

City Marshal
912-287-2944, Office
912-287-2948, Facsimile

City of Waycross, Georgia
P.O. Drawer 99
417 Pendleton Street
Waycross, Georgia 31502



Occupational Tax Application

New [] Relocation [] Name Change []

THE FOLLOWING ITEMS MUST BE COMPLETED TO PROCESS THIS APPLICATION

TRADE NAME OF BUSINESS: _____

LOCATION OF BUSINESS: _____ PHONE: _____

TYPE OF BUSINESS: _____

BUSINESS OWNER: _____ PHONE: _____

ADDRESS: _____

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____

FEDERAL EMPLOYER ID #: _____ GEORGIA SALES TAX #: _____

REFERENCES – PLEASE LIST THREE (3) REFERENCES, WITH ADDRESSES AND TELEPHONE NUMBERS

_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT NOTE: THE APPLICANT MUST SCHEDULE A SITE INSPECTION UPON RETURNING THIS APPLICATION. APPLICATIONS CANNOT BE PROCESSED UNTIL ALL INSPECTIONS ARE COMPLETED AND ANY NOTED VIOLATIONS CORRECTED. INSPECTIONS ARE COMPLETED BETWEEN THE HOURS OF 9:00 AM AND 3:00 PM ON MONDAYS AND THURSDAYS ONLY.

APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

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Inspection Department [] Approved [] Disapproved [] Pending by _____ Date _____

Fire Department [] Approved [] Disapproved [] Pending by _____ Date _____

Tax Classification: _____ Tax Rate: _____ SIC/NAICS Code: _____

Additional Comments: _____

EMERGENCY CONTACT INFORMATION

The information requested below will enable emergency personnel to contact the person(s) who are listed below in case your business is damaged or someone has entered your business. Please provide a home and mobile number if possible to personnel that have keys.

Business Name: _____

Address: _____

Phone Number(s): _____

Primary Emergency Contact: _____

Home Address: _____

Phone Number(s): _____

Additional Emergency Contact: _____

Home Address: _____

Phone Number(s): _____

Additional Emergency Contact: _____

Home Address: _____

Phone Number(s): _____