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, businesses 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 20 _____

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: _____

ZONING COMPLIANCE # (If New) _____

ACCOUNT #:_____

A. Multiply total number of employees as of January 1st times the per employee tax to calculate occupation 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

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

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 IS 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 OCCURRED, 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