

# 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
	Base Charge
1-6 Employees	\$35.00 Per Employee
7 & Over Employees	\$30.00 Per Employee

Enter the number 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 31<sup>st</sup>** 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.

**STORE FRONT BUSINESS**  
**REGULAR OCCUPATIONAL TAX**  
**CERTIFICATE CALENDAR YEAR 2024**

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):

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 40hours 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 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 complete 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 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: \_\_\_\_\_  
.....

<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.



## 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).

SUBSCRIBED AND SOWN BEFORE  
ME THIS \_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
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.**