

**CITY OF STATHAM OCCUPATIONAL TAX / REGULATORY FEE / REGISTRATION FORM  
(BUSINESS LICENSE APPLICATION)**

Name of Business \_\_\_\_\_ DATE \_\_\_\_\_

Location (complete street address) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Daytime Telephone (\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> line (\_\_\_\_) \_\_\_\_\_

Social Security # or Federal ID \_\_\_\_\_ State Sales Tax # \_\_\_\_\_

Describe Business Activity \_\_\_\_\_

E-mail Address \_\_\_\_\_ Web address \_\_\_\_\_

Below provide the name, address, and daytime area code and telephone numbers of the owner, or if a partnership, then list all partners.

\*\*\* If business is a corporation, then list the registered agent and office address, followed by the name and address of the president.\*\*\*

Owner of Registered Office Address      President or Partner      \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_

On a monthly average how many full time employees do you have? \_\_\_\_\_ How many part time

Employees do you have? \_\_\_\_\_

**\*\*REGISTRATION ONLY** – A copy of you current occupational tax certificate is required for registration with Barrow County, Ga.\*\*

Where are you paying Occupational Tax? \_\_\_\_\_ What is the number? \_\_\_\_\_ When does it

Expire? \_\_\_\_\_

Form filled out by – Name \_\_\_\_\_ Address \_\_\_\_\_

All information is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_