

FOR CITY USE ONLY

Regulatory

Administrative

PLEASE RETURN WHITE COPY
TO
CITY OF BUFORD
OCCUPATIONAL TAX DEPARTMENT
2300 BUFORD HIGHWAY
BUFORD, GA 30518
(770) 945-6761
FAX (770) 932-7977

FOR CITY USE ONLY

PERMIT NO. _____

S.I.C. NO. _____

FEE _____

DATE _____

MAILING ADDRESS

BUSINESS NAME & LOCATION IF DIFFERENT FROM MAILING ADDRESS

BUSINESS NAME	TELEPHONE	FED ID NO. OR SS #	DATE BUSINESS ESTABLISHED
IN CARE OF	BUSINESS NAME		
STREET OR P.O. BOX	STREET OR P.O. BOX		
CITY, STATE & ZIP	CITY, STATE & ZIP		

BUFORD YES -NO
CITY LIMITS OF BUSINESS IN RESIDENCE

Enter the Gross Receipts representing Gross Income during the Preceding Calendar Year. *
If New Business, Expected Gross Receipts.

DESCRIBE NATURE OF BUSINESS -

* This information is strictly confidential. *

CIRCLE ONE	CORPORATION	SOLE OWNERSHIP	PARTNERSHIP
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LIST NAMES & ADDRESSES OF OWNERS IF BUSINESS IS SOLE OWNERSHIP OR PARTNERSHIP _____

Parcel Number _____

Zoning _____

*Please consult O.C.G.A. #48-13-59(2) (A) if you have any questions concerning what constitutes gross receipts.
Applications due February 15th.

Print Name _____

Date _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

WITNESS