

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE



TYPE OF APPLICATION (check one)

- New Business Date of Operation: ____/____/____ Active Building Permit? Yes No
 New Owner Date Purchased: ____/____/____ Are you a disabled veteran? Yes No
 Name Change Previous Name: _____
 Location Change Previous Location (within City limits): _____

BUSINESS / OWNER INFORMATION

Business Information:

Legal Business Name: _____
 Trade Name: _____ Phone Number: _____
 Location: _____
street number street name suite number
 Mailing Address: _____
street number street name
city state zip code

Type of Ownership:

- Sole Owner Public Held Corporation
 Partnership Public Held Corporation subject to SEC Regulations
 Private Held Corporation Other (please explain) _____

If incorporated, please give: Date of incorporation: ____/____/____ State: _____

Owner / Registered Agent: (person on-site when owner is not, i.e. manager)

Full Name: _____ SSN: _____
 Address: _____
street number street name
city state zip code
 Phone Number: _____
 FTIN or SSN #: _____ State License #: _____

DESCRIBE CHARACTER OF BUSINESS (be very specific as to what you will be doing)

Estimated Gross Receipts: \$ _____ Number of employees, including owner: _____
(new businesses, estimate one year total)

Notice: If your profession requires a state licensure or registration, you have the option to pay a flat fee of \$400 per practitioner. (See page 2 for details)

CERTIFICATION

I, _____ hereby certify that I have provided complete and accurate information above. I acknowledge that I am aware that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and / or zoning enforcement action under the Zoning Ordinance.

Applicant Signature: _____ Date: _____

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PRACTITIONERS OF PROFESSIONS

Certain Practitioners of Professions may elect to pay \$400 per practitioner in lieu of paying a tax on gross receipts. If you are eligible, and if you and all members of your firm elect to pay the flat, per practitioner tax this year, check below and you will be charged accordingly.

_____ **I Elect to pay a flat tax in lieu of reporting gross receipts and paying a tax based on gross receipts.**

Please indicate the number of practitioners next to the appropriate type of professional.

- | | | |
|-------------------------------------|---------------------------|--|
| _____ Architects | _____ Land Surveyor | _____ Podiatrist |
| _____ Chiropractor | _____ Landscape Architect | _____ Practitioner of Physiotherapy |
| _____ Dentist | _____ Lawyer | _____ Psychologist |
| _____ Embalmer | _____ Optometrist | _____ Public Accountant |
| _____ Engineers: Civil, Mech., Etc. | _____ Osteopath | _____ Therapists/Counselors/Social Workers |
| _____ Funeral Director | _____ Physician | _____ Veterinarian |

PLANNING AND ZONING USE ONLY	BUILDING INSPECTION USE ONLY
Action:	Inspection Fee Amount:
Date:	Date:
Signature:	Signature:
Comments:	Comments:

ACCOUNTING USE ONLY		
NAICS Code:	Checklist	
Account #:	Emergency Business Contact Information	
	Fire Marshall Certificate of Occupancy	
	City of Suwanee Certificate of Occupancy	
	Health Inspection Report	