



Application For EXEMPTION Of Occupational Tax Certificate

Business Information

Name of Business: _____ d/b/a (if applicable): _____

Business Address: _____

Mailing Address, if different from Business Address: _____

Business Phone: _____ Business Fax: _____ Website: _____

Tax Parcel #: _____ Begin Date in Duluth: ____/____/____ No. of Employees (excluding owner): _____

Are you the first business in this location? Yes No If no, who was the last tenant? _____

1) Does this business pay occupation tax in another jurisdiction? Yes No

If yes, attach a copy of your current valid occupational tax certificate.

2) Are you a NON-PROFIT Organization or Disabled Veteran? Yes No

If yes, attach proof of 501(c) status or DD Form 214.

3) Other reason why this business would be exempt from paying occupational taxes: _____

Description of Business Activity (Be as specific as possible, attach additional paper if needed): _____

Owner Information

Name of Business Owner: _____ Federal ID Number: _____

Owner Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Ga. State Sales Tax Number: _____ Driver's License No. / State: _____ / _____ Expiration Date: _____

Note: Corporations and partnerships must provide the names of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.

Signature: _____ Date: _____

Print Name: _____ Business Title: _____

For City Use	For City Use	For City Use
Received: _____	NAICS Code: _____	SAVE Affidavit: _____
Amount Paid: _____	Tax Class: _____	E-Verify Affidavit: _____
Cash, Credit, Check#: _____	Zoning District: _____	Emergency Contact Form: _____
Approved: _____	Certificate of Occupancy: _____	State License: _____
License No.: _____	Lease/Rental Agreement: _____	Fire Marshal Certificate: _____
Notes: _____	Copy of Photo ID: _____	Health Inspection Report: _____