

FOR CITY USE ONLY

OCCUPATIONAL TAX FORM

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CITY OF DULUTH
3167 MAIN ST.
DULUTH, GEORGIA 30096

PHONE: 770-476-3434
FAX: 770-623-2780

PERMIT NO. _____
TAX CLASS# _____
SIC CODE _____
CATEGORY GROUP _____
LATE CHG. (if any) _____
AMOUNT PAID _____

CASH OR CHECK # _____

Duluth has an "EXCLUSIVE" contract for all waste services with United/Robertson Sanitation. Call 770-867-4367 for commercial service.

*** BUSINESS ADDRESS MUST BE VISIBLE FROM STREET**
*** PAYMENT MUST ACCOMPANY APPLICATION!**
*** PICTURE IDENTIFICATION WILL BE REQUIRED!**
*** INCOMPLETE FORMS WILL BE RETURNED!**

MAILING ADDRESS

BUSINESS INFORMATION

BUSINESS NAME _____
IN CARE OF _____
STREET OR PO BOX # _____
CITY/STATE/ZIP CODE _____

WORK PHONE # () _____
FAX NUMBER () _____
FEDERAL I.D. # _____
DATE BUSINESS WAS ESTABLISHED IN DULUTH _____

BUSINESS NAME & ADDRESS IF DIFFERENT FROM MAILING ADDRESS

BUSINESS NAME _____
STREET (where physically located) _____
CITY/STATE & ZIP CODE _____

GA. STATE SALES TAX # _____
OF EMPLOYEES—FULL TIME (Including yourself) _____
OF EMPLOYEES—PART TIME _____
OF SQUARE FEET (either home or office space) _____
AMOUNT OF MONEY INVESTED IN INVENTORY & EQUIPMENT _____

CHECK ONE:

Corporation Sole Owner Partnership

If incorporated, give: Date _____ State _____

IS YOUR BUSINESS ADDRESS VISIBLE FROM THE STREET?
(If not, you could be fined) _____
ARE YOU THE FIRST BUSINESS IN THIS LOCATION?
(If not, who was the last tenant?) _____
BUSINESS IN RESIDENCE?
(If yes, fill out Home Occupational Form also) _____

NATURE OF BUSINESS:

OWNER INFORMATION (Complete for each owner, use back if necessary)

NAME		HOME PHONE () _____	
HOME ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY #	DATE OF BIRTH	AMERICAN CITIZEN? (If not, attach copy of Green Card)	

NAME		HOME PHONE () _____	
HOME ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY #	DATE OF BIRTH	AMERICAN CITIZEN? (If not, attach copy of Green Card)	

I certify that the above information is true and correct. I hereby acknowledge that I am subject to the City of Duluth's Code of Ordinance, the City of Duluth Occupational Tax Ordinance, and the Laws of the State of Georgia.

SIGNATURE OF APPLICANT

PRINT NAME CLEARLY

DATE