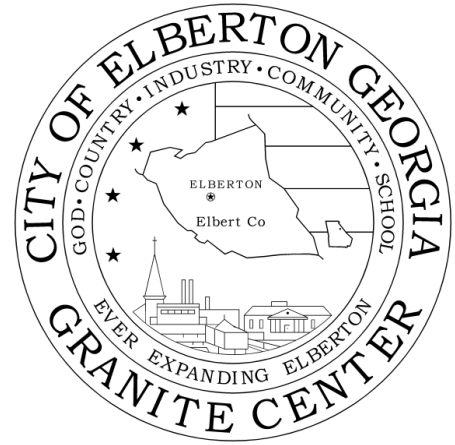


# CITY OF ELBERTON

## Professional License Registration

203 Elbert Street  
PO Box 70  
Elberton, Georgia 30635  
Phone: 706-213-3100  
Fax: 706-213-3125  
[cchurney@cityofelberton.net](mailto:cchurney@cityofelberton.net)



### City of Elberton Professional License Registration

#### Re: **Renewal**

The Code of Ordinances requires each practitioner of a profession within the corporate limits of the City of Elberton to pay an annual occupation tax and register with the City unless otherwise excluded specifically by State Law. Registration and payment is due by March 31.

Businesses with more than one professional may submit one form provided each person's registration information is listed on the back of the form.

O.C.G.A. 36-60-6 and 50-36-1 requires local governments to obtain secure and verifiable identity documentation through submission of an E-Verify Affidavit and SAVE Affidavit. The required forms are attached for your convenience.

If you have any questions concerning this matter, please contact me.

Sincerely,

Cindy Churney, City Clerk  
[cchurney@cityofelberton.net](mailto:cchurney@cityofelberton.net)

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*The following is a list of the professionals who may elect to pay for a professional license in lieu of occupation tax based on the gross receipts of the business or practitioner:*

Lawyers, Physicians, Osteopaths, Chiropractors, Podiatrists, Dentists, Optometrists, Psychologists, Veterinarians, Landscape architects, Land surveyors, Practitioners of physiotherapy, Public accountants, Embalmers, Funeral directors, Civil, mechanical, hydraulic, or electrical engineers, Architects, and Marriage and family therapists, social workers, and professional counselors.

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**CITY OF ELBERTON  
PROFESSIONAL OCCUPATION TAX AND REGISTRATION**

Registration and payment is due March 31.

Mail to: City of Elberton  
City Clerk  
P.O. Box 70  
Elberton, GA 30635

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of principal owner or officer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Service Description: \_\_\_\_\_

<u>Number of Professionals</u>	<u>Fee per Professional</u>	<u>Total Amount Due</u>
_____	X \$100.00	\$ _____

I certify that the information given on this return is true and correct, to the best of my knowledge, and records shall be available for inspection as required in Section 10-53 of the Occupational Tax Ordinance of the City of Elberton, Georgia.

\_\_\_\_\_  
Signature Title Date

**YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM.**

**CITY OF ELBERTON**  
**V PROFESSIONAL OCCUPATION TAX AND REGISTRATION**

Name of Professional

Mailing address if different from business


*You may attach additional sheets to this form.*