

**Occupational Tax Certificate Application**  
**City of Blairsville**  
**PO Box 307**  
**Blairsville, GA 30514**  
**(706)-745-2000 Phone, (706)-745-7326 (Fax)**

Business Name:	Date:
Physical Address:	Phone Number:
Business Type:	Emergency Phone Number:
Owner's Name:	Owner's Mailing Address:
Estimated Number of Employees:	Partnership: <div style="text-align: center;"> Yes <input type="checkbox"/>      No <input type="checkbox"/> </div>
Partner's Name:	Partner's Mailing Address:
Incorporated: List of Corporate Officers:  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
I certify the above information is true and correct.   <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Signature of Applicant	Verification of identity by Clerk. <input type="checkbox"/>   Clerk's Initials: _____