



City of Villa Rica

OCCUPATIONAL TAX APPLICATION

LICENSE: Commercial Industrial Temporary
APPLICATION: New Renewal Amendment

Applicant/Owner's Name: _____

Business/Corporation Name: _____

Applicant/Owner's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Business Address: _____ **Parcel No.:** _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Phone: _____ **Business Fax:** _____

Description of Business: _____

Federal or State License: _____

Name	Number	Exp Date
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Tax ID or Social Security Number: _____

Anticipated Gross Receipts for the Year: \$ _____

I hereby make application for an occupational tax certificate to conduct the above described business in the City of Villa Rica. I understand that prior to issuance of said certificate all applicable requirements of Federal, State, County and/or City agencies, statutes and/or ordinances have been met and payment of the prescribed fees is received.

I _____ do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is made herein to procure the granting of this certificate. By my signature, I am also agreeing to abide by all requirements in Article 9 of the City of Villa Rica Sign Ordinance.

OWNER'S SIGNATURE	TITLE	DATE
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NOTE: If the business is a PARTNERSHIP, please attach a list of the names and home addresses of all partners. If the BUSINESS is a corporation, please attach a list of all officers and directors and the registered agent of the corporation.

OFFICE USE ONLY		
Property Zoned: _____	Account Number: _____	Class Status: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Date Paid: _____	Amount Paid: \$ _____	Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____
Notes: _____		
