



**LOCUST GROVE CITY HALL**

PO BOX 900 Locust Grove, GA 30248-0900  
 Telephone: 770-957-5043 Fax: 866-364-0996

<u>OFFICE USE ONLY</u>	
<input type="checkbox"/>	REGULATORY FEE _____
<input type="checkbox"/>	OCCUPATIONAL FEE _____

TYPE OF APPLICATION:      APPLICATION FOR:  
 NEW LICENSE                       COMMERCIAL LOCATION  
 LICENSE RENEWAL                 HOME OCCUPATION

BUSINESS NAME:	_____		
TYPE OF BUSINESS:	_____		
CORPORATION NAME :	_____		
(if applicable)			
FEDERAL ID NUMBER:	_____	DRIVERS LICENSE NUMBER/STATE:	_____
(if no Fed ID, enter SSN)			
BUSINESS LOCATION:	_____		
	CITY	STATE	ZIP
MAILING ADDRESS:	_____		
(if different from above)			
	CITY	STATE	ZIP
EMAIL ADDRESS:	_____		
		BUSINESS PHONE:	_____
BUSINESS OWNER:	_____	ALT PHONE:	_____
ADDRESS:	_____		
	CITY	STATE	ZIP

**New State of GA law requires that all business owners show valid proof of U.S. Citizenship. U.S. Passport, social security card, green card or birth certificate are acceptable forms of ID. A drivers license is also required, but is not accepted as proof of citizenship.**

**These documents will become a confidential and permanent part of the business file.**

I hereby make application for an occupational tax certificate to conduct the above described business in Locust Grove City limits. I understand that prior to issuance of said certificate all applicable requirements of Federal, State and/or county agencies, statutes and/or ordinances have been met and payment of the prescribed fees is received. I do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is made herein to procure the granting of this certificate.

PRINT NAME	TITLE
SIGNATURE	DATE

<u>OFFICE USE ONLY</u>	
PROPERTY ZONED	APPROVED/DENIED ZONING
APPROVED/DENIED DIRECTOR	APPROVED/DENIED FIRE MARSHALL
APPROVED/DENIED CBI	APPROVED/DENIED ENVIRONMENTAL HEALTH
APPROVED/DENIED POLICE	APPROVED/DENIED OTHER