

**OCCUPATION TAX REGISTRATION**

**City of Sky Valley  
3444 Highway 246  
Sky Valley, GA 30537  
706-746-2204  
Fax 706-746-5893**

<p align="center">***** FOR OFFICE USE ONLY*****</p> <p>Certificate No.: _____</p> <p>Issue Date: _____</p>
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Date: \_\_\_\_\_ New: Yes\_\_\_/No \_\_\_\_\_ Renewal: Yes\_\_\_/No \_\_\_\_\_

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

Location of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner of Business (Corporation or Partnerships must attach list with names of all owners, officers, and partners.) \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Federal Tax ID Number or Social Security Number: \_\_\_\_\_

Georgia Sales Tax Number: \_\_\_\_\_

Name of Manager or Registered Agent: \_\_\_\_\_

Address and Phone No.: \_\_\_\_\_

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

Other Types of Business: \_\_\_\_\_

State License Required: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Please attach copy of State License)

**OCCUPATION TAX COMPUTATION:**

**Total Due: \$ \_\_\_\_\_**

Please circle one of the following and pay that amount.		
0-1	Employees	\$ 50.00
2-9	Employees	\$150.00
10 or more	Employees	\$350.00

In accordance with the City of Sky Valley Occupation Tax Ordinance, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this application, and that the information contained herein is true, correct, and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (Please print name)