

CITY OF LEXINGTON

P. O. Box 35
LEXINGTON, GA 30648

OCCUPATIONAL TAX CERTIFICATE RENEWAL APPLICATION

Name of Business: _____

Name of Officer or Owner: _____

Business Street Address: _____

Is this a Home Based Business? Yes: _____ No: _____

Nature of Business _____

Number of Employees: _____

Business mailing address: _____

Name of person to contact regarding questions: _____

Telephone Number of Contact Person or Business Number: _____

Email: _____

I affirm the information provided above is accurate to the best of my knowledge.

_____ Date: _____

This Annual Occupational Tax Renewal Application, **signed and notarized** Employer Affidavit and fee of \$10 is due by January 1 and must be paid and received at City Hall before an Occupational Tax Certificate will be issued. Please return all completed documentation and fee to the City Clerk, City of Lexington, P. O. Box 35, Lexington, GA 30648. If you pay by check, please make payable to City of Lexington.

For internal use only: Payment Received Amt: _____ Date: _____