TOWN OF BETHLEHEM OCCUPATIONAL TAX
REGULATORY FEE
REGISTRATION FORM

Name of Business_____   Date: _____

Location of Business: Mailing address of business (if different):
Street: _____   Street or P.O._____

City: _____   City: _____

State/zip code_____   State/zip code_____

Daytime phone: _____   2nd line: _____   Pager/cell: _____

Social security no. /Federal ID: _____   Sales tax
no.:_____

Business activity: _____

Owner/registered agent: President/partner:
Name: _____   Name: _____

Street/P.O.:_____   Street/P.O.:_____

City/State/zip: _____   City/State/zip: _____

Phone: _____   Phone: _____

On a monthly average how many full-time employees do you have? _____
On a monthly average how many part-time employees do you have? _____

Print name: _____   Signature: _____

(Tax assessor)   (Planning & zoning)   Current Zoning
Date: _____   Date: _____   _____
Map: _____   Map: _____
Parcel: _____   Parcel: _____
District: _____   Start Date: _____
Checked by: _____   Checked by: _____
Is location approved for this business? _____
     Tax liability per number of employees
     0-3 $25.00
     4 or more $25.00 plus $5.00 per employee over three
          There is a maximum tax liability of $1,000 per business.

OCCUPATIONAL TAX NUMBER_____

Town of Bethlehem
P.O. Box 210
750 Manger Ave.
Bethlehem, GA. 30620
(770) 867-0702