

**CITY OF LAVONIA**  
**P.O.BOX 564-LAVONIA, GA 30553**

OCCUPATIONAL TAX RETURN/BUSINESS LICENSE

DATE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

TAX CODE \_\_\_\_\_

(SEE OCCUPATIONAL TAX CODE AND FEE SCHEDULE)

COMPUTE YOUR TAX:

(SEE OCCUPATIONAL TAX CODE AND FEE SCHEDULE)

NUMBER OF EMPLOYEES \_\_\_\_\_ X \$ \_\_\_\_\_ = \_\_\_\_\_  
(FULL AND PART-TIME IF APPLICABLE)

ADMINISTRATIVE FEE: \_\_\_\_\_ + \$ \_\_\_\_\_ = \_\_\_\_\_  
TOTAL

I CERTIFY THAT THE INFORMATION REPORTED HEREIN IS TRUE AND CORRECT

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED PERSON REPORTING

\_\_\_\_\_  
TITLE OF PERSON REPORTING

SIGNATURE \_\_\_\_\_

PLEASE RETURN COMPLETED FORM WITH CHECK TO:

706-356-8781

CITY OF LAVONIA  
P O BOX 564  
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All Tax Returns Must be Approved before a Business License is issued.