December 18, 2015

Dear Business Owner:

Enclosed you will find information concerning the purchase of your 2016 Occupational Tax Certificate. **You should report only full-time and/or full-time equivalent employees when completing your 2016 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 **2016** is as follows:

# of Employees	Tax Liability home occupation	*	# of Employees	Tax Liability businesses outside home
	$ 250 Base Charge	*		$ 100Base Charge
1 – 25	$ 35 per employee	*	1 – 25	$ 35 per employee
26 & over	$ 25 per employee	*	26 & over	$ 25 per employee
		*		

PLEASE READ THIS SECTION VERY CAREFULLY AND FOLLOW THE INSTRUCTIONS TO DETERMINE YOUR 2016 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 2016. Please review this form to see if the number of employees you reported for 2015 was correct, then complete your 2016 application as follows:

If the number of employees reported for 2015 was correct, please initial the "NUMBER OF EMPLOYEES" section of the 2015 form, complete the Application for Calendar Year 2016 and return your 2016 fees along with the license application for 2016 and the copy of the 2015 application.

If there is a difference, however, in the "NUMBER OF EMPLOYEES" reported in 2015 and the number that actually worked, please contact the City Hall at: 748-0970 before completing the Tax Liability portion of your Application for Occupational License for Calendar Year 2016 and we will assist you in determining your tax liability for 2016.

The completed forms, administrative fees, and tax liability must be received at the Bloomingdale City Hall on or before April 1, 2016 to avoid late penalties.

If you should have any questions about the process for obtaining your 2016 Occupational License please contact the City Hall: 748-0970.

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE
City of Bloomingdale, Georgia
Calendar Year 2016

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 # _____

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 2016.**

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 **April 1, 2015** to avoid late penalties.

Base Charge (Home-$250/Out-$75)	$ _____
Tax Liability – 2015	$+_____
Credit due from 2014	$ -_____
Additional fees owed from 2014	$+_____
Regulatory Fee (if applicable)	$+_____
Penalty for 2015	$+_____
Total Fees Due =	$ _____

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

_____
Signature **Date**

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? _____

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.)**

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: _____

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.

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) employees[1].

*** 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 _____, _____, 201__ 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 _____, 201__.

_____
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.