



**CITY OF CORDELE**  
**OCCUPATION TAX CERTIFICATE APPLICATION**

P. O. Box 569, Cordele, GA 31010-0569  
Phone: (229) 276-2945 Fax#: (229) 276-2907

*Please type or print:*

Business Name and Location	Telephone No.:	Federal ID or SSN:
	Start Date:	State Sales Tax #:
	Fax No:	State License # (If Applicable):
Mailing Address:	Email Address:	<u>Attach Copy</u>
Business Description:		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: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

*Select one (1) of the following:*

2    NEW BUSINESS:  
    Est. Current Year Gross Receipts (in whole dollars):    \$ \_\_\_\_\_

3    PROFESSIONAL: (as classified in O.C.G.A. 48-13-9)  
    I/We elect to pay \$400 per professional practioner.  
NUMBER OF PROFESSIONALS AT THIS LOCATION: \_\_\_\_\_

   I/We elect to be covered under Gross Receipts.  
(Complete 1 or 2 above)

4    BUSINESS **NOT** LOCATED IN CITY OF CORDELE, GA:  
    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

GOVERNMENT USE ONLY

Tax Year/Initials	Certificate Number	Date Paid	Check/Credit Card #	Cash
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