

## 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	Telephone No.:		Federal ID or SSN:	or SSN:	
Location		t Date:	State Sales Tax #:		
		No:	State License #		
Mailing Address:	Mailing Address: Email Addre		(If Applicable): Attach Copy		
Business Description:			Expiration Date:		
Complete the following for all owners/officers (attach additional sheets if necessary):					
Name/Title:	***************************************	Driver's L	icense 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):  \$\sum_{\text{quad}}\$					
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 <b>NOT</b> 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  TO A STATE OF THE STATE					
Tax Year/Initials	Certificate Number	Date Paid	Check/Credit Card #	Cash	