City of Albany
OCCUPATIONAL TAX RENEWAL APPLICATION

CURRENT LICENSE (OTC) NUMBER: ___________________ Tax Class: ____ APPLICATION DATE: ____________

SECTION I. BUSINESS INFORMATION:
BUSINESS NAME (DBA IF APPLICABLE): __________________________________________________________
TYPE OF BUSINESS: ____________________________ NO. OF EMPLOYEES: ________
ADDRESS: ___________________________ CITY/STATE/ZIP: __________________________
EMAIL: ________________________________ BUSINESS PHONE: __________________________

****Choose a section below that applies to your business. ****

SECTION II. Flea Market, Malls or Bazaars:
1. Occupational Tax: $1,000.00
2. Number of tables, booths, or stalls _____ x $3.00 = ________
   Tax Subtotal: ________

SECTION III. FEE COMPUTATION-PROFESSIONALS (LAWYERS, CPA, DOCTORS, AND ENGINEERS)
Number of Professionals ______________ X $400 = ______________
Please include list of professionals accounted

SECTION IV. FEE COMPUTATION-INSURANCE COMPANIES
Insurance Agencies/Companies _______________ X $150 = ______________

SECTION V. FEE COMPUTATION-ALL OTHER BUSINESS NOT CLASSIFIED ABOVE
1. Enter total in state Gross receipts (less revenue taxable by another Georgia city or county) ______________
2. Multiply by Tax Rate “SEE TAX RATE CHART BELOW” (See Occupational Tax Schedule below. Your tax class can be found on your current Occupational Tax Certificate) X ______________
3. If amount calculated is less than $125 enter $125.00 (Min.)
   If amount calculated is more than $9,900 enter $9,900.00 (Max)
   If using min. or max., copy this amount on Line 1 below.
SUBTOTAL

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AFTER APRIL 15™

Line 1- Tax Subtotal (From Section above): ______________________________

Line 2- Line Interest 1.5% per month (Number of Months late _____ x .015) =

Line 3- Late Penalty 10% after July 15th (Line 1 x .10):

Total Due (Sum Lines 1-3): ______________________________

(Oath) I hereby certify that the information reported herein as well as supplemental attachments are true and correct under penalty of law as set forth by the City of Albany Occupational Tax Ordinance as now or hereafter amended.

__________________________________________________________________________
APPLICANT SIGNATURE PRINT NAME TITLE DATE

Please remit payment to: The City of Albany, 240 Pine Avenue, Suite 150, P.O. Box 447, Albany, Georgia 31701. (229) 431-2118