



City of Plains

P.O. Box 190 · 101 W. Church St. · Plains, Ga. 31780
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clerk@plainsgeorgia.org

Business Application
Calendar Year _____

Check One: Renewal ___ New ___ (Application due _____)

Business Name: _____

Owner/Mgr: _____

Business Address: _____

Mailing Address: _____

Business Type: _____

Date Bus. Opened: _____

Business Phone: _____

Emergency Information:

Name: _____

Address: _____

Phone Number: _____

Total Full-Time Employees for Current Year: _____

Total Part-Time Employees for Current Year: _____

Part-Time Business Enter How Many Hours Worked (per week): _____

(The owner, any family members, or friends working for the business, whether they get paid or not should be included in this count)

Occupational tax fees unpaid in 90 days after the due date shall be subject to a penalty of 10% of the tax or fees due. Also interest will be applied on the unpaid balance thereof at a rate of 1.5% per month.

I hereby certify that the above information is correct and furthermore, that the total number of employees both full and part-time hours and days is the true amount. I do further certify that I am the person duly authorized by the business herein named to file this return.

Date: _____

Signed: _____

Title: _____

DO NOT WRITE BELOW THIS LINE

Account Number: _____

Tax Class: _____

License Amount: _____
