

City of Bloomingdale

Post Office Box 216
Bloomingdale, Georgia 31302

Dear Business Owner:

Enclosed you will find information related to obtaining an Occupational Tax Certificate. You should report **only full-time and/or full-time equivalent employees** when completing your 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 is as follows:

| Number of Employees | Tax Liability |
|---------------------|----------------------|
| | \$300.00 Base Charge |
| 1-6 Employees | \$35.00 Per Employee |
| 7 & Over Employees | \$30.00 Per Employee |

Enter the number of employees for calculation:

1-6 Employees: _____ x \$ _____ = \$ _____

Additional Employees over 6: _____ x \$ _____ = \$ _____

Total Tax Liability Due: \$ _____

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

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

If the number of employees reported the previous year was correct: Please initial the "Number of Employees" section when completing the renewal application for the current year and return your application packet and fees to City Hall for processing.

If the number of employees reported the previous year was incorrect: Contact City Hall before completing the Tax Liability portion of your Renewal Application for Occupational License and we will assist you in determining your tax liability for the current year.

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

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

RENEWAL APPLICATION - STORE FRONT

**REGULAR OCCUPATIONAL TAX CERTIFICATE
CALENDAR YEAR 2023**

Application Date: _____

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):

| | |
|----------------|----------------|
| Owner 1: | Owner 2: |
| _____ | _____ |
| Address: | Address: |
| _____ | _____ |
| Email Address: | Email Address: |
| _____ | _____ |
| 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 | \$ |
| Tax Liability for Current Year | \$ |
| Regulatory Fee (If applicable) | \$ |
| Credit Due from Prev. Year | \$ |
| Additional Fees owed from Prev. Yr. | \$ |
| Penalty for Current Year | \$ |
| 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. _____

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

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 complete 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 then 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

Date of Authorization

Federal Work Authorization User Identification Number

.....
I hereby declare under the penalty of perjury that the foregoing is true and correct.

Executed on ____ day of _____, 20____, in the city of _____
and state of _____.

Signature of Authorized Officer or Agent

Printed Name & Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS ____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____
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¹To 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.