



**PO BOX 452
106 WASHINGTON STREET
DARIEN, GA 31305
(912) 437-6686
FAX (912) 437-2208**

Application for Business License/Occupational Tax

Date: _____ Employer ID No.: _____ E-Verify No.: _____

Business Name: _____ Type of Business: _____

Physical (911) Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Owner(s): _____ Contact Person: _____

Phone No.: _____ Fax No.: _____

Cell No.: _____ Email: _____

GA ID No.: _____ **(A COPY MUST BE OBTAINED)**

Number of Employees: _____

If a State License is required for your business, a copy must be obtained in order to receive a Business License.

Office Use Only!!

Fees:

Number of Employees: \$125.00 Base (includes 1 employee) add \$10.00 for each employee thereafter
General Contractor: \$300.00
Insurance Companies, out of town: \$25.00

Amount Paid \$ _____ Cash / Check# _____ / Money Order# _____

Account# _____ License# _____

(Signature of applicant)