

INSTRUCTIONS

To obtain an Occupational Tax License in the City of Jackson, an applicant must complete the following requirements:

1. Complete an application that may be obtained from City Hall.
2. Pay the appropriate license fee at the time of application.
3. Contact Butts Co. Community Services Office located at 625 W. Third St., telephone number 770-775-8210, to obtain a letter showing that the location is properly zoned for its intended use and pay fee for the final inspection in order to obtain a certificate of occupancy.
4. Contact the Jackson Fire Department located at 139 S. Holly St, telephone number 770-775-8054, to request an inspection of the location to ensure that it meets the requirements of the Fire Safety Code.

After completing the above requirements, all documents should be returned to City Hall. The City of Jackson will review the documents for compliance, and a license will either be approved or denied.

PLEASE BE NOTIFIED THAT NO ONE IS AUTHORIZED TO OPERATE A BUSINESS UNTIL A LICENSE HAS BEEN APPROVED AND ISSUED BY THE CITY OF JACKSON.

**Occupational Tax-Certificate of Occupancy
Fire Safety Inspection Fees**

Certificate of Occupancy – Fire Safety Inspection Fee \$100.00

Please fill out all pertinent information:

Name of Business: _____

Business Address: _____

Date of Occupancy: _____

Type of Occupancy (Business Type): _____

Your Name (please print): _____

Phone Number: _____

Name of Utility Company Servicing Premises: _____

Utility services under the name of: _____

I understand that the fee of \$100.00 for the Certificate of Occupancy is mandatory by law and must be paid prior to issuance of this certificate. I also understand that I will contact Butts County Department of Building Inspections to verify zoning for the business or occupation listed. Operating a business without an Occupational Tax License is prohibited and subject to a fine and/or imprisonment.

Signature: _____ Date: _____

Do Not Complete – Office Use Only

Prior Occupancy (Business Type) _____

Processed By: _____

Inspection Fee Paid: _____ Cash/Check Date: _____

OCCUPATIONAL TAX / BUSINESS INFORMATION

BUSINESS NAME _____

LEGAL ADDRESS OF BUSINESS _____

TYPE OF BUSINESS _____

TELEPHONE NO. _____ FEDERAL ID NO. _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE

OWNER NAME (if sole proprietorship)

HOME ADDRESS

SOCIAL SECURITY NO. _____ HOME PHONE _____

IF PARTNERSHIP, LIST NAME AND ADDRESS (if corporation, list officers)

SOCIAL SECURITY NO. _____ PHONE NO. _____

LIST NAME AND ADDRESS OF ANY PREVIOUS BUSINESSES OPERATED

LIST EMERGENCY NUMBERS:

PHONE NO. NAME OF PERSON

PHONE NO. NAME OF PERSON

SIGNATURE DATE

CITY OF JACKSON OCCUPATIONAL TAX RETURN
P. O. BOX 838
JACKSON, GA 30233

2008

NAME OF BUSINESS: _____

DATE ESTABLISHED: _____

LEGAL ADDRESS OF BUSINESS: _____

DESCRIBE PRINCIPAL TYPE OF BUSINESS CONDUCTED:

OCCUPATION TAX (Business License)

- A. Multiply total number of employees on January 1st times the per employee tax to calculate occupation tax. The city may request supporting information such as Wage and Tax reports to determine the accuracy of information.

0 – 3 Employees (MINIMUM TAX)	= \$	<u>125.00</u>
Next 7 Employees _____ x \$19.00 per employee	= \$	_____
Next 10 Employees _____ x \$17.00 per employee	= \$	_____
Next 10 Employees _____ x \$15.00 per employee	= \$	_____
Next 10 Employees _____ x \$14.00 per employee	= \$	_____
Next 10 Employees _____ x \$ 7.00 per employee	= \$	_____
Over 50 Employees _____ x \$ 2.00 per employee	= \$	_____

B. Regulatory Fee (if applicable) +\$ _____

C. 10% penalty applied after March 31 and interest due at the rate of 1.5 percent (1.5%) per month +\$ _____

D. Total \$ _____

I hereby certify that the information reported herein is true and correct.

(Signature of authorized person)

(Printed name of authorized person)

Title of Person Reporting _____