

OCCUPATION TAX REGISTRATION

City of Sky Valley
3444 Highway 246
Sky Valley, GA 30537
706-746-2204
Fax 706-746-5893

<p>***** FOR OFFICE USE ONLY*****</p> <p>Certificate No.: _____</p> <p>Issue Date: _____</p>
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Date: _____ New: Yes____/No _____ Renewal: Yes____/No _____

Name of Business: _____

Location of Business: _____

Mailing Address: _____

Owner of Business (Corporation or Partnerships must attach list with names of all owners, officers, and partners.) _____

Business Phone: _____ E-mail Address: _____

Business Federal Tax ID Number or Social Security Number: _____

Georgia Sales Tax Number: _____

Name of Manager or Registered Agent: _____

Address and Phone No.: _____

Dominant Type of Business: _____

Other Types of Business: _____

State License Required: _____ Expiration Date: _____
(Please attach copy of State License)

OCCUPATION TAX COMPUTATION:

Total Due: \$ _____

Please circle one of the following and pay that amount.		
0-1	Employees	\$ 50.00
2-9	Employees	\$150.00
10 or more	Employees	\$350.00

In accordance with the City of Sky Valley Occupation Tax Ordinance, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this application, and that the information contained herein is true, correct, and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

_____ (Please print name)