

CITY OF GRAY APPLICATION FOR OCCUPATIONAL OR PROFESSIONAL LICENSE

Return Application to:
 City of Gray
 109 James Street
 P.O. Box 443
 Gray, Ga 31032
 Phone: (478) 986-5433

On or before January 1 of each year, individuals, business or practitioners subject to occupational licensing must obtain an occupational license. Verify all information listed, then complete this application and return with payment.

THIS APPLICATION IS FOR : Corporation LLC
 Partnership Individual

FOR CALENDAR YEAR 20¹⁹_____

BUS LEGAL NAME: _____
 TRADE (DBA) NAME: _____
 MAILING ADDRESS: _____
 CITY / STATE / ZIP: _____
 BUSINESS LOCATION: _____
 FEDERAL ID #: _____
 SALES TAX ID #: _____ NAICS CODE: _____
 OWNER / OFFICER: _____
 SOCIAL SECURITY #: _____

BUS DESCRIPTION: _____
 LOCATION CODE: _____
 RATE CODE: _____
 BUSINESS START DATE: _____
 TELEPHONE NUMBER: _____
 STATE LICENSING #: (If Applicable) _____
 DATE OF APPLICATION: _____
 EMAIL: _____
 ACCOUNT #: _____

A. Multiply total number of employees as of January 1st times the per employee tax to calculate occupational tax. (An employee is defined as any individual that exerts efforts within the State of Georgia for the purpose of soliciting business or serving customers or clients. Include all full-time and part-time employees. A minimum number of employees is 1 for owners/operators. The city may request Wage and Tax reports to support and determine accuracy of information provided.) EXCEPTIONS: INSURANCE COMPANIES PROCEED TO LINE D.

First 10 Employees	_____	X	\$6.00	=	\$ _____
Next 10 Employees	_____	X	\$4.50	=	\$ _____
Next 10 Employees	_____	X	\$3.38	=	\$ _____
Next 10 Employees	_____	X	\$2.58	=	\$ _____
Next 10 Employees	_____	X	\$1.90	=	\$ _____
Remaining Employees	_____	X	\$1.42	=	\$ _____

B. Administrative Fee \$100.00

C. TOTAL OCCUPATIONAL TAX DUE (LINE A + B) = \$ _____

D. FOR INSURANCE SALES ONLY (FLAT RATE) = \$40.00

OCCUPATIONAL TAX SHALL BE DUE AND PAYABLE ANNUALLY ON JANUARY 1.

ANY INDIVIDUAL, BUSINESS OR PRACTITIONER SUBJECT TO ANY OCCUPATION TAX WHICH IS UNPAID FOR NINETY (90) DAYS AFTER THE DATE ON WHICH PAYMENT WAS DUE, SHALL BE SUBJECT TO A PENALTY OF TEN PERCENT (10%) OF THE TAX DUE.

PLEASE RETURN COMPLETED FORM AND PAYMENT FOR THE CORRECT AMOUNT TO THE CITY CLERK.
 IF ANY CHANGES HAVE OCCURED, PLEASE MAKE THE CORRECTIONS ABOVE. IF YOUR BUSINESS HAS CLOSED, PLEASE NOTIFY CITY HALL AT 478-986-5433 SO YOUR BUSINESS CAN BE REMOVED FROM OUR SYSTEM.

PLEASE NOTE THAT PRACTITIONERS OF CERTAIN PROFESSIONS MAY CHOOSE TO PAY A FLAT FEE OF \$150.00 PER PRACTITIONER. IF YOU ARE CONSIDERING THIS OPTION, PLEASE CONTACT THE CITY CLERK.

I do hereby certify that the information reported herein is true and correct. _____
Signature

 Printed Name Title Date