

LINCOLN COUNTY, GEORGIA

APPLICATION FOR OCCUPATION TAX

NEW LICENSE

RENEWAL

YEAR: **2008**

BUSINESS NAME: _____ **BUSINESS LOCATION:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

OWNER _____ **MANAGER** _____

PHONE NUMBER(S): _____

DESCRIPTION OF BUSINESS: _____

* * * * * **FEES** * * * * *

NUMBER OF EMPLOYEES: _____ FEE: \$ _____

The number of employees includes full-time and full-time equivalent working for the business. The fractional working times of part-time employees are combined and rounded to provide a more accurate estimate of full-time equivalent employees. The owner and the other family members working for the business paid or not, shall be included in this count.

GEORGIA SALES TAX NUMBER: _____ (For Retail Businesses Only)

CERTIFICATION: I CERTIFY THE INFORMATION CONTAINED HEREIN IS TRUE
AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT: _____ DATE: _____

Attach copies of any supporting documents that will substantiate a contract or agreement with a private hauler.

I have read and understood all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law under Section 58-163 of the Lincoln County Solid Waste Management Ordinance. I further agree to notify the Lincoln County Department of Planning & Zoning, Office of Solid Waste and apply for solid waste service **within 30 days**. Should my property no longer qualify for release of the Solid Waste Management Fee. If you disconnect service with your private hauler, you must contact our office.

Signature of Person Requesting Release

MAKE CHECK PAYABLE TO:

LINCOLN COUNTY PLANNING
P.O. Box 340 - 182 Humphrey Street
Lincolnton, GA 30817
PHONE (706) 359-5522
FAX (706) 359-5831

OFFICE USE ONLY:

LICENSE NUMBER _____