



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 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

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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.