



## *City of Bloomingdale*

Post Office Box 216  
Bloomingdale, Georgia 31302

Dear Home Occupation Owner:

Attached is the application for a Home Occupation Tax Certificate. All Home Occupation Tax Certificates must be approved by City Council. **Please note that the application must be received at City Hall by 5:00PM on the deadline date in order to be placed on the council meeting agenda, below is the meeting and deadline schedule.**

### MEETING DATE

January 7, 2021  
January 14, 2021  
February 4, 2021  
February 18, 2021  
March 4, 2021  
March 18, 2021  
April 1, 2021  
April 15, 2021  
May 6, 2021  
May 20, 2021  
June 17, 2021  
July 15, 2021  
August 19, 2021  
September 16, 2021  
October 7, 2021  
October 21, 2021  
November 4, 2021  
November 18, 2021  
December 2, 2021  
December 16, 2021

### AGENDA DEADLINE

December 30, 2020  
January 13, 2021  
January 27, 2021  
February 10, 2021  
February 24, 2021  
March 10, 2021  
March 31, 2021  
April 7, 2021  
April 28, 2021  
May 12, 2021  
June 9, 2021  
July 7, 2021  
August 11, 2021  
September 8, 2021  
September 29, 2021  
October 13, 2021  
October 27, 2021  
November 10, 2021  
November 24, 2021  
December 8, 2021

The Tax liability schedule is as follows:

### # of Employees

1 – 6  
7 – Over

### Tax Liability

\$ 275 Base Charge  
\$ 35 Per Employee  
\$ 30 Per Employee

If you should have any questions about the process for obtaining your 2021 Occupational License please contact the City Hall: (912) 748-0970.



HOME OCCUPATION

## City of Bloomingdale

Post Office Box 216  
Bloomingdale, Georgia 31302

November 1, 2020

Dear Business Owner:

Enclosed you will find information concerning the purchase of your 2021 Occupational Tax Certificate. **You should report only full-time and/or full-time equivalent employees when completing your 2021 Occupational Tax Certificate Application.** To determine full-time equivalent employees, you should add the average weekly hours of employees who work less than 40 hours and divide by 40 to determine the full-time position equivalents.

The tax liability schedule for 2021 is as follows:

<u># of Employees</u>	<u>Tax Liability</u>
1 – 6	\$275 BASE CHARGE \$ 35 Per Employee
7 – OVER	\$ 30 Per Employee

**PLEASE READ THIS SECTION VERY CAREFULLY AND FOLLOW THE INSTRUCTIONS TO DETERMINE YOUR 2020 FEES:**

We have attempted to make the Occupational License Application process as simple as possible. However, in order to comply with the state law, we are required to allow the business owner to review their previous year's application to determine if it correctly reflects the number of employees who actually worked during that calendar year. Attached to this letter is a copy of your Application for Occupational Tax Certificate for Calendar Year 2020. Please review this form to see if the number of employees you reported for 2020 was correct, then complete your 2021 application as follows:

**If the number of employees reported for 2020 was correct, please initial the "NUMBER OF EMPLOYEES" SECTION OF THE 2021 FORM, complete the Application for Calendar Year 2021 and return your fees along with the License Application for 2021 and the copy of the 2020 Application.**

**If there is a difference, however, in the "NUMBER OF EMPLOYEES" reported in 2020 and the number that actually worked, please contact the City Hall at: (912) 748-0970 before completing the Tax Liability portion of your Application for Occupational License for Calendar Year 2021 and we will assist you in determining your tax liability for 2021.**

**The completed forms, administrative fees, and tax liability must be received at the Bloomingdale City Hall on or before January 31, 2021 to avoid late penalties.**

If you should have any questions about the process for obtaining your 2021 Occupational License please contact the City Hall: (912) 748-0970.

Attachment

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

City of Bloomingdale, Georgia

Calendar Year 2021

HOME OCCUPATION

Application Date: \_\_\_\_\_ Check one: New \_\_\_\_\_, Renewal \_\_\_\_\_, Relocate \_\_\_\_\_, Amended \_\_\_\_\_

Type of Business\* \_\_\_\_\_ Business Name \_\_\_\_\_

Business Location \_\_\_\_\_ Mailing Address \_\_\_\_\_  
(Street Address) (If different)

Business Telephone # \_\_\_\_\_ Emergency Telephone # \_\_\_\_\_

Is this a home occupation business? Y  N  OFFICE ONLY  Renewal  Relocate \_\_\_\_\_ Amended \_\_\_\_\_

Check One: Partnership \_\_\_\_\_, Sole Owner \_\_\_\_\_, Corporation \_\_\_\_\_ Date council approved \_\_\_\_\_

Name and residence address and telephone number of business owner(s):

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Name of Manager or Operator \_\_\_\_\_

*\*If this business requires a Georgia State License – please attach a copy and include the number \_\_\_\_\_*

In accordance with the Occupation Tax Ordinance of the City of Bloomingdale amended December, 1995, effective January 1, 1996, the following information is needed for the calendar year 2021

NUMBER OF EMPLOYEES\*\* \_\_\_\_\_ (Use number of full-time or full-time equivalent only)

\*\*The number of employees of the business or practitioner shall be computed on a full-time position basis or full-time position equivalent basis, provided that for the purposes of this computation an employee who works 40 hours or more weekly shall be considered a full-time employee and that the average weekly hours of employees who work less than 40 hours shall be added and such sum shall be divided by 40 to produce full-time position equivalents.

The completed form, administrative fee, and tax liability must be received at the Bloomingdale City Hall no later than January 31, 2021 to avoid late penalties.

Base Charge	\$	275.00
Tax Liability – 2021	\$+	_____ (42 off if after July 1) New
Credit due from 2020	\$-	_____
Additional fees owed from 2020	\$+	_____
Regulatory Fee (if applicable)	\$+	_____
Penalty for 2020	\$+	_____
Total Fees Due =	\$	_____

**Under penalty of perjury, I swear that the above information is, to the best of my knowledge and belief, true, correct, and complete.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
\*\*\*\*\*

**DO NOT WRITE IN THE SPACE BELOW – FOR OFFICE USE ONLY**

Occupation License # \_\_\_\_\_ Issue Date \_\_\_\_\_



DATE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DO YOU RESIDE AT THIS RESIDENCE? Yes

ARE YOU THE OWNER OF THIS RESIDENCE? \_\_\_\_\_ (IF NOT, YOU MUST HAVE A LETTER FROM THE OWNER OF THE PROPERTY GIVING PERMISSION FOR SAID BUSINESS TO OPERATE AT THIS ADDRESS.) *Letter submitted*

NAME OF BUSINESS OWNER/OPERATOR \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

TYPE AND DESCRIPTION OF BUSINESS: \_\_\_\_\_

I, \_\_\_\_\_, understand I am being issued a business license under a home occupation category without a public hearing because there will be no customer traffic nor any sign advertising the business at this location. I also understand that if there should be a need for a sign or customer traffic in the future, the city council must review my application and a public hearing must be held and I would be responsible for the fee required for this procedure.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

APPROVED BY COUNCIL: \_\_\_\_\_

**Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check only one:**

A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed **more than ten (10) employees<sup>1</sup>**.

\*\*\* If you select Section 1(A), please **fill out** Section 2 and then execute below.

B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer employees**.

\*\*\* If you select Section 1(B), please **skip** Section 2 and execute below.

**Section 2.**

**The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

-----  
I hereby declare under penalty of perjury that the foregoing is true and correct.  
Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

\*\*\*\*\*

<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



Affidavit Verifying Status for  
City Public Benefit Application

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) as reference in O.C.G.A. § 50-36-1, from the City of Bloomingdale, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 1) \_\_\_\_\_ I am a United States Citizen
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and National Act with an alien number issued by the Department of Homeland Security or other Federal Immigration Agency.  
My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

**A secure and verifiable document** must be provided with this affidavit. It should be one of the documents listed on the attached sheet and is classified as: \_\_\_\_\_

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one (1) secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date of Birth

SUBSCRIBED AND SWORN  
BEFORE ME THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**NOTE: IF YOU ARE A UNITED STATES CITIZEN THIS FORM WILL CARRY FORWARD FOR THE RENEWALS ONCE IT IS COMPLETED WITH THE INITIAL APPLICATION.**