

**CITY OF COMMERCE
OCCUPATIONAL TAX CERTIFICATE APPLICATION**

Section One (To Be Completed By Applicant)

Date: _____

Name of Business: _____

Mailing Address: _____

Location of Business: _____

Property Owner: _____

Describe Principle Type of Business Conducted: _____

Phone Number: _____ Social Security #: _____

Federal TIN: _____

Date Business Started: _____ Maximum Number of Employees: _____

Note: Please include all full-time and part-time staff. The number of employees shall be determined from your State Employment Security Report.

I hereby certify that the information reported herein is true and correct to the best of my knowledge.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

Section Two (To Be Completed By City Staff)

Administrative Fee.....\$ _____

Occupational Tax Fee (based upon number of employees).....\$ _____

Regulatory Fee (if applicable)\$ _____

TOTAL DUE TO THE CITY.....\$ _____

Building Official Signature: _____ Date: _____

City Clerk Signature: _____ Date: _____

Please Return to: City of Commerce
P.O. Box 348
Commerce, Georgia 30529