

# Lumpkin County

## Board of Commissioners

99 Courthouse Hill, Suite A  
Dahlonega, Ga. 30533

Phone 706-864-3742  
Fax 706-864-4760

### CERTIFICATE OF TAX AUTHORITY APPLICATION

It shall be the duty of every operator of a room, lodging or accommodation located within the unincorporated area of Lumpkin County to collect the tax on occupants as imposed by Ordinance 89.2.

Is the business in operation at this time:  Yes  No

If yes, give the date business started: \_\_\_\_\_, If no, planned starting date: \_\_\_\_\_

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

DBA (Doing Business As): \_\_\_\_\_

Business Location: \_\_\_\_\_

(MUST BE A PHYSICAL LOCATION, NOT A POST OFFICE BOX)

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_, Business Fax: \_\_\_\_\_, email: \_\_\_\_\_

Type of Ownership:  Sole Proprietorship,  Partnership,  Corporation,  
 Other \_\_\_\_\_

Business Owner: \_\_\_\_\_, Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Federal Employer I.D. #: \_\_\_\_\_ Ga. Sales Tax #: \_\_\_\_\_

State License #: \_\_\_\_\_, Name on License: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Health Department Number: \_\_\_\_\_

I, \_\_\_\_\_, being the owner of the business entity listed above, declare the information contained in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)