

# OCCUPATIONAL TAX REGISTRATION

City of Port Wentworth, Georgia

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Expires December 31<sup>st</sup>

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Individual,  Corporation,  Sole Proprietor,  LLC

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

Service,  Retail,  Construction,  Contractor, or  Professional

**Location Address of Business & Telephone:** \_\_\_\_\_

( Home or  Commercial)

Zoning of Property: \_\_\_\_\_

**Mailing Address & Telephone** (if different from location): \_\_\_\_\_

Name of **Owner/President:** \_\_\_\_\_

(Circle one)

**SSN/Tax ID** Number: \_\_\_\_\_

(Circle one)

Name & Address of **Manager/Operator:** \_\_\_\_\_

(Circle one)

Number of **Full-time & Part-time** Employees: \_\_\_\_\_

The undersigned hereby certifies that the approved statements are true and correct to the best of his/her knowledge and belief.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

For City use only: Account # \_\_\_\_\_ Customer # \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Processed by: \_\_\_\_\_

Approved by Mayor and Council: \_\_\_\_\_  Yes  No Date Approved: \_\_\_\_\_