

# OCCUPATIONAL LICENSE TAX APPLICATION

License Year \_\_\_\_\_

Date Prepared \_\_\_\_\_

License # \_\_\_\_\_

Trade Name of Business: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Driver's License Number/Copy of License: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and ZIP Code: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

If this is a New Business, enter date business started: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Email: \_\_\_\_\_

**YOUR INFORMATION AND THIS DOCUMENT MAY BE SUBJECT TO A PUBLIC RECORDS REQUEST**

# OCCUPATIONAL LICENSE TAX APPLICATION

BUSINESS OPENED ON OR PRIOR TO JUNE 30 OF CURRENT YEAR

\$50 DUE

BUSINESS OPENED ON OR PRIOR TO JULY 1 OF CURRENT YEAR

\$25 DUE

**IF THIS LICENSE IS FOR RENTAL PROPERTY, PLEASE LIST THE NUMBER OF UNITS** \_\_\_\_\_

1. If business was operated during the entire previous year:

Enter your gross sales or receipts for the proceeding year here: \$ \_\_\_\_\_

2. If the business commenced during the previous year:

Enter the date of the business commenced here: \_\_\_\_\_

3. Gross sales for the remainder of the calendar year were: \$

Divided by the number of days left in the year \_\_\_\_\_ equals: \$ \_\_\_\_\_

Which multiplied by 365 amount to: \$ \_\_\_\_\_

Interest is calculated at the rate of one and one quarter % per month of the tax due from the due date until tax is paid. Penalty is calculated at the rate of 5% of the tax due of each thirty (30) days, or fraction thereof, from the due date until the application is filed, but is limited to a total of 25%.

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED AGENT

\_\_\_\_\_  
SIGNATURE OF SIGN ORDINANCE

**GIVE A COPY OF THE SIGN ORDINANCE BASED ON THE TYPE AND LOCATION OF BUSINESS**

\_\_\_\_\_  
OFFICE STAFF INITIAL

**YOUR INFORMATION AND THIS DOCUMENT MAY BE SUBJECT TO A PUBLIC RECORDS REQUEST**

# OCCUPATIONAL LICENSE APPROVAL

Business: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

Sold by: \_\_\_\_\_

## OCCUPANCY INFORMATION

Previous Business Type: \_\_\_\_\_

New Business Type: \_\_\_\_\_

Building Square Footage: \_\_\_\_\_

Parking Spaces: \_\_\_\_\_

Occupancy Change:  Yes  No

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SCOT BYRD (ZONING)

\_\_\_\_\_  
CENTRAL OFFICE DIRECTOR

**YOUR INFORMATION AND THIS DOCUMENT MAY BE SUBJECT TO A PUBLIC RECORDS REQUEST**