

New Occupational Tax Application
 P. O. Box T, 100 South Hill Street, 3rd Floor
 Griffin, Georgia 30224
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www.cityofgriffin.com



All business locations in the City of Griffin are required to pay an Occupational Tax. Each type of business in a location is separate in accordance with the City of Griffin current ordinance.

Type of Business: Commercial Professional In-Home Office Mobile Nonprofit/Church (attach 501 c 3)

Type of Ownership: Sole Proprietor Partnership Corporation Limited Liability Corp: State of _____

Federal (FEIN): _____ Sale and Use Tax # (Retail Businesses Only): _____

E-Verify (for 10 or more full-time employees) Company Identification Number: _____

Business/Corporation Name: _____

Business Address: _____
Apt/ Suite # City State Zip Code

Business Telephone _____ Contact Telephone: _____ Email: _____

Mailing Address, if different _____
City State Zip Code

Name of Applicant (1): _____ Title _____

Home Address of Applicant (1): _____
Apt/Suite# City State Zip Code

Home Telephone: _____ Contact Telephone: _____

Name of Applicant (2): _____ GA. Driver's License-attach copy of license

Description of business in detail: _____

Computation of Taxes and Fees: *DO NOT COMBINE SECTIONS I. AND II**

*I. For professional election, *optional*: No. of professionals' ____ X \$400.00= _____
 Administrative Fee: \$20.00 _____
 *Total: _____

*II. Occupational Tax Base Flat Fee and Administrative Fee: \$70.00
 Number of full-time employee's _____ X \$60.00= _____
 Number of part-time employee's _____ X \$30.00= _____
 Total: _____

Businesses with more than 20 employees' (full-time and part-time combined) use the calculation below:

- 1 - 20 \$60.00 per employee
- 21 - 100 \$1,200.00, plus \$30.00 for each employee over 20
- 101 and above \$3,600.00, plus \$10.00 for each employee over 100

In accordance with the business and occupation tax ordinance of the City of Griffin, Georgia, I understand and certify that I am the person duly authorized by the business wherein names to file this return including the accompanying schedules and statements and that the same are true, correct and complete.

Signature: _____ Date: _____