CITY OF CUMMING
20___ BUSINESS/OCCUPATION TAX LICENSE
APPLICATION AND RENEWAL FORM

__Check if information has changed

Part I: General Information: Please Print and answer all questions that apply to your Business.

1. Business Name:_________________________________________________________________________

2. Street Address:__________________________________________________________________________

3. Mailing Address:________________________________________________________________________

4. Type of Business Entity:
   Non-Profit (must submit copy of IRS 501 (c) (3) form)
   Sole Proprietorship   Partnership   Corporation   Other

5. Corporate Name and Address (if applicable)___________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

6. Owner's Name and Address (if applicable)_____________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

7. Local Contact Name________________________________________________________

8. Local Business Number____________________________ Fax Number___________________________

9. Primary Business Activity_______________________________________________________________

10. Federal Employer I D No. or Social Security No.___________________________________________

11. Georgia Sales Tax No.___________________________________________________________________

12. State Board Certification No. (must submit copy, if applicable)-------------------------------

13. Food Service Establishments must submit copy of GA Dept. of Human Resources Food Services Permit. Food sales or Live Plant Establishments must submit copy of GA Dept. of Agriculture Inspections.

14. If a new business, it will be necessary to obtain a Certificate of Occupancy from the City of Cumming Planning and Zoning office, prior to receiving your business license. Please contact Planning and Zoning at (770) 781-2024 to verify if a CO has been issued or to apply for a CO.

(Continued on Reverse)
Part II: Computation of Tax

A. 1. Enter Number of Full Time Employees _____________

2. Enter Number of Part Time equal to Full Time Equivalents _____________

3. Total of Lines A1 and A2: _____________

[The definition of “Full Time Equivalents” for the purposes of this Ordinance is the number which is produced by adding the average weekly hours of employees who work less than forty (40) hours weekly and dividing that sum by forty (40) rounded off to nearest whole number]

Use total from Line A3 above to find tax due from the following table:

<table>
<thead>
<tr>
<th>Number of Employees</th>
<th>Tax Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>$75.00</td>
</tr>
<tr>
<td>2</td>
<td>$150.00</td>
</tr>
<tr>
<td>3-9</td>
<td>$150.00 + $15.00 for each employee over 2</td>
</tr>
<tr>
<td>10-49</td>
<td>$255.00 + $20.00 for each employee over 9</td>
</tr>
<tr>
<td>50-99</td>
<td>$1,055.00 + $25.00 for each employee over 49</td>
</tr>
<tr>
<td>100-299</td>
<td>$2,305.00 + $30.00 for each employee over 99</td>
</tr>
<tr>
<td>300-499</td>
<td>$8,305.00 + $40.00 for each employee over 299</td>
</tr>
<tr>
<td>500 or more</td>
<td>$16,305.00 + $50.00 for each employee over 499</td>
</tr>
</tbody>
</table>

B. 1. Amount due from tax table above: $____________

2. Administrative Fee: $ 25.00 $ __________

3. Penalty (10% of lines 1 & 2 if tax paid after March 31): $ __________

4. Interest (1.5% of lines 1 & 2 for each month or portion of a month tax payment is delinquent after March 31): $ __________

5. Gross Tax Due (add lines 1-4 above): $ __________

6. Discount allowed for New Business only if Starting up and applying after June 30 Move in date: _________________

7. Net Tax Due (Line 5 minus Line 6): $ __________

I, __________________________________, being the ___________________________ of the business entity listed above, declare that the information contained in this form is true and correct to the best of my knowledge.

Signature: ___________________________ Date: ___________________________

Please return this form with payment to: City of Cumming Planning and Zoning, Business Occupation Tax, 100 Main Street, Cumming, GA 30040. Make checks payable to the City of Cumming. If you have any questions, please call the Planning and Zoning office at (770) 781-2024.