

City of Bogart

P. O. Box 206, 125 Main Street, Bogart GA 30622

Tel. 770-725-7386

www.cityofbogart.com

Fax 770-725-5988

Business License Registration

Owner Name: _____ Date Opening at the business location _____

Name of Business: _____

DBA: _____ Business Phone: _____

Type of Ownership: Sole Ownership _____ Partnership _____ Corporation _____ CC SC PC LLC

Name of Co-Owner or Agent if applicable: _____

Physical Address of Business: _____

City _____, GA Zip Code _____ Own _____ Rent _____ Lease _____

Mailing Address if different from above: _____

City _____, GA Zip Code _____

Application for: Home Office _____ Home Business: _____ Commercial Location: _____

Note: Any tenant applying for a Home Occupational License must have written approval from the property owner. Please attach copy.

Type of Business / Brief Description of Operations:

Email Address: _____ Website: _____

Is your Business Seasonal? No _____ Yes _____

If so, which months will you operate? _____

State License:

(Include Copy) Name on License License Number Expiration Date

Special Use Permit Applied for? _____ No _____ Yes (Attach Copy of Approval Letter)

Does this Occupation require you to obtain a Health Permit / Food Service Permit?: _____ No _____ Yes

If yes, Please attach the copy of Health Food Permit from Environmental Health Specialist Required.

Fee Schedule

- (a) All parties, not described elsewhere, engaged in or carrying on business in the City Limits of Bogart, are to pay an administrative fee of \$75.00 flat fee and additional charges for more than (2) Employees with the exemption of two. A fee of \$2 is added for each additional full time employee and a fee of \$1 is added for each additional part time employee.
- (b) Renewals are due by June 30th
- (c) A late charge of \$25.00 will be added to all renewals received after June 30th
- (d) A site inspection may be conducted before the issuance of the license.

Note: Pro-Rated Fee will be calculated by the City Clerk, payable at the time the Business License is issued.

I hereby make application for a Business License to conduct the above described business in the City of Bogart. Verify that I have a total of #_____ full time and #_____ part time employees. I understand that prior to the issuance of said license, all applicable City Ordinances must be met and all fees must be paid in full.

I, _____, do solemnly swear that the information in this application is true and correct to the best of my knowledge and belief.

<i>Signature of Applicant</i>	<i>Title</i>	<i>Date</i>
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Revised 04/01/2023

For official use only. Please do not write below this line

I certify that the above is in accordance and compliance with the Business License Tax Ordinance for the year as assigned.

This application is approved / disapproved on the _____ day of _____, 20____

Beverly Young, City Clerk

Date Issued _____	Business License # _____	
Receipt # _____	Fee _____	Pro-rated ___yes___ No