

TOWN OF BROOKS OCCUPATIONAL TAX APPLICATION

BUSINESS NAME AND LOCATION:

BUSINESS MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

BUSINESS OWNER(S) NAME:

EMERGENCY CONTACT INFORMATION:

NAME AND PHONE NUMBER: _____

TAX IDENTIFICATION #: _____

STATE TAX REQUIREMENTS:

DO YOU HOLD A STATE LICENSE? Y OR N – IF YES PLEASE ATTACH A COPY

STATE CARD #: _____

ISSUED TO: _____

EXPIRATION DATE: _____

SALES & USE TAX #: _____

SIGNATURE:

I swear under penalty of law that the above information is true and correct. I understand that this is a tax certificate. I must separately comply with any zoning, Fire Marshal, health, building, or other rules. I understand that the information I provide therein (or my refusal to provide required information) will be shared with the Georgia Department of Revenue.

Signature of Business Owner/Date