

New Occupational Tax Registration Application

City of Port Wentworth, Georgia
Expires December 31st

Date: _____

License Type (Check One): Commercial _____ Home Occupation _____ Peddlers _____

Name of Business: _____ DBA (if different): _____

Type of Business: _____

SSN/Tax ID#: _____ Number of Employees: Full-time _____ Part-time _____

North American Industry Classification System (NAICS) Title: _____ NAICS Code: _____
(Information can be found at www.naics.com)

Location Address of Business: _____

Zoning of Property: _____

Mailing Address (if different from location): _____

Business Telephone#: _____ Business Fax#: _____

Email Address: _____

Owner/President Information:

(Circle One)

Name	Address	Telephone#
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Manager/Operator Information:

(Circle One)

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

Printed Name	Signature	Title
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For City use only:

License#: _____ Amount Paid: _____ Date Paid: _____ Processed by: _____

Approved by Mayor and Council: __Yes__ No Date Approved: _____

Approved by City Administrator: _____ Date Approved: _____