



# Occupational Tax Application

Please Print Using Blue or Black Ink

This may need to be a special called meeting (combined Council, plan comm. and steering committee members) given adjustments to city hearing dates with the upcoming Savannah GMA trip. I will be at the council meeting Monday June 6th at 7:00 p.m. to discuss project status (not plan details) and other matters.

CITY OF NICHOLSON  
PO BOX 365  
NICHOLSON, GA. 30565  
706-757-3408  
[www.nicholson-ga.com](http://www.nicholson-ga.com)

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<p><b>Name &amp; Mailing Address of Business</b></p> <p>Email _____</p> <p>Website _____</p> <p>State Sales and Use Tax ID Number _____</p> <p>Federal Tax ID # _____</p> <p>Type of Business: _____</p> <p>State License # _____</p> <p>Type of Application:  <input type="checkbox"/> Amended    <input type="checkbox"/> New    <input type="checkbox"/> Partnership  <input type="checkbox"/> Closed    <input type="checkbox"/> Renewal    <input type="checkbox"/> Sole Ownership  <input type="checkbox"/> Home Business    <input type="checkbox"/> Corporation</p> <p>Is Business Located In Your Home?    <input type="checkbox"/> Yes    <input type="checkbox"/> NO</p> <p>Number of Employees: _____</p> <p>Business License Fee: \$100</p> <p>Cash _____ Check # _____</p> <p>*FOR NEW BUSINESSES ONLY- Any new business Commencing business after July 1<sup>st</sup> will only be required to pay one-half of the tax.</p> <p>Principal line of Business _____</p>	<p><b><u>Business Name and Physical Address</u></b></p> <p><u>Business Phone Number</u></p> <p><u>Business Fax Number</u></p> <p><u>Emergency Contact</u></p> <hr/> <p><b>Owners, Partners, Officers of Business</b></p> <p>Name _____</p> <p>Home Address _____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>I (name) _____ being the (title) _____ of the business firm named, do hereby register and apply for an occupational tax certificate, and do hereby certify that the information is true and correct.</p> <hr/> <p style="text-align: center;"><b>City of Nicholson Use Only</b></p> <p>Planning Approval _____</p> <p>Zoning Confirmation _____ Health Dept Approval _____</p> <p>Sign Permit-Documents Provided _____</p>
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