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CITY OF PERRY, GEORGIA

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

Post Office Box 2030 - 1211 Washington Street – Perry, Georgia 31069

Office 478-988-2740 Fax 478-988-2748

liz.nelson@perry-ga.gov

- New
- Renewal
- Change

Business Name _____ Phone Number _____

Type of Business: _____

Business physical location _____

Business mailing address _____
Street or P O Box City State Zip

Number of employees (including manager) _____ NAICS Code _____

Full legal name of applicant _____
(Applicant must provide current legal driver's license)

Applicant date of birth _____ Social Security Number _____

Applicant Contact Information:

Residence Address _____
Street City State Zip

Cell Phone Number _____ Home Phone Number _____

Work Phone Number _____ Email _____

Full legal name of Owner/Manager/Agent _____

Full legal name of entity operating business _____

Full legal name of persons/entities having 20% or more interest in operating entity.

Business federal employer identification number _____

Please list any other associated trade names for the business _____

I, the applicant hereinabove set forth, after being duly sworn, under oath states the foregoing information is true and correct to my best knowledge and belief. So help me God.

This _____ day of _____, 20_____.

Applicant Signature

Date