

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

Tel. 770-725-7386

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Fax 770-725-5988

Occupation Tax 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

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.

The SAVE affidavit attached hereto shall be executed and submitted together with at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1, et. seq.

Tax Schedule

- (a) **\$75.00** for up to two full-time equivalent employees, plus \$20.00 for each full-time equivalent employee in excess of two, but not to exceed \$250.00 total. See Bogart Code of Ordinances section 4-107(4)(B) for further details regarding calculation of full-time equivalents.
- (b) Renewals are due by June 30th
- (c) A penalty of 12% shall be imposed on late renewals and new businesses commencing business before payment of tax. See Bogart Code of Ordinances section 4-107(12).
- (d) A site inspection may be conducted before the issuance of the license.

Note: The tax amount for new businesses shall be pro-rated on a quarterly basis. See Bogart Code of Ordinances section 4-107(25).

I hereby make application for an Occupation Tax Certificate to conduct the above-described business in the City of Bogart. I verify that I have a total of #_____ full time equivalent employees. I understand that prior to the issuance of said certificate, all applicable City Ordinances must be met and all fees and taxes 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.

Signature of Applicant	Title	Date
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For official use only. Please do not write below this line

Date Issued _____ Occupation Tax Certificate # _____

Receipt # _____ Amount _____ Pro-rated ___yes ___ No

SAVE AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the City of Bogart, 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 Nationality 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: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

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 this ____ day of _____, 20__ in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires: _____

