



CITY OF HIRAM
217 Main Street
Hiram, GA 30141-3249
770-943-3726 ext. 2013
www.cityofhiramga.gov
businesslicense@hiram-ga.gov

Circle One:

New

Change of Ownership

D/B/A/ change

Change of Address

Change of Business Activity

Occupational Tax Certificate

Business Name: _____
 Corporation LLC Sole Proprietor Partnership Non-Profit

D/B/A Name: _____

Physical Location: _____

Mailing Address: _____

Business Phone #: _____ Email Address: _____

Owner(s) Name: _____ Phone No. : _____
 Owner (s) Address: _____
 Partner (s): _____

Business Description: _____ Residential or Commercial? _____
 NAICS Code (www.census.gov/eos/www/naics) _____ Start Date: _____
 Federal Tax ID (EIN): _____ GA. State & Use Tax: _____
 GA. Professional License #: _____ E-Verify #: _____ or Exempt _____
 Gross Receipts: \$ _____ /# _____ (Estimated from start of business to the end of the calendar year)
 or # of Professionals at \$400 each

I, _____, do solemnly swear that the information on this application is true, correct to the best of my knowledge training and ability, and that no false or misleading statement is made herein to obtain a business occupational tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupational tax certificate issued as a result of this application. I understand that I must comply with all the city ordinances and regulations.

 Signature Print Name Date

State of Georgia, County of Paulding.

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public Signature/Seal: _____.



FOR OFFICE USE ONLY: Business Class: 1 or 2 Total Paid: _____ Cash _____ Check# _____