



A Golden Past.  
A Shining Future.

**Glynn County Occupation Tax Renewal Registration**

1725 Reynolds St. Ste. 200  
Brunswick, GA 31520  
(912)- 554-7122

Email: [Occupationtax@glynncounty-ga.gov](mailto:Occupationtax@glynncounty-ga.gov)

Make checks payable to:  
Glynn County Board of Commissioners

For Office Use Only:
License#
Tax Yr
Issue Date
Occ Tax:
Admin Fee:
Penalty/Int:
Total Due:
Payment Type:

Indicate purpose of application: Check all that apply. \*Note: if you have a Location Change or New Owner, Please complete a New Packet. Additional Fees are required.\*

New  Renewal  Location Change  Business Name Change  New Owner

Indicate business ownership type: Check one.

Sole Proprietorship  Partnership  Corporation  LLC

Name of Business	
Business Location Address	
Mailing Address(if diff from above)	
Business Owner & Contact Person	Owner(s) _____ Contact: _____
# of Owners & Employees _____ E Verify # _____	Email Address: _____ Type of Business: _____
Corporation Name & Address	
Sales Tax # _____ Federal Tax Id _____ Social Security _____	Contact Numbers: Business _____ Corp _____ Hm/Cell _____
State Board Certification Req? Y/ N	If a State Board Certification is Req. Please attach a current copy

Total Number of Owners & Employees: Use the highest number of employees in the 4<sup>th</sup> quarter of the previous year. Independent contractors must obtain individual occupation certificates if they file a 1099 at the end of the year.

# Employees	Occupation Tax	Admin Fee	Total Due
0 – 4	\$75.00	\$42.00	\$117.00
5 – 9	\$112.50	\$42.00	\$154.50
10 – 19	\$150.00	\$42.00	\$192.00
20 – 49	\$225.00	\$42.00	\$267.00
50 – 99	\$300.00	\$42.00	\$342.00
100 – 249	\$375.00	\$42.00	\$417.00
250 & Over	\$750.00	\$42.00	\$792.00

\*\*Note: Admin fee for Jewelers, Pawn Shops, & Antique Furniture Stores is \$100.00 plus the Occupation Tax.\*\*

If you cease (close) the business, complete the bottom of the renewal letter & return to this office. By signing below, you certify that you are the person duly authorized to file this application, including all required schedules and statements and that the same is true, correct and complete.

Applicant's Printed Name & Signature \_\_\_\_\_  
Date: \_\_\_\_\_