

FOR CITY USE ONLY

**OCCUPATIONAL TAX FORM**

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PERMIT NO. \_\_\_\_\_

TAX CLASS# \_\_\_\_\_

SIC CODE \_\_\_\_\_

CATEGORY GROUP \_\_\_\_\_

LATE CHG. (if any) \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_

**CITY OF DULUTH**3167 MAIN ST.  
DULUTH, GEORGIA 30096

PHONE: 770-476-3434

FAX: 770-623-2780

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 \_\_\_\_\_

**BUSINESS NAME & ADDRESS IF DIFFERENT FROM MAILING ADDRESS**

BUSINESS NAME \_\_\_\_\_

STREET (where physically located) \_\_\_\_\_

CITY/STATE &amp; ZIP CODE \_\_\_\_\_

CHECK ONE:

 Corporation     Sole Owner     Partnership

If incorporated, give: Date \_\_\_\_\_ State \_\_\_\_\_

WORK PHONE # ( ) \_\_\_\_\_

FAX NUMBER ( ) \_\_\_\_\_

FEDERAL I.D. # \_\_\_\_\_

DATE BUSINESS WAS ESTABLISHED IN DULUTH \_\_\_\_\_

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 &amp; EQUIPMENT \_\_\_\_\_

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 \_\_\_\_\_