

CITY OF BLUE RIDGE

480 West First Street
Blue Ridge, GA 30513
Phone (706) 632-2091 Fax (706) 632-3278

BUSINESS LICENSE APPLICATION

Please PRINT and fill out application completely

Business Name : _____ (d/b/a) _____

Business Street Address: _____

Business Phone: _____ Fax: _____ Email: _____

Business Contact Person: _____ Title (Owner/Officer/Agent) _____

Business Mailing Address: _____

BUILDING OWNERS NAME AND INFORMATION

Name: _____

Address: _____

Phone: _____

Email address: _____

TYPE OF BUSINESS

Retail [] Wholesale [] Professional Services [] Manufacturing [] Contractor [] Restaurant [] Other []

If a W2 is issued count as employee: Total Number of employees _____

Total Number of part-time employees _____ Full-time _____

If 1099's are issued, each contract worker MUST apply for a separate Occupational Tax Certificate

Federal ID # _____ State ID # _____

(Please provide copies of both Federal and State Tax ID Documents with application)

If business requires a state license to operate, please provide a copy of said state license.

State License # _____ Date Issued _____ Date of Expiration _____

DETAILED BUSINESS INFORMATION

Disclaimer and Signature

I have received and read a copy of the City of Blue Ridge Occupational Tax (Business License) Ordinance and understand that Occupational Tax Certificates (Business License) are to be renewed yearly.

I certify that the information provided above is true and correct to the best of my knowledge and records shall be available for inspection as specified in the City of Blue Ridge Occupational Tax (Business License) Ordinances.

By signing this application, I, _____, am acknowledging that I have read and will comply with all requirements of the City of Blue Ridge Occupational Tax (Business License) Ordinances.

Signature

Date

Print Name

OFFICE USE ONLY

Occupational Tax Official's Approval: _____ Date: _____

Zoning Official's Approval: _____ Date: _____

Zoning District Designation: _____ Tax Map & Parcel: _____