

MADISON

G E O R G I A

OCCUPATIONAL TAX APPLICATION

Office Use Only

date received: _____
account no: _____
 Sign Application: initials _____
 HPC handout: initials _____
 CDC handout: initials _____
processed date: _____

1. CONTACT INFORMATION

Applicant _____

Mailing Address _____

Telephone _____

2. BUSINESS INFORMATION

Name of Business _____

Business Location/Address _____

Business Telephone _____

Mailing Address (if different) _____

E-mail address _____

3. OCCUPATIONAL TAX INFORMATION

a. Type of Business _____

b. If business relocated, previous Madison property address: _____ [account _____]

c. Number of employees* _____ full time _____ part time
PLEASE NOTE: *Owners or any family members who work with the business are considered employees to the extent of time spent working with the business.

d. Please note if you are a public employee, teacher or employee of a public school, judge, law enforcement officer, employee of the Georgia Department of Revenue or Bureau of Investigation or city official. _____ (initial)

4. I, the undersigned, certify that the above information is true and correct.

Signature _____

Date _____

Office Use Only:

[zoning-primary use _____] [type code _____]

Zoning confirmation - Planning Department (date/initials) _____

Code inspection / CO required prior to occupancy - Fire & Building (date/initials) _____

Special Tax District / Downtown Madison - Madison Main Street Director (copy)

Special Tax District / Interstate Interchange



City of Madison
ATTN: CITY CLERK
P.O. Box 32
Madison, Georgia 30650
(706) 342-1251