

OCCUPATION TAX CERTIFICATE RENEWAL FORM

City of Cordele, Georgia

P.O. Box 569

Cordele, GA 31010

phone: 229-276-2945

fax: 229-276-2555

YEAR:

Please type or print:

Due Date:

Penalty for failure to file and pay by: April 1

Business Name:

Business Location:

Business Mailing Address:

ACCT#

Telephone Number(s):

Business Description:

Fax Number:

Fed. I.D. or SSN:

State Sales Tax Number:

Identify additional lines of Business at this location if any:

State License Number (if applicable): attach copy

Expiration Date:

Complete the following for all owners/officers (attach additional sheets if necessary):

Name/Title:

Driver's License No.:

Address:

Name/Title:

Driver's License No.:

Address:

Type of ownership:

- Sole Proprietor
 Partnership
 Corporation
 Other _____

Type of Business:

- General
 Professional
 Contractor
 Other _____

Key Contact Person:

Name:

Title:

Phone:

Fax:

Select one (1) of the following:

1 GENERAL BUSINESS:

Previous Year Gross Receipts (in whole dollars): _____

2 PROFESSIONAL: (as classified in O.C.G.A. 48-13-9)

I/We elect to pay \$400 per professional practitioner.

NUMBER OF PROFESSIONALS AT THIS LOCATION: _____

I/We elect to be covered under Gross Receipts.

(Complete 1 or 2 above)

3 BUSINESS NOT LOCATED IN CITY OF CORDELE:

Located and licensed in (City/County and State): _____

(attach copy of current occupation tax license)

I certify that the figures and information given are true and correct to the best of my knowledge.

Signature

Title

Date

RETURN THIS APPLICATION TO THE ABOVE ADDRESS
You will be invoiced for amount due upon review/approval of completed application.

GOVERNMENT USE ONLY

Certificate of Occupancy

Group Code

SIC Code

Tax Class

Account #