOT a 1099 Form) – Full Time Equivalents Please Note: <u>Insurance Companies Pay a Flat Fee of \$75.00</u> Professionals: Please Refer to Ordinance for Fee Schedule	# Employees	Amount Due
		\$

EMPLOYEES	OCCUPATIONAL TAX FEE CALCULATIONS	Cash, Checks, or Money Orders are Accepted
0-4	\$100.00 Total	
5-20	\$100.00 + \$20.00 For Each Employee In Excess of 4	
21-75	\$420.00 + \$15.00 For Each Employee In Excess of 20	
76-175	\$1245.00 + \$13.00 For Each Employee In Excess of 75	
175+	\$2545.00 + \$9.00 For Each Employee Over 175	

PLEASE SELECT ALL THAT APPLY TO YOUR BUSINESS
 PROFESSIONALS WITH STATE LICENSING WILL COMPLETE PROFESSIONAL OCCUPATIONAL TAX APPLICATION

RETAIL

- GENERAL MERCHANDISE
- CONSIGNMENT/USED PRODUCTS
- AUTOMOTIVE PARTS
- BEER/WINE/LIQUOR STORE
- APPLIANCE STORE
- PAINT/WALLPAPER SUPPLIES
- PAWN SHOP / GOLD BUYER
- MOTOR VEHICLE SALES

- BEAUTY SUPPLIES
- FURNITURE / HOME FURNISHINGS
- FLORIST
- OPTICAL GOODS
- AUTOMOTIVE PARTS
- OFFICE SUPPLIES
- PETS / SUPPLIES
- BEER/WINE/LIQUOR STORE

- FRUIT/VEG MARKET
- CONSIGNMENT/USED PRODUCTS
- GIFT/NOVELTY STORE
- JEWELRY STORE
- GAS/CONVENIENCE STORE
BEER/WINE YES NO
- OTHER _____

MANUFACTURING

- AUTOMOTIVE PARTS
- FOOD MFG
- LEATHER & ALLIED PRODUCTS
- OTHER _____

- AUTOMOTIVE PARTS
- MACHINE MFG
- PRINTING & RELATED SVCS
- RECYCLABLE GOODS

- AUTOMOTIVE PARTS
- COMPUTER/ELECTRONICS MFG
- MOTOR VEHICLE MFG
- HAZARDOUS MATERIALS YES NO

SCIENTIFIC & TECHNICAL

- ADVERTISING AGENCY
- COMPUTER DESIGN SERVICES
- OTHER _____

- PHOTOGRAPHY
- GRAPHIC DESIGN
- TAX PREPARATION SERVICE

- COMPUTER PROGRAMMING
- ADVERTISING DISTRIBUTION
- PUBLIC RELATIONS

EDUCATIONAL

- COLLEGE/UNIVERSITY
- SCHOOL K-12

- EDUCATIONAL SUPPORT
- TECHNICAL TRADE SCHOOL

- LIBRARY / ARCHIVES
- OTHER _____

HEALTH & SOCIAL ASSISTANCE

- AMBULATORY HEALTH CARE
- HOME HEALTH RENTAL EQUIP
- HOSPITAL / SURGICAL FACILITY
- OTHER _____

- MEDICAL CLINIC
- DENTAL CLINIC
- MEDICAL LABORATORY

- AMBULATORY HEALTH CARE
- NURSING FACILITY/ HOSPICE
- DAY CARE PROVIDER
AGES _____

INSURANCE & FINANCE

- INSURANCE OFFICE
- INSURANCE UNDERWRITER
ADDITIONAL RISKS YES NO

- CREDIT UNION
- COMMERCIAL BANK

- CONSUMER LENDING
- SECURITY BROKERAGE

ACCOMODATIONS & FOOD SERVICES

- FULL SERVICE RESTAURANT
- FAST FOOD RESTAURANT

ALCOHOL SERVED
 YES NO

- CATERER
- ICE CREAM PARLOR

- HOTEL/ MOTEL
- BOARDING HOUSE
- OTHER _____

OTHER SERVICES

- HAIR SALON / STYLIST
- BARBER
- OTHER _____

- BODY ART / PIERCING
- MASSAGE THERAPY

- AUTOMOTIVE REPAIR
- CONTRACTOR / CONSTRUCTION
- TYPE _____

PROPERTY INFORMATION

Has a Lease Agreement
Been signed at this time?
 Yes No

All new businesses will require a compliance inspection prior to Occupational License being Issued. Inspections can be scheduled within 24-72 hours. Exit signs and fire extinguishers should be operational at time of inspection. It is highly recommended that inspections are completed before lease agreement is signed, if at all possible.

Business will lease tenant
space from a landlord:
 Yes No

If yes, property owner(s) must sign this page.
A copy of a signed lease agreement can be submitted with application in lieu of property owner signature.
All property owner information must be complete.

What specific products or services will be offered, manufactured, or produced out of this location?

Total area this business will occupy
Sq. Ft.

Is this a new building ?
Yes No

Any additional structures/ storage buildings on
property that will be used by your business?
Yes No

I hereby certify that the information contained herein, including attachments and all other supporting information is completed and true, to the best of my knowledge and belief. I am at least 18 years old and am a United States citizen or legal permanent resident OR an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, lawfully present in the US.

Business Owner/ Authorized Agent

Date

PROPERTY OWNER INFORMATION

Property Owner / Landlord Name(s)

Property Owner / Landlord Mailing Address

Phone Number

Prior Owner (If purchased less than 6 months ago)

I hereby certify that I am the legal owner or representative of owner for all structures located at address shown below:

Property Address

Property Owner Signature(s)

Sworn to and subscribed before me this ____ day of _____, 2011

Notary Seal

Witness

