

OCCUPATIONAL TAX APPLICATION

Return Application to:

CITY OF HARTWELL
 456 E. HOWELL STREET
 HARTWELL, GA 30643
 706-376-4756



CITY OF HARTWELL

LICENSE NUMBER	BUSINESS TYPE
RATE CODE	FEDERAL ID

MUST BE COMPLETED & RETURNED PRIOR TO :

1. MAILING NAME AND ADDRESS

PLEASE TYPE OR PRINT WITH A BALL POINT PEN

2. CHECK ONE

- _____ Renewal
- _____ Amended
- _____ New _____ (date)
- _____ Closed _____ (date)

CHECK ONE

- _____ Corporation
- _____ Sole Ownership
- _____ Partnership
- _____ Home Occupation

3. NO. EMPLOYEES

TAX DUE

1 - 4	\$ 50.00
5 - 9	100.00
10 - 14	125.00
15 - 20	175.00
OVER 20	250.00

Administrative Fee (a one time fee) For New Business \$35.00

4. PRINCIPLE LINE OF BUSINESS

OTHER LINES OF BUSINESS AT THIS LOCATION

5. I (name) _____

PLEASE PRINT

being the (title) _____

PLEASE PRINT

of the business firm named, do hereby register and apply for an occupational tax certificate, and futhermore, do hereby certify that the information provided is true, correct, and complete.

SIGNATURE

DATE

LICENSE IS NON-TRANSFERABLE
 INEFFECTIVE UPON CHANGE OF OWNERSHIP.

6. BUSINESS NAME AND LOCATION

7. PHONE NUMBER AT THIS LOCATION

(Please enter number if this section is blank)

8. OWNERS, PARTNERS, OFFICERS, ETC.

(use separate sheet if needed)

No Change

Name _____

Home Address _____

Home Phone _____

Drivers Lic # _____

Title _____

Name _____

Home Address _____

Home Phone _____

Drivers Lic # _____

Title _____

9. BUSINESS NAME & ADDRESS CORRECTION

No Change

10. MAILING NAME AND ADDRESS CORRECTION

No Change
