

WOOLSEY OCCUPATIONAL TAX APPLICATION

OCCUPATIONAL TAX APPLICATION IS FOR BUSINESSES
LOCATED IN THE TOWN OF WOOLSEY ONLY

113 Hill Avenue
Fayetteville, GA 30215

Please make checks
payable to: **Town of Woolsey**

Business Name and Address:

Phone Number: _____ Email Address: _____

Owner(s) Name and Address:

Phone Number: _____ Email Address: _____

Type of Ownership: _____ Sole _____ Corporation _____ Partnership

Number of Employees (including owners): _____

Type of Business: _____

Fee in the amount of **\$50.00** must be attached. (Fee is non-refundable)

If you hold a State License, a copy of the card must be attached.

State Card No.: _____ Expiration Date: _____

Issued to: _____

I hereby certify that I am the owner or authorized agent of the above business. I further certify that the foregoing information is true and correct to the best of my knowledge.

I am aware that this occupational tax certificate is valid until December 31st.

Signature of Applicant and Title

Date of Application