

City of Vidalia, Georgia
Application For City Occupational Tax Certificate

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Occupational
Tax

** APPLICATION MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO SUBMITTING FOR APPROVAL **
 PLEASE READ AND TYPE OR PRINT WITH BALL POINT PEN

Business Location					
	New	Renewal	Change of Address		

Business Name : _____

Business Street Address : _____

(Business)	Street	City	State	Zip
Telephone : (_____)		Tax ID #		

Business Mailing Address

Street	City	State	Zip
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Please list and describe the type of service(s) that will be offered by your business. _____

Does your service require state certification? YES NO

**** IF SERVICES REQUIRE STATE CERTIFICATION, PLEASE PROVIDE A COPY****

Is this business a home occupation? YES NO

Are there any land covenants or private restrictions relating to this property? *YES NO

***IF YES, PLEASE PROVIDE A COPY.**

Emergency Contact for Police - Please provide two after hours contacts by order of choice.

1. Name	Phone
2. Name	Phone

Have you been licensed in this city prior to this year in another business name? YES NO
 If yes, In what name? _____ What year? _____

Owner Information

Name : _____

Home Mailing Address : Last _____ First _____ Middle _____

Home Street Address : Street _____ City _____ State _____ Zip _____

(Home) Street _____ City _____ State _____ Zip _____

Telephone : (_____) **DOB** _____ **SS# Required** _____

Area Code

Fee Schedule

(not applicable for change of address)

Administrative Fee	\$70.00
Per Full Time Employee	\$20.00
Part-Time Employees (See description below)	\$20.00

Multiple part time employees whose combined weekly hours total 40, are equivalent to 1 full time
 (For example 2 employees work a total of 20 hours each. 20x2=40 or 1 full time employee)

cap is \$750.00 including admin fee

Administrative Fee	\$70.00
Number of Full Time Employees x \$20.00	_____
Number of part time Employees equivalent to full time x \$20.00	_____
Total Amount Due	_____

I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS GROUNDS FOR FINE, REVOCATION OF CERTIFICATE, OR BOTH. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL.

Owner / Manager Signature (for franchise)

Date

RETURN TO :

City of Vidalia
P.O. Box 280 Vidalia, Ga. 30475-0280
(912) 537-7661 (Voice) (912) 537-7708 (Fax)

FOR OFFICE USE ONLY

DATE RECEIVED	ZONE CHECKED	DATE ENTERED
RECEIVED BY:	CHECKED BY:	ENTERED BY:
	DATE CHECKED	