



## CITY OF BALL GROUND 2014 OCCUPATIONAL TAX FORM

215 Valley St, P. O. Box 285 – Ball Ground, Georgia 30107

Phone: 770-735-2123 Fax: 770-735-4575

### BUSINESS INFORMATION

Application for:      ( ) New Business                      ( ) Renewal      ( ) Home Occupation

Please indicate ownership status  Individual     Partnership     Corporation     Non-Profit

CORPORATION NAME (IF APPLIES) \_\_\_\_\_

Date Business Established in Ball Ground \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Street/P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Fax Number \_\_\_\_\_

Business Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

Do you want to include your business information in our online business directory? ( ) YES      ( ) NO

NUMBER OF EMPLOYEES \_\_\_\_\_ FEE \$ \_\_\_\_\_ (based on attached fee schedule)

Make check payable to: City of Ball Ground

Type of Business \_\_\_\_\_

Principal Product(s) \_\_\_\_\_

Federal Id No \_\_\_\_\_ State Id No \_\_\_\_\_

### OWNERS INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_  
Street / P. O. Box \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Alternate Phone No \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_  
Street/ P. O. Box \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Alternate Phone No \_\_\_\_\_

### AFTER HOURS EMERGENCY CONTACT INFORMATION

1. NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

Please include a copy of your current State of Georgia License if your business is included in, but not limited to the following: Electrician, Plumber, Mechanical, Low Voltage, Barber/Beautician, Accountant, Architect, Dentist, Surveyor, Appraiser, Real Estate Broker, Used Car Dealer, Pest Control, Hearing Aid Dealers, or Financial Directors.

I certify that the above information is true and correct. I hereby acknowledge that I am subject to the City of Ball Ground's Code of Ordinances, Occupational Tax Ordinance and the Laws of the State of Georgia.

SIGNATURE OF APPLICANT \_\_\_\_\_ PRINT NAME CLEARLY \_\_\_\_\_ DATE \_\_\_\_\_