



CITY OF RINCON

302 Columbia Ave • P.O. Box 232 • Rincon, GA 31326

Telephone: (912) 826-5996 • Fax: (912) 826-2083

OCCUPATIONAL TAX CERTIFICATE APPLICATION

Please print or type and fill out entire application

Legal Business Name: _____

Business Name – DBA: _____

Type of Business: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____

Mailing Address: _____

City, State, Zip: _____

Owner Name: _____

Emergency Contact: _____

Phone Number: _____

GA State Professional License Number: _____

Expiration Date: _____

Federal Work Authorization User ID Number (E-Verify): _____

Describe Business Activities: _____

Will any commercial vehicles be used for this business? _____

If yes, please describe (size, type, location of storage): _____

Please attach a list of the quantities, types and storage location of any chemicals or hazardous materials that will be used for this business.

For Office Use ONLY	
License Fee Amt.	\$ _____
Admin. Fee	\$ _____
Total Fee Paid	\$ _____
Application Type	
<input type="checkbox"/>	New Application
<input type="checkbox"/>	Change of Information
License Type	
<input type="checkbox"/>	Home Occupation
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Non-profit
Received	_____
Check #	_____
Credit Card	_____
Cash	_____
Approved:	_____

OTHER INFORMATION	
Square Footage of Building	
Number of Employees	
Number of Coin Operated Machines	
Number of Rental Units (apt., storage, etc.)	
RESTRICTIONS	

The undersigned hereby certifies or declares under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct. All information given is subject to verification with the City of Rincon.

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____