

OCCUPATIONAL TAX CERTIFICATE APPLICATION - 2024



FOR BUSINESSES LOCATED WITHIN THE TOWN OF BROOKS
RENEWAL IS DUE BY MARCH 31 EACH YEAR

Business Name:		DBA (if different):	Phone:		2022 Business License #:
Physical Address:		Unit/Suite:	City:	State:	Zip Code:
Mailing Address (if different):		Unit/Suite:	City:	State:	Zip Code:
Type of Product or Service:					
Owner Name:		Co-Owner:	Phone:	Email:	
Emergency Contact 1:		Phone:	Emergency Contact 2:	Phone:	
Do you hold a state license for your occupation? If Yes, documentation is required.		State Card #:	Expiration:	Issued To:	
Business Type (<u>Commercial</u> or <u>Home Occupation</u>):			Tax Identification #:		
# of Employees:		GA Sales Tax #:		E-Verify #:	
Form of Ownership – please check one: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Corporation* <input type="checkbox"/> Corporation* <input type="checkbox"/> General Partnership <input type="checkbox"/> Partnership – Unknown type Exemptions <input type="checkbox"/> Non-Profit 501c3* <input type="checkbox"/> Disabled Veteran* <small>*Documentation is required</small>		I swear under penalty of law that the above information is accurate and correct. I understand that this is a tax certificate. I must comply with any zoning, Fire Marshal, Health, or other rules separately. I understand that the information I provide herein (or my refusal to provide the required information) will be shared with the Georgia Department of Revenue.			
Fees: Commercial License Fee: \$60.00 per year Short Term Rental License Fee: \$50.00 Home-Based License Fee: \$40.00 per year; a Supplemental Application for a Home-Based Business License must be submitted with this application.					
Mail or bring this completed application and payment to the Town of Brooks, 961 Hwy 85 Connector, Brooks, GA, 30205 Credit Card payments can be made online at www.brooksga.com ; Checks are to be made payable to the Town of Brooks; Cash can only be accepted in person.					
Signature of Business Owner:			Date:		
_____			_____		
Planning and Zoning Use Only	<input type="checkbox"/> Allowable for Business Use		<input type="checkbox"/> Not Allowable for Business Use		
Planning & Zoning Signature	_____		Date: _____		