

# Town of Sharpsburg OCCUPATIONAL TAX APPLICATION

105 Main Street  
Sharpsburg, GA 30277  
(770) 251-4171

NEW: \_\_\_\_\_  
RENEWAL: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Please Fill in All Information COMPLETELY **CALENDAR YEAR: 2020**  
Please Type or Print with Ball Point Pen Penalty for failure to file for renewal by February 18th each year  
**Certificate # Issued** \_\_\_\_\_ **NAICS Code** \_\_\_\_\_

GEORGIA SALES TAX NUMBER	STATE LICENSE NUMBER
FEIN	E-VERIFY NUMBER

<b>BUSINESS NAME:</b>		<b>BUSINESS LOCATION STREET ADDRESS and ZIP CODE (not a PO Box)</b>		<b>BUSINESS DESCRIPTION:</b>	
<b>MAILING/CONTACT INFORMATION FOR BUSINESS</b> →	<b>ATTENTION:</b>	<b>BUSINESS MAILING ADDRESS, CITY, STATE, ZIP CODE (if different)</b>		<b>BUSINESS PHONE #</b>	
<b>ADDITIONAL CONTACT</b> →	<b>BUSINESS FAX #</b>	<b>BUSINESS WEB ADDRESS</b>		<b>EMAIL</b>	
<b>LICENSEE TYPE: CHECK ONE</b> →	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> OTHER	<b>PRINCIPAL OFFICE AND CORPORATE NAME</b>	<b>STREET OR PO BOX</b>	<b>CITY, STATE, ZIPCODE</b>	
<b>PLEASE PROVIDE COPY OF DRIVERS LICENSE AND CITIZENSHIP AFFIDAVITS FOR ALL OWNERS, PARTNERS AND MEMBERS</b>	<b>OWNER NAME</b>	<b>STREET</b>	<b>CITY, STATE, ZIPCODE</b>	<b>PHONE #</b>	
	<b>OWNER NAME</b>	<b>STREET</b>	<b>CITY, STATE, ZIPCODE</b>	<b>PHONE #</b>	
	<b>OWNER NAME</b>	<b>STREET</b>	<b>CITY, STATE, ZIPCODE</b>	<b>PHONE #</b>	

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internal Use Only** Date Paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Payment Method: Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_  
Inspection Results: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_