

HENRY COUNTY OCCUPATIONAL TAX DIVISION
 140 HENRY PARKWAY
 MCDONOUGH, GA. 30253
 Tel: 770-288-8180 Fax: 770-288-8190



APPLICATION FOR OCCUPATIONAL TAX CALENDAR YEAR

TYPE OF APPLICATION: NEW ___ RENEWAL ___ AMENDED ___ PROFESSIONAL ___
 APPLICATION FOR COMMERCIAL LOCATION: _____ OCCUPATIONAL TAX#

BUSINESS/ CORP NAME _____

BUSINESS PHONE # () _____ FAX PHONE # () _____

BUSINESS LOCATION _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS OWNER _____ TITLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ DRIVERS LIC # _____ STATE _____

DESCRIPTION OF BUSINESS _____

FEDERAL OR STATE LICENSE # _____

(If applicable) NAME NUMBER EXP. DATE

YOU MUST ATTACH A COPY OF CURRENT FEDERAL OR STATE LICENSE APPLICABLE TO BUSINESS TYPE.

I _____, AFFIRM THAT THE FACTS STATED BY ME ARE TRUE. I UNDERSTAND ANY MISREPRESENTATION OR FRAUDULENT STATEMENT IS GROUNDS FOR AUTOMATIC DISMISSAL OF THIS APPLICATION AND/OR REVOCATION OF THE LICENSE. I UNDERSTAND THAT MY BUSINESS MUST BE OPERATED IN COMPLIANCE WITH ALL STATE, FEDERAL & LOCAL LAWS ORDINANCES & REGULATIONS. THE GRANTING OF THIS BUSINESS LICENSE OR PAYMENT OF THIS OCCUPATIONAL TAX DOES NOT WAIVE THE RIGHT OF ANY FEDERAL, STATE OR LOCAL ENTITY TO REGULATE & ENFORCE ALL LAWS, ORDINANCES & REGULATIONS.
 THIS _____ DAY OF _____, _____.

SIGNATURE OF APPLICANT _____ **TITLE** _____ **DATE** _____

ALL: SQUARE FOOTAGE OF TENANT SPACE _____ Number of Employees: _____

RESTAURANTS: TOTAL NUMBER OF SEATS: _____ EMPLOYEES ON LARGEST SHIFT: _____

EXISTING BUSINESS ON PROPERTY: _____

SUITE #	BUSINESS NAME

SIC# _____ OPENING DATE _____ PRORATED _____ TOTAL AMT. DUE _____

PROPERTY ZONED	APPROVED/DENIED ZONING
APPROVED/DENIED – CBI	APPROVED/DENIED – FIRE MARSHALL
APPROVED/DENIED – POLICE	APPROVED/DENIED – ENV. HEALTH
APPROVED/DENIED – OTHER	PARCEL ID#

LEGAL STATUS AFFIDAVIT

Pursuant to Official Code of Georgia Annotated (OCGA) Section 50-36-1, verification of legal status is required, for the administration of various public services/public benefits as defined in the Georgia Security and Immigration Compliance Act (GSICA). Accordingly, applicants for various public benefits must certify one of the following: *(please mark one choice below)*

_____ (1) The applicant must execute an affidavit that he or she is a United States citizen or legal permanent resident 18 years of age or older; or

_____ (2) The applicant must execute an affidavit that he or she is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

I, as applicant for public services/public benefits as defined in the Georgia Security and Immigration Compliance Act (GSICA) certify my legal status to be in the United States of America as marked above. I understand that there may be state and/or federal penalties for providing false information on this affidavit required under the Georgia Security and Immigration Compliance Act.

Printed Name of Applicant: _____

Signature of Applicant: _____

Address: _____

Date of Affidavit: _____

140 HENRY PARKWAY
MCDONOUGH, GA. 30253

PHONE – 770-288-8180
FAX -770-288-8190

Company Name: _____

Company Address: _____

Email address _____

Number of Employees _____

Sales Tax ID #, if your business is required to have one by law: _____

Dear Business Owner:

In order for us to calculate the Occupational Tax (Business License Fee), for business owners in Henry County for the year _____, the following information is needed. This information will allow us to calculate a fair and equitable Occupational Tax fee. This information is vital and absolutely necessary in order to calculate the Occupational Tax. If you have any questions regarding the information requested, please give us a call at (770) 288-8180. We will be happy to assist you.

1. Type of business (your dominant business activity which generates the largest portion of gross income for your business).

2. Actual gross receipts for year, or if not in business estimate for 12 months.

\$_____ (gross receipts).

OR ESTIMATE FOR 12 MONTHS

**GEORGIA LAW REQUIRES THAT WE KEEP THIS
INFORMATION CONFIDENTIAL**

Personal Property Tax Must Be Paid