

*City of Bogart*

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

Tel. 770-725-7386

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**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? \_\_\_\_\_

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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 30<sup>th</sup>
- (c) A late charge of \$25.00 will be added to all renewals received after June 30<sup>th</sup>
- (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.*

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|                               |              |             |
|-------------------------------|--------------|-------------|
| <i>Signature of Applicant</i> | <i>Title</i> | <i>Date</i> |
|-------------------------------|--------------|-------------|

*Revised 04/01/2023*

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*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\_\_\_\_***

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***Beverly Young, City Clerk***

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