

# BUSINESS OCCUPATION TAX and/or REGULATORY FEE APPLICATION

County of Crisp, State of Georgia  
 210 South 7th Street Room 308 Cordele, Georgia 31015  
 phone: 229.276.2673 fax: 229.276.2639

**Year: 2008 Due: 4/1/08 Penalty for failure to file and pay by: 6/30/08**

*Please type or print*

<b>Business Name:</b>	<b>Business Location:</b>
<b>Business Mailing Address:</b>	<b>Business Start Date:</b>
	<b>Telephone Number(s):</b>
<b>Dominant Line of Business or Business Description:</b>	<b>Fax No:</b>
	<b>State Sales Tax Number:</b>
	<b>State License Number (if applicable):</b> <i>attach copy</i>
<b>Identify additional lines of Business at this location, if any:</b>	<b>Expiration Date:</b>
	<b>Fed. I.D or SSN:</b>

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

<b>Name/Title:</b>	<b>Driver's License No.:</b>
<b>Address:</b>	
<b>DOB:</b>	<b>Race:</b>
	<b>Gender:</b>

  

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<b>Address:</b>	
<b>DOB:</b>	<b>Race:</b>
	<b>Gender:</b>

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

Select one (1) of the following:

- 1) **GENERAL BUSINESS:**  
 2007 GROSS RECEIPTS (in whole dollars): \_\_\_\_\_
- 2) **NEW BUSINESS:**  
 Estimate 2008 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,

Signature _____	Title _____	Date _____
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**RETURN THIS APPLICATION TO THE ABOVE ADDRESS** **You will**  
**be invoiced for amount due upon review/approval of completed application.**

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