

OCCUPATIONAL TAX APPLICATION

Return Application to:

CITY OF CLAYTON
 837 HWY 76 WEST
 SUITE 101
 CLAYTON, GA 30525
 (706) 782-4512



FOR CITY OF CLAYTON USE ONLY	
ACCOUNT NUMBER	BUSINESS TYPE
RATE CODE	FEDERAL ID

MUST BE COMPLETED

1. BUSINESS NAME, OWNER NAME, & ADDRESS

PLEASE TYPE OR PRINT

<p>2. CHECK ONE</p> <p>___ New _____(date)</p> <p>___ Closed _____(date)</p>	<p>CHECK ONE</p> <p>___ Corporation</p> <p>___ Sole Ownership</p> <p>___ Partnership</p> <p>___ Home Occupation</p>
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3. NUMBER OF EMPLOYEES:

FULL TIME _____

PART TIME _____

4. PRINCIPLE LINE OF BUSINESS:

OTHER LINES OF BUSINESS AT THIS LOCATION:

5. I (name) _____

being the (title) _____

of the business firm named, do hereby register and apply for an occupational tax certificate, and furthermore, do hereby certify that the information provided is true, correct, and complete.

SIGNATURE: _____

DATE: _____

LICENSE IS NON-TRANSFERABLE.
 INEFFECTIVE UPON CHANGE OF OWNERSHIP.

6. PHYSICAL ADDRESS / LOCATION

Inside City Limits Outside City Limits

7. PHONE NUMBER OF THIS LOCATION (Please enter number if this section is blank)

8. OWNERS, PARTNERS, OFFICERS, ETC. (use separate sheet if needed)

Name _____

Home Address _____

Home Phone _____

Title _____

Federal ID # _____

E-verify # _____

State ID # _____

Drivers License # _____

Copy of driver's license is required.

9. EMERGENCY CONTACTS & AFTER HOURS INFO:

Name _____

Contact Phone _____

Name _____

Contact Phone _____

Name _____

Contact Phone _____

Name _____

Contact Phone _____



837 HWY 76 WEST
 CLAYTON, GA 30525
 PHONE: 706-782-4512
 FAX: 706-782-4596
 WWW.CITYOFCLAYTONGA.COM

***Affidavit Verifying Status for
 City Public Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Clayton, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Clayton ***(circle one)*** Occupational Tax Certificate or Alcohol License, or other public benefit I am stating the following for _____.

(The name of person applying on behalf of business, corporation, partnership, or other private entity)

as a representative of _____.

(The name of the business, corporation, partnership, or other private entity)

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States 18 years of age or older, please include Alien Registration Number below signature *
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States *

* OCGA § 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

 Number and Document Source

In making the above statement under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of OCGA Section 16-10-20.

 Signature of Applicant

 Date

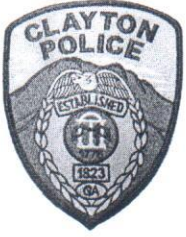
NOTARIZATION REQUIRED:

SUBSCRIBED AND SWORN BEFORE
 ME ON THIS THE _____ DAY OF
 _____, 20____.

 Printed Name

*Alien Registration number for non-citizens

 Notary Public
 My Commission Expires: _____



Clayton Police Department

837 Highway 76 West • Suite 125 • Clayton, GA 30525

Phone (706) 782-2181 • Fax (706) 782-2630

Chief Andy Strait • Assistant Chief Ryan Hamilton



To better serve you, the Clayton Police Department would like to ask you to take a moment of your time and fill out the information below. The information will be vital to protect your business in the City of Clayton. Please provide as much information as you can. Thank you for helping us make Clayton a safer place to work and live.

Business Name: _____

Physical Address: _____

Phone #: _____

Contact #1 Name: _____

Home #: _____

Cell #: _____

Contact #2 Name: _____

Home #: _____

Cell #: _____

Contact #3 Name: _____

Home #: _____

Cell #: _____