## **TOWN OF CLERMONT OCCUPATION TAX APPLICATION**



109 King Street, P.O. Box 257- Clermont, Georgia 30527 Phone: 770-983-7568 – Fax: 770-983-7569

Application for	() New Business ()	Renewal	
ALL information requ	nested below is required.		
	ee must accompany the 2024, a 10% late fee w	• •	
Name of Business	3		
Physical Address			
Mailing Address			
	City	State	Zip
Phone Numbers	Business	Cell	
Email Address			
Owner (s) Name			
Owner's Billing A	ddress		
Phone Number			
Federal Tax I.D. o	or Social Security #		
GA Sales Tax ID	# (Retailers or Resellers	s)	
Business Type			
	yees		
PLEASE UPDATE ANY INF APPLICATION:	FORMATION THAT WAS NOT LIST	ED OR MAY HAVE CHANGED S	INCE PREVIOUS YEARS'
Signature		Date	

If the State requires you to hold a professional license, attach a copy of the license to your application.