



Dear Business Owner:

Enclosed you will find information related to obtaining a 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:

# of Employees	Tax Liability
	\$300.00 Base Charge
1-6	\$35 per employee
7 & over	\$30 per employee

Example: 3 employees = \$105
7 employees = \$240 (6@ \$35 & 1@ \$30)

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

Due by January 31, 2021 w/o penalty

NEW APPLICATION FOR REGULAR OCCUPATIONAL TAX CERTIFICATE

City of Bloomingdale, Georgia

Calendar Year 2021

Application Date: _____ Check one: New _____, Renewal _____, Relocate _____, Amended _____

Type of Business* _____ Business Name _____

All restaurants must submit a copy of the FOOD SERVICE PERMIT from the Health Department – any restaurant that has changed ownership must apply for a new FOOD SERVICE PERMIT through the Health Department

Business Location _____ Mailing Address _____
(Street Address) (If different)

Business Telephone # _____ Emergency Telephone # _____

Check One: Partnership _____, Sole Owner _____, Corporation _____

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 _____*

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.

Base Charge	\$	300.00	
Tax Liability –	\$+	_____	(1/2 off after July 1st) (New)
Regulatory Fee (if applicable)	\$	_____	
Total Fees Due =	\$	_____	

Due by Jan 31, 2021 w/o Penalty

I understand that the City's sign ordinance must be followed if a sign is to be installed for the above business. _____
Initial

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 _____

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 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

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

B) _____ On January 1st 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: _____

¹ 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.