

CITY OF LAVONIA
P.O.BOX 564-LAVONIA, GA 30553

OCCUPATIONAL TAX RETURN/BUSINESS LICENSE

DATE: _____

NAME OF BUSINESS: _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

TYPE OF BUSINESS _____

TAX CODE _____

(SEE OCCUPATIONAL TAX CODE AND FEE SCHEDULE)

COMPUTE YOUR TAX:

(SEE OCCUPATIONAL TAX CODE AND FEE SCHEDULE)

NUMBER OF EMPLOYEES _____ X \$ _____ = _____
(FULL AND PART-TIME IF APPLICABLE)

ADMINISTRATIVE FEE: _____ + \$ _____ = _____
TOTAL

I CERTIFY THAT THE INFORMATION REPORTED HEREIN IS TRUE AND CORRECT

PRINTED NAME OF AUTHORIZED PERSON REPORTING

TITLE OF PERSON REPORTING

SIGNATURE _____

PLEASE RETURN COMPLETED FORM WITH CHECK TO:

706-356-8781

CITY OF LAVONIA
P O BOX 564
LAVONIA, GA 30553

All Tax Returns Must be Approved before a Business License is issued.