



OCCUPATIONAL TAX CERTIFICATE RENEWAL APPLICATION

Type of Business: [] Commercial [] Home Occupation [] Out of State Location Change: [] YES [] NO

Type of Ownership: [] Sole Proprietor [] Partnership [] LLC [] Corporation [] Other _____

Certificate Number: _____ E Verify Number: _____ Exempt from E Verify: [] YES [] NO

Business Name: _____

Business Address: _____ City State Zip Code

Business Telephone: _____ Mobile Telephone: _____

Mailing Address, if different _____ City State Zip Code

Name of Applicant: _____ Email: _____

Home Address: _____ City State Zip Code

Description of business in detail: _____

COMPUTATION OF TAXES AND FEES:

SECTION A:

Occupational Tax Base Flat Fee (\$50) and Administrative Fee (\$40): \$ 90.00

Number of full-time employees _____ X \$60.00= _____

Number of part-time employees _____ X \$30.00= _____

Sub Total: _____

After April 1, add 10% _____

After April 1, add interest _____

*See COG Code of Ordinance Section, 82-162 for interest rate

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

SECTION B: Professionals as defined by Georgia Law O.C.G.A. 48-13-9 (c) and under City of Griffin Occupational Tax Regulations, Section 82-155 annually elect to pay a flat fee for their occupational tax certificate in lieu of a fee based upon number of employees. Election of the flat fee option eliminates the need to disclose number of employees. Professionals who elect to pay the flat fee are required to pay \$400 per professional. Do not combine the \$400 fee with any other fee.

For professional election: Number of professionals _____ X \$400.00= _____

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: _____