

TOWN OF NORTH HIGH SHOALS, GEORGIA

P.O. BOX 129 - HIGH SHOALS, GEORGIA 30645

706-769-4289

Occupation Tax Certificate Number: _____ **Date:** _____

BUSINESS OCCUPATIONAL TAX APPLICATION

(please print)

Business Name: _____

_____ New Business (Due Before Commencing Operations)

_____ Renewal (Due on or before April 1 of every year)

Business Mailing Address: _____

Business Physical Address: _____

Business Owner Name: _____ **Business Phone:** _____

Owner/Officer Phone Number: _____ **Cell Phone:** _____

Business E-Mail and Web Address: _____

Owner/Officer E-Mail Address: _____

Nature of Business: _____

Business Type:

_____ Sole Ownership _____ LLC _____ Partnership _____ Corporation

_____ Home Business _____ Other (explain) _____

If Partnership, Corporation, etc, please give names, home addresses and telephone number of officers, directors, etc. on back of this sheet.

Please give a brief description of the size, scope, and number of employees of your business and how it may affect infrastructure, parking, traffic, etc. (use back if needed):

On the back of this sheet, also list all arrests and convictions of any laws or ordinances of the city, county, state or federal government, as well as any other pertinent information.

ZONING CLASSIFICATION: _____ I certify that the zoning classification of the property is appropriate zoning to permit the business use at such location and that the building to be used currently is, or will be prior to occupancy, in compliance with all building codes applicable to such business. I understand that it is my responsibility to conform to all ordinances and regulations. I certify that the information given above is true and correct to the best of my knowledge.

FEE: \$25

Typed or Printed Name and Title

Signature of Owner

Signature of Mayor and Date

“Thank you for doing business in North High Shoals.”