

CITY OF SENOIA

Occupation Tax Return

P. O. Box 310

Senoia, GA 30276

Please fill in all information applicable, type or print with ball point pen.

1. check ____ renewal ____ new Started new business date: ____ Yearly gross receipt bracket
one ____ amended Sold or closed business date: ____

2. Business Name & Location City, State Zip Code Describe Business

3. Mailing address (if different than above): Street or P. O. Box ____, City

Phone Number: _____

4. Check one: ____ partnership ____ corporation ____ sole owner

5. Name and Address of Owners: _____

6. Is business carried on under a trade name other than the one on line 2? ____ yes ____ no

7. Is business carried on at locations other than the one shown on line 2? ____ yes ____ no

8. In accord with Business Ordinance, City of Senoia, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct, and complete.

FOR OFFICE USE ONLY

Applicant Signature _____ NAICS# Tax Class Occ. Tax #Amount of Occ. Tax

The ____ day of _____, 20____.