Town of Gay

PO. Box 257 Gay, Georgia 30218 Phone: (706) 538-6097 Fax: (706) 538-1444

19125 Hwy 85 Gay, Georgia 30218

License No:				
C/O No:				
State Cert. No.:				
(If Applicable)				

OCCUPATION/BUSINESS TAX APPLICATION REASON FOR APPLICATION (Check One)

_	w Business Started	g Business Purch		Previous
Business Name:				
Location of Busines	S:	City	State	Zip
Mailing Address	Number and Street (room, apt or suite no.)	City	State	Zip
Date bus. started at	location (mm/dd/year):	Federal II	D:	
TYPE OF OWNERSH	IIP (check one) Sole Prop.	☐ Partnership	Corp.	LLC
Other	Contra	ctor?	☐ No	
Business Phone:	Emerge	ency Contact:		
PLEASE FILL IN RESIDEN ⁻ otherwise, etc)	ΓΙΑL INFORMATION (Owner(s) of b	ousiness, Officers	, each Partne	er limited or
Owner F	Partner 🗌 President 🗌 Oth	ner		
Name:	Soc	ial Security #:		
Date of Birth:	Driver's Lie	c#		State
If a management company	operates this location, please list na	me and address of c	company and o	contact person
Name	Number and Street (room, apt or su	uite no.) Ci	ty	State
DETAILED EXPLAN	IATION OF BUSINESS ACTIVITY T	O BE CONDUCTE	D AT THIS LO	DCATION