DOUGLAS COUNTY OCCUPATIONAL TAX
BUSINESS LICENSE RENEWAL FORM

8700 Hospital Drive, Douglasville, Georgia 30134

770.920.7348 or 770.920.7351

BUSINESS LICENSE ARE RENEWABLE YEARLY AND EXPIRE ON 12/31 EVERY YEAR

Registration# _____

_____
_____
_____
_____

This form should be returned to:
Occupational Tax Department
8700 Hospital Dr., 1ST Floor
Douglasville, GA 30134
Your Occupational Tax Registration (business license) is due
12/31/2019

NON-U.S. CITIZENS MUST PRESENT IMMIGRATION CARD & I.D. PRIOR TO RECEIVING NEW REGISTRATION.

RENEWAL [ ]
CLOSING [ ]

DATE CLOSED:
____/____/_____

YEARLY GROSS RECEIPTS

$_____

Please complete the Affidavit of Exemption form if you have UNDER 11 EMPLOYEES: *EXEMPT* [ ] must be notarized

If you have over 10 employees you must e-verify!
OVER 10 EMPLOYEES PLEASE LIST YOUR EVERIFY#
[_____]

PLEASE LIST ANY CHANGES:

EMAIL ADDRESS:

Bracket	Gross Receipts			Tax Class 1	Tax Class 2	Tax Class 3
1	-	-	50,000	95.00	95.00	95.00
2	50,001	-	99,999	101.00	103.00	105.00
3	100,000	-	249,999	128.00	140.00	153.00
4	250,000	-	499,999	180.00	212.00	245.00
5	500,000	-	749,999	232.00	284.00	337.00
6	750,000	-	999,999	310.00	392.00	475.00
7	1,000,000	-	1,499,999	359.00	479.00	599.00
8	1,500,000	-	1,999,999	469.00	639.00	809.00
9	2,000,000	-	2,499,999	579.00	799.00	1,019.00
10	2,500,000	-	2,999,999	635.00	905.00	1,175.00
11	3,000,000	-	4,999,999	806.00	1,201.00	1,596.00
12	5,000,000	-	6,999,999	1,166.00	1,761.00	2,356.00
13	7,000,000	-	9,999,999	1,706.00	2,601.00	3,496.00
14	10,000,000	-	12,999,999	2,007.00	3,202.00	4,397.00
15	13,000,000	-	15,999,999	2,188.00	3,683.00	5,178.00
16	16,000,000	-	18,999,999	2,249.00	4,044.00	5,839.00
17	19,000,000	-	& up	2,490.00	4,885.00	7,280.00

(4) In accordance with the Occupation Tax ordinance, County of Douglas Georgia I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct and complete.

Applicant Signature _____ **Title** _____ **Date** _____

OFFICE ONLY

Registration #	Tax Class	NAICS	Paid By	AMOUNT	BY:
			Ck #☐ CC ☐CASH☐		