

BUSINESS OCCUPATION TAX and/or REGULATORY FEE APPLICATION

County of Crisp, State of Georgia
210 South 7th Street Room 309 Cordele, Georgia 31015
phone: 229-276-2673 fax: 229-276-2639

Please type or print :

Year: _____ **Filing Period April 1 to June 30** **Penalty for failure to file and pay by: June 30**

Business Name: _____ **Business Location:** _____

Business Mailing Address: _____ **Business Start Date:** _____

Telephone Number(s): _____

Dominant Line of Business or Business Description: _____ **Fax No:** _____
State Sales Tax Number: _____
State License Number (if applicable): _____ *attach copy*

Identify additional lines of Business at this location, if any: _____

Expiration Date: _____
Fed. I.D or SSN: _____

Complete the following for all owners/officers (attach additional sheets if necessary):

Name/Title: _____ **Driver's License No.:** _____
Address: _____
DOB: _____ **Race:** _____ **Gender:** _____

Name/Title: _____ **Driver's License No.:** _____
Address: _____
DOB: _____ **Race:** _____ **Gender:** _____

Type of ownership:		Type of Business:		Key Contact Person:	
Sole Proprietor	<input type="checkbox"/>	General	<input type="checkbox"/>	Name:	_____
Partnership	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Title:	_____
Corporation	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Phone:	_____
Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Fax:	_____

Select one (1) of the following:

1) GENERAL BUSINESS RENEWALS:
 Previous Year GROSS RECEIPTS (in whole dollars): _____

2) NEW BUSINESS: (first application)
 Est. Current Year Gross Receipts (in whole dollars): _____

3) PROFESSIONAL: (as classified in O.C.G.A. 48-13-9)
 I/we elect to pay \$400 per professional practitioner.
NUMBER OF PROFESSIONALS AT THIS LOCATION: _____
 I/We elect to be covered under Gross Receipts.
(Complete 1 or 2 above)

4) BUSINESS NOT LOCATED IN CRISP CO., GA:
 Located and licensed in (City/County and State): _____
(attach copy of current occupation tax license)

I certify that the figures and information given as basis for taxation are true and correct to the best of my knowledge, and that records shall be available for inspections as specified in the Occupational Tax and Regulatory Fee Ordinance of Crisp County, Ga.

Signature **Title** **Date**

RETURN THIS APPLICATION ALONG WITH SIGNED AND NOTORZIED AFFIDAVIT TO THE ABOVE ADDRESS
You will be invoiced for amount due upon review/approval of completed application.

GOVERNMENT USE ONLY		NAICS #
Zoning Classification: <input type="checkbox"/> In compliance <input type="checkbox"/> Does not comply	Tax Class:	Processed by: