



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.**

<u>MEETING DATE</u>	<u>AGENDA DEADLINE</u>
January 21, 2016	January 13
February 4, 2016	January 27
February 18, 2016	February 10
March 3, 2016	February 24
March 17, 2016	March 9
April 7, 2016	March 30
April 21, 2016	April 13
May 5, 2016	April 27
May 19, 2016	May 11
June 16, 2016	June 8
July 21, 2016	July 13
August 18, 2016	August 10
September 15, 2016	September 17
October 6, 2016	September 28
October 20, 2016	October 12
November 3, 2016	October 26
November 17, 2016	November 9
December 1, 2016	November 23
December 15, 2016	December 7

The tax liability schedule is as follow:

<u># of Employees</u>	<u>Tax Liability</u>
	\$ 250 Base Charge
1 – 25	\$ 35 per employee
26 & over	\$ 25 per employee

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

APPLICATION FOR HOME 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 # \_\_\_\_\_

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.

Base Charge (Home-\$250.00) \$ 250.00
Tax Liability \$+ \_\_\_\_\_
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 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 \_\_\_\_\_, \_\_\_\_\_, 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: \_\_\_\_\_

\*\*\*\*\*

<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.