CITY OF BOWMAN
OCCUPATIONAL TAX LICENSE APPLICATION

Fee: $50.00

City of Bowman
PO Box 549
Bowman, GA 30624

Please fill out, sign, date, and return enclosed forms with payment.

Business Name: _____

Physical Address: _____

Mailing Address: _____

Check One: _____Sole Proprietorship _____Partnership _____Corporation

Name of Principal Owner or Operator: _____

Date Business Commenced: _____

Contact Person: _____

Phone Number: _____

Federal Tax ID or Social Security Number: _____

Business Description: _____

Email Address (optional)*: _____

_____

*Email Addresses will not be sold or distributed to any outside parties.
**Website information may be used to promote businesses within the City of Bowman.

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 4-115 of the Occupational Tax Ordinance of the City of Bowman, Georgia.

_____

Signature Title Date

_____

Office Use Only **(please do not write below this line)**

Date Paid: _____ Method: _____ License #: _____ Posted: ☐