



CITY OF DAHLONEGA

Account Number (Office Use Only): _____

NEW BUSINESS OCCUPATION TAX CERTIFICATE APPLICATION

(All Information is Required)

Type of Ownership: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Other (specify)

Business is: _____ New _____ Existing w/Address Change _____ Existing w/Name Change _____ Other (specify)

Business State Date: _____

Business Name (as listed on state/federal licenses): _____

Name and Title of Contact/Applicant: _____

Location Address: _____

Business Phone #: _____ Other #: _____

Email: _____ Website: _____

Owner of Building: _____ Zoning District: _____

Mailing Address (if different): _____

Owner's Name and Address (if different): _____

Owner's Personal Phone #: _____ Owner's Email: _____

Describe Type of Business. If this business requires additional license i.e. food service or state or federal license, attach a copy of the license: _____

Federal Employer Identification (FEI) # _____ Georgia Sales Tax #: _____

Is this a home occupation? Yes or No (circle one). If this is a home occupation, it must conform to Ordinance 91-9 Section 713.

Is this business exempt from paying Occupation Tax based on Section 13 or 20 of the City of Dahlonega Occupation Tax Ordinance? Yes or No (circle one). If yes, proof of exemption must be returned with this application.

If you are installing a sign(s), a permit is required.

Number of Employees: _____ To calculate the number of equivalent full-time employees, multiply the total number of hourly employees of the business times the total number of hours worked by all hourly employees during a year, then divide the total number of hours worked in a year by 2,080 to determine the total number of equivalent full-time hourly employees of the business. Owner(s), salaried employees, and full-time employees should be counted at 40 hours per week.

| TAX TABLE | |
|--|---|
| Number of Full-Time Equivalent Employees | Tax Amount (prorated after July 1) |
| 0 - 9 | \$150.00 |
| 10 - 19 | \$150.00 + \$6.00 per employee over 10 |
| 20 - 99 | \$210.00 + \$4.00 per employee over 20 |
| 100 or more | \$530.00 + \$2.00 per employee over 100 |

I have read and understand the Occupation Tax Ordinance, and the information on this application is true and correct.

Contact/Applicant's Signature

Date

Post Office Box 830471 ▪ Birmingham, AL 35283

Toll Free Phone: 855.219.4336

www.revds.com