

<p>(Per Fire Code Official.) Submitting applicant is required to contact Dublin Fire Safety and Prevention Division, Prior to submittal by calling (478) 410-5416. For verification of fire code compliance. This section will be filled out by Fire Inspector at Time of inspection</p> <p>Passed Inspection YES NO</p> <p>Date Inspected _____</p> <p>Fire Inspector _____</p>		<p>OCCUPATION TAXATION RETURN</p> <p>City of Dublin</p> <p>Occupational Tax Division</p> <p>P.O. Box 690</p> <p>Dublin, Georgia 31040</p> <p>(478) 277-5019</p> <p style="font-size: small;">Please type or print with a ballpoint pen. PENALTY FOR FAILURE TO FILE</p>				<p>TO BE COMPLETED BY CITY:</p> <p>TAX NUMBER _____</p> <p>NUMBER OF EMPLOYEE _____</p> <p>LATE PENALTY _____</p> <p>TOTAL _____</p> <p>DATE PROCESSED _____</p> <p>Printed _____ E-Verify _____ Scanned _____</p> <p>BOTSS Conf # _____</p>				
<p>Check One <input type="checkbox"/>Renewal <input type="checkbox"/>New</p> <p style="padding-left: 20px;"><input type="checkbox"/>Amended</p>	<p>Business Start Date</p>	<p>Month</p>	<p>Day</p>	<p>Year</p>	<p>Phone#</p>					
<p>BUSINESS NAME</p>		<p>BUSINESS LOCATION (Not P.O. Box) <input type="checkbox"/> No Change</p>			<p>CITY. STATE <input type="checkbox"/> No Change</p>		<p>ZIP CODE</p>			
<p>Description of Work</p>		<p>STREET OR P. O. BOX <input type="checkbox"/> No Change</p>			<p>CITY. STATE <input type="checkbox"/> No Change</p>		<p>ZIP CODE</p>			
<p>Previous Business Name and Location NAME</p>		<p>STREET OR P. O. BOX <input type="checkbox"/> No Change</p>			<p>CITY. STATE <input type="checkbox"/> No Change</p>		<p>ZIP CODE</p>			
<p>Check One <input type="checkbox"/>Partnership <input type="checkbox"/>Corp</p> <p style="padding-left: 20px;"><input type="checkbox"/>Sole Owner <input type="checkbox"/>Other</p>	<p>Corp. Name</p>	<p>STREET OR P. O. BOX</p>			<p>CITY. STATE</p>		<p>ZIP CODE</p>			
<p>NAME OF OWNER(S) AND RESIDENCE ADDRESS</p>		<p>NAME</p>	<p>S. S. No.</p>	<p>D.O.B.</p>	<p>STREET</p>	<p>Cell#</p>	<p>CITY. STATE</p>		<p>ZIP CODE</p>	
<p>O F F I C E R</p>	<p>TITLE</p>	<p>NAME</p>	<p>S. S. No.</p>	<p>D.O.B.</p>	<p>STREET</p>	<p>Cell#</p>	<p>CITY. STATE</p>		<p>ZIP CODE</p>	
	<p>TITLE</p>	<p>NAME</p>	<p>S. S. No.</p>	<p>D.O.B.</p>	<p>STREET</p>	<p>Cell#</p>	<p>CITY. STATE</p>		<p>ZIP CODE</p>	
	<p>TITLE</p>	<p>NAME</p>	<p>S. S. No.</p>	<p>D.O.B.</p>	<p>STREET</p>	<p>Cell#</p>	<p>CITY. STATE</p>		<p>ZIP CODE</p>	
	<p>TITLE</p>	<p>NAME</p>	<p>S. S. No.</p>	<p>D.O.B.</p>	<p>STREET</p>	<p>Cell#</p>	<p>CITY. STATE</p>		<p>ZIP CODE</p>	
<p>EMERGENCY CONTACT NAME</p>			<p>ADDRESS</p>				<p>PHONE#</p>			
<p>EACH SUBCONTRACTOR OR INDEPENDENT AGENT MUST FILL OUT AN OCCUPATION TAXATION RETURN. LIST ON A SEPARATE SHEET OF PAPER THE NAME, ADDRESS, AND PHONE NUMBER OF THAT SUBCONTRACTOR OR INDEPENDENT AGENT. ENCLOSE THIS LISTING WITH YOUR RETURN.</p>					<p>AVERAGE NUMBER OF EMPLOYEES DURING THE LAST 12 MONTHS FOR BUSINESS. AT THIS LOCATION. {FULL TIME EQUIVALENT INCLUDING OWNER(S) AND FAMILY MEMBERS WORKING IN BUSINESS. PART-TIME EMPLOYEES COUNT AS 1/2 EMPLOYEE WITH TOTAL ROUNDED UP TO NEXT WHOLE NUMBER</p>					
<p>** CERTIFICATION ** I certify that the foregoing information is true and correct. I understand that falsification of any part of this tax return may cause penalty, denial, or closure of business.</p>					<p>Email Address: _____ Sales Tax#: _____</p> <p>Federal ID: _____ NAICS#: _____</p>					
<p>_____ OWNER/OFFICER SIGNATURE</p>					<p>_____ DATE</p>					
<p>OCCUPATION TAXATION RETURN 202012-01</p>										

