

City of Bogart ♦ Occupational Tax Registration
P.O. Box 206 • 125 Main Street • Bogart, GA 30622 • (770)725-7386
Occupational Tax Application - Please print neatly or type.



Section One:

Date opening at the Below Business Location _____

Owner Name: _____

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

(For Commercial Locations, all Water and Sewer Fees Paid, please attach a copy of the receipts from the Utility Department.)

Is the location... ☐ Owned ☐ Rented ☐ Leased?

(If rented or leased residential property, you must attach an approval letter from the property owner.)

If applicable, was a 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, copy of Health Food Permit from Environmental Health Specialist Required)

Does this location have a food prep area? ☐ No ☐ Yes

(If Yes, approval from water resources concerning the grease trap required)

If this is a Home Occupation, will there be Traffic? ☐ No ☐ Yes

Will you conduct business at more than one fixed location? ☐ No ☐ Yes

Section Two:

Business Name: _____

DBA: _____ Business Phone#: _____

Business Location: _____

(Must be a Physical Location- No Post Office Boxes Accepted)

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Website: _____

Is your Business Seasonal? ☐ No ☐ Yes

If so, which months will you operate? _____

What will your typical hours be? _____

Type of Business and Detailed Description of Activities

Section Three:

NAICS Code: _____ (www.census.gov/cgi-bin/sssd/naics/naicsrch)

State License: _____

(Include a Copy) Name on License License Number Expiration Date

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

Name of Co-Owner or Agent if Applicable: _____

Business Owner: _____ Phone#: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

GA. Sales Tax# _____ Federal EIN#: _____

(Department of Revenue)

(IRS)

Section Four:

Tax Schedule

(a) \$75.00 for up to two full-time employees, plus \$20.00 for each full-time equivalent employee in excess of two, but not to exceed \$250.00. 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)

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 submit an 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 employees and _____ part-time 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

For Official Use Only. Please do not write below this line.

Date Issued: _____ Occupation Tax Certificate Number # _____

Receipt #: _____ Amount _____ Pro-rated ☐ Yes ☐ No

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

City Hall Official Signature: _____

Parcel # _____ Zoning _____ SUP # _____

Rezoned with Conditions ☐ 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 _____

DAY OF _____, 20_____

NOTARY PUBLIC

My Commission Expires:_____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The following list of secure and verifiable documents, published under the authority of O.C.G.A. §50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government authority
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.

Private Employer Affidavit Pursuant to O.C.G.A §36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) alcoholic beverage license, **occupational tax certificate**, or other document required to operate a business as referenced in O.C.G.A § 36-60-6(d) from the City of Bogart, the undersigned applicant representing the private employer known as _____ [business name] verifies one of the following with respect to my application for the above mentioned document.

Section One:

Please Check One.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. (If you select 1(a), go to Section 2, sign and execute below.)
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees. (If you select 1(b), please skip Section 2, sign and execute below.)

Section Two:

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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below.

Federal Work Authorization User Identification Number (E-Verify Number - 4-6 Digits. No letters)

Date of Authorization

Section Three:

In making the above representation under oath, I understand that any person who knowingly and willfully makes false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such state.

Executed on the _____ day of _____, 20____ in _____ (City), _____ (State).

Signature of Owner or Authorized Officer or Agent

Printed Name and Title of Owner or Authorized Officer or Agent

Subscribed and Sworn before me, this
_____ day of _____, 20_____.

Notary Public
My Commission Expires_____.

**To Register for the E-verify Program, go to the U.S. Citizenship and Immigration Services
Website visit (www.uscis.gov).**