

CITY OF LEXINGTON

P.O. Box 35
LEXINGTON, GA 30648

INITIAL OCCUPATIONAL TAX CERTIFICATE APPLICATION

Name of Business: _____

Name of Officer or Owner: _____

Legal Description of Ownership: _____
(Example: Individual, partnership, corporation, etc.)

Business Street Address: _____

Zoning District of Business Address: _____
(For new applicants, assistance may be obtained from City Hall during normal office hours)

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 and that I have been provided a copy of Zoning Ordinance, Article V, Article X and a copy of Chapter 32 of the Code, City of Lexington regarding establishment of a business and signage with the City Limits of Lexington.

_____ Date: _____

Your initial Business License Application fee of \$20 is payable upon completion of this application and must be paid and approved by the City Council before you are issued an Occupational Tax Certificate. Annual renewal of \$10 is due and payable by January 1 of the year following the initial application. Submit initial fee of \$20 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: _____

Action by City Council: Approved: _____ Disapproved: _____ Date: _____

