

Occupational Tax Certificate Return

City of Chatsworth, Georgia
City Clerk's Office
Chatsworth, Ga. 30705
P.O. Box 516
Phone: (706-695-2834)
Fax: (706-517-1623)

Office Use Only:	
Account Number:	_____
Certificate Number:	_____
Amount Due:	_____

Section I: Please Answer Questions 1 through 8, if Applicable

- 1) Is business located within the City limits? Yes No
- 2) Street Location _____
- 3) Describe type of business _____

- 4) Number of Employees _____ (Full-time Employees are based on 40 hrs per week.)
- 5) Is this business Permanent Seasonal Temporary
- 6) Is the business newly constructed? Yes No
- 7) Has the business been remolded or renovated? Yes No
- 8) Do you own the building? _____ Do you lease the building? _____

Section II: Please Complete the Following Accordingly

Owner Name (Corporate Name or Individual Owner) _____

D/B/A (Name of Business) _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

Contact Person _____

Page 1 of 2 Continue next page

State Licenses/Certification

Certain Professions are required to obtain Licenses-Certification from the State of Georgia. A few examples of these professions are: Plumbers, Electricians, HVAC Contractors, Physicians, Massage

Therapist, and Cosmetologists. Documentation of this certification must be presented, and a copy of the license or certificate number must be provided to the City.

Section III-Read Carefully Before Signing

This return is due in the Clerk's Office on the 1st of January of each year before a certificate can be issued. Failure to file this return by the 1st of April will result in penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

Signature _____ **Date** ____/____/____