



Occupational Tax Application

Please Print Using Blue or Black Ink

City of Jefferson

147 Athens Street

Jefferson, GA 30549

706-367-5121, www.cityofjeffersonga.com

License is non-transferable and ineffective upon change of ownership

DUE APRIL 1ST
(late fees apply after 4/1)

Name & Mailing Address of Business:

Email _____ Website _____

Type of Application:

- ____ Amended ____ New ____ Partnership
- ____ Closed ____ Renewal ____ Sole Ownership
- ____ Home Business ____ Corporation

Effective Date: _____

(All applications will have a minimum 3 day processing time.)

Administrative Fee—\$36.00*

***(Applicable to ALL applications & renewals, except insurance companies)**

Number of Employees: _____

An employee is defined as any individual that exerts efforts within the State of Georgia for the purpose of soliciting business or serving customers or clients. Include full and part-time employees. A minimum number of employees for owner/operator businesses will be 1. The City of Jefferson may request supporting documentation.

0-25 Employees \$ 100.00 _____

26-100 Employees \$ 200.00 _____

101+ Employees \$ 400.00 _____

Insurance Companies \$ 40.00 _____

Administrative Fee* \$ 36.00 _____

Total: _____

FOR NEW BUSINESSES ONLY—Any new business commencing business after July 1 will only be required to pay one-half of the tax, but will pay all of the administrative fee.

Check Enclosed Visa Mastercard

Card # _____

Exp. Date: _____ Signature _____

Principal Line of Business:

Other lines of businesses at same location:

Other addresses associated with this business:

Business Name and Physical Address

Business Phone Number

Business Fax Number

Emergency Contact:

Owners, Partners, Officers of Business

(use separate sheet if needed)

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

City of Jefferson Use Only

Planning Approval _____

- Zoning Confirmation Name _____ Date _____
- Historic District—Documents Provided
- Health Department Approval
- Sign Permit—Documents Provided

Administration Approval _____

- Home Occupation Name _____ Date _____
- Taxes
- Other Licenses Required

I (name) _____ being the (title) _____ of the business firm named, do hereby register and apply for an occupational tax certificate, and furthermore, do hereby certify that the information provided is true, correct and complete. I agree to abide by all local City of Jefferson ordinances as shown at www.cityofjeffersonga.com.

Signature _____

Date _____

Return completed application to City Hall for processing. You will be notified after review of application.