



Small town. Big difference.

CITY OF LILBURN  
 76 MAIN STREET  
 LILBURN, GA 30047  
[WWW.CITYOFLILBURN.COM](http://WWW.CITYOFLILBURN.COM)  
 MAIN PHONE: 770-921-2210  
 MAIN FAX: 770-921-8942  
 DEPARTMENT FAX: 770-921-9822

**Occupation Tax Certificate/Information Required for Pawnbrokers & Precious Metals Dealers**

BUSINESS INFORMATION	BUSINESS INFORMATION
Legal Business Name	d/b/a Trade Name
APPLICANT	OWNER/OFFICER/STOCKHOLDER-10% OR MORE
Full Name	Full Name
Title	Title
Date of Birth	Date of Birth
Social Security Number	Social Security Number
Full Address	Full Address
City, State & Zip	City, State & Zip
OWNER/OFFICER/STOCKHOLDER-10% OR MORE	OWNER/OFFICER/STOCKHOLDER-10% OR MORE
Full Name	Full Name
Title	Title
Date of Birth	Date of Birth
Social Security Number	Social Security Number
Full Address	Full Address
City, State & Zip	City, State & Zip
OWNER/OFFICER/STOCKHOLDER-10% OR MORE	OWNER/OFFICER/STOCKHOLDER-10% OR MORE
Full Name	Full Name
Title	Title
Date of Birth	Date of Birth
Social Security Number	Social Security Number
Full Address	Full Address
City, State & Zip	City, State & Zip

Attach a copy of your current Alcohol, Tobacco & Firearms License, if applicable.

<b>EMPLOYEE</b>		<b>EMPLOYEE</b>	
Full Name		Full Name	
Title		Title	
Date of Birth		Date of Birth	
Social Security Number		Social Security Number	
Phone Number		Phone Number	
Full Address		Full Address	
City, State & Zip		City, State & Zip	
<b>EMPLOYEE</b>		<b>EMPLOYEE</b>	
Full Name		Full Name	
Title		Title	
Date of Birth		Date of Birth	
Social Security Number		Social Security Number	
Phone Number		Phone Number	
Full Address		Full Address	
City, State & Zip		City, State & Zip	
<b>EMPLOYEE</b>		<b>EMPLOYEE</b>	
Full Name		Full Name	
Title		Title	
Date of Birth		Date of Birth	
Social Security Number		Social Security Number	
Phone Number		Phone Number	
Full Address		Full Address	
City, State & Zip		City, State & Zip	
<b>EMPLOYEE</b>		<b>EMPLOYEE</b>	
Full Name		Full Name	
Title		Title	
Date of Birth		Date of Birth	
Social Security Number		Social Security Number	
Phone Number		Phone Number	
Full Address		Full Address	
City, State & Zip		City, State & Zip	

Attach additional pages of information, if necessary.