



Occupational Tax Return
City of Grantville
123 Lagrange Street
Grantville, GA 30220
770-583-2289

Calendar Year 2020

Certificate # issued _____

NAICS Code _____

Date _____

Disable Veteran of Not-for-Profit Yes No
If yes, proof of status must be provided with return.

Tax ID # _____

Adjusted Gross Receipts for prior year _____

Tax Class _____

Tax Rate Per \$1,000 _____

Business Name _____

Business Location _____

Business Contact _____

Mailing Contact _____

Business Phone _____

Business Mailing _____

License Type partnership sole owner

Corporation GA LLC OTHER

Social Security Number _____

Tax ID Number _____

Please list contact information for each owner:

Owner Name _____ Address _____ Phone _____

Owner Name _____ Address _____ Phone _____

Email Address _____

Please attach copy of driver's license and Social Security Card

FINANCE DEPARTMENT USE ONLY!				Date Paid _____	Amount Paid _____	Method _____
Ck# _____	Processed by _____	Date Processed _____	Prior owner pd in full?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
City of Grantville	123 LaGrange Street, Grantville, GA 30220			Phone: 770-583-2289	Fax: 770-583-2280	

Certification -- The information herein is requested by the City of Grantville Code of Ordinances.

I, (print name) _____ bearing the title of _____ of the business firm named, do hereby register to operate said business with the dominant activity of _____

In accordance with the business ordinance, City of Grantville, Georgia, I the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and that the information contained in these documents are true, correct and complete. I hereby make application for an Occupation Tax Certificate to conduct the above-described business in the City of Grantville. I understand that approval must be obtained from the departments having the authority prior to issuance of the certificate. By signature below, I do solemnly swear, subject to criminal penalties for false swearing, that information contained in the application is true and no false or fraudulent information is made herein to procure the granting of this certificate.

Owner's Signature _____ Date: _____

Map or parcel number of the property _____ Landlord or property owner's name _____

Complex name (if applicable) _____

Prior type of business activity at this location _____

Prior use of building _____

Will construction or renovation be required? _____ Yes _____ No Is this a home-based business _____ Yes _____ No



Zoning Approval: N/A _____

Building Approval: N/A _____

Fire Marshall Approval: N/A _____

Approved Denied

Approved Denied

Approved Denied

Zone _____ Date _____

Notes _____

Notes _____

Reviewed by _____

Reviewed by _____

Reviewed by _____