



# Occupational Tax Permit Application

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Description of Business:  Retail  Wholesale  Service  Manufacturing  Construction  Other

Owner Information:  Corporation  Non-profit corporation (educational, religious, charitable)

Limited Liability Corporation  Partnership  Joint Venture  Sole Proprietor

Note: Contact the Secretary of State for addition filing requirements.

Number of Employees: \_\_\_\_\_ Number of vehicles on site: \_\_\_\_\_

Please describe in detail the type and primary function of the business, products and services you provide:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number/EIN: \_\_\_\_\_

Administrative Fee: \$ 3.00 Occupational Tax Fee \$ \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_

Cash Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

(please print)

Address: \_\_\_\_\_

\_\_\_\_\_

Does the State of Georgia regulate your business? If yes, please attach a photocopy of your state card or proof of non-profit status. Yes  No

Has this business ever been denied from operating, or had its rights to operate revoked or suspended in any state? If yes, explain in detail. Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Have you or any partner, stockholder or local manager (if a corporation) ever been convicted of a felony? If yes, explain in detail including dates, locations and offenses. Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Will your business include any type of adult entertainment? If yes, give details. Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Will the business include any work, use or storage conducted outside of an enclosed building? If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Name of Business: \_\_\_\_\_

Will the business discharge waste other than domestic waste to the sewer system? Yes  No   
If yes, describe: \_\_\_\_\_

Will the business include the repair of vehicles beyond the exchange of parts? Yes  No   
If yes, describe: \_\_\_\_\_

Will the business include the selling or serving of alcoholic beverages? Yes  No   
If yes, describe: \_\_\_\_\_

Will the operation include the preparation of food or beverages? Yes  No   
If yes, describe: \_\_\_\_\_

Will the operation include entertainment including dancing, live performances or other? Yes  No   
If yes, describe: \_\_\_\_\_

Will the business include amusement devices? Yes  No   
(for example: pool tables, computer games)  
If yes, describe: \_\_\_\_\_

Will you share space with another business? Yes  No   
If yes, describe: \_\_\_\_\_

Have you done or will you do any building construction or alteration? Yes  No   
If yes, describe: \_\_\_\_\_

Will the business use outdoor containers or temporary buildings? Yes  No   
If yes, describe: \_\_\_\_\_

Will it include spray paint, powder coating, sanding, shaping or cutting of wood, metal or stone? Yes  No   
If yes, describe: \_\_\_\_\_

Will the operation generate any hazardous waste? Yes  No   
If yes, describe: \_\_\_\_\_

Will the operation include storage of more than five gallons of flammable liquid of any kind? Yes  No   
If yes, describe: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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**ANY FALSE INFORMATION ON THIS APPLICATION AND/OR NON-COMPLIANCE WITH THE CODE REQUIREMENTS COULD LEAD TO REVOCATION OF LICENSE AND FINES.**

I certify that the facts by me are true and correct. I understand any misrepresentation or fraudulent information is grounds for automatic dismissal of this application and/or revocation of the license. I understand that all signs displayed on my premise must be approved and permitted by the City of Powder Springs, Community Development Department. I also understand that my business must be operated in compliance with all applicable state, federal and local law, ordinances, and regulations; and that the granting of this license or payment of this occupational tax does not waive any rights of any federal, or local entity to regulate, and enforce such laws, ordinances, and regulations. In addition, I understand my business location must conform to all zoning rules and regulations.

I declare that  I am the owner,  I legally represent the owner of real property, do hereby consent to the filing of this application.

\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**(Signed)**

**STATE OF GEORGIA, COUNTY OF COBB**

I, an officer authorized to take acknowledgments, according to the law and duly qualified and so acting, do hereby certify that on this date appeared before me \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and he/she acknowledged to me the execution thereof to be his/her free act and deed for the uses and purposes therein mentioned;

Witness my signature and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, in the County and State aforesaid, the date and year last aforesaid.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_  
Print Name

*Do not write below this line. City of Powder Springs' use only.*

Current zoning \_\_\_\_\_ Use permitted: Yes  No  NAICS Code \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_

Finance Approval \_\_\_\_\_ Date \_\_\_\_\_