



OCCUPATIONAL TAX APPLICATION
FRANKLIN COUNTY BOARD OF COMMISSIONERS
 141 Athens Street • P.O. Box 159 • Carnesville, Georgia 30521
 Phone: 706-384-2483 • Fax: 706-384-7089

Legal Business Name: _____

Trade Name : _____

Address: _____

Mailing Address (if different): _____

Telephone Number: _____

Email Address: _____

Federal ID#: _____ State ID#: _____

Total Employees: _____

Description of Business (ex. Building Contractor, Used Car Sales, Beauty Shop, etc., this will be printed on your certificate but is limited to 30 letters. **(Be very specific as to what your will be doing. May require additional information/paperwork):**

Zoning of Parcel: AB AG AI AR CG CI RM RS

Ownership: Sole Proprietor Partnership Corporation LLC
If corporation or LLC, please make sure above is the EXACT, complete name as it is registered with the Georgia Secretary of State's Office.

Owner's Name: _____

Owner's Home Address: _____

Owner's Home Telephone Number: _____

Owner's Social Security #: _____

This application is true and complete to the best of my knowledge and the proposed business meets all codes and ordinances of Franklin County.

 OWNER'S SIGNATURE

 DATE

Incorporated businesses **must** provide a copy of incorporation documents. All applications **must** be approved by our planning and zoning director before an occupation tax certificate can be issued. Along with this application, please bring a government issued photo ID of all owners/or presidents.

Occupation Tax Fee: \$35.00

FOR OFFICE USE ONLY:	<input type="checkbox"/> Approved	By: _____	Date: _____
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NOTES: