



City of Bowdon Application Occupational Tax Certificate

Business Information

Name of Business: _____ d/b/a (if applicable): _____

Business Address: _____

Mailing Address, if different from Business Address: _____

Business Phone: _____ Business Fax: _____ Website: _____

No. of Employees (excluding owner): _____

Business Ownership Type: Sole Owner Partnership Corporation

Description of Business Activity (Please be as specific as possible, attach additional paper if needed):

Owner Information

Name of Business Owner: _____ Federal Employee ID Number: _____

Owner Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Ga. State Sales Tax Number: _____ Driver's License No. / State: _____ / _____ Expiration Date: _____

Note: Corporations and partnerships must provide the names of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.

Applicant must supply valid photographic identification with application.

For City Use	For City Use	For City Use
Received: _____	NAICS Code: _____	Copy of Photo ID: _____
Amount Paid: _____	Tax Class: _____	SAVE Affidavit: _____
Cash, Credit, Check #: _____	Gross Receipts: _____	E-Verify Affidavit: _____
Approved: _____	Certificate of Occupancy: _____	Emergency Contact Form: _____
License No.: _____	Lease/Rental Agreement: _____	State License: _____
Notes: _____	Zoning District: _____	Fire Marshal Cert/CO: _____
		Health Inspection Report: _____

Gross Receipts

Information provided by a business or practitioner to the City of Bowdon for the purpose of determining applicability and amount of the Occupation Tax or levying or collecting the Occupation Tax is **confidential**. Such information may be provided **only** to the governing authority of another local government for Occupation Tax purpose or pursuant court order for the purpose of collecting Occupation Tax prosecution for failure or refusal to pay Occupation Tax. Georgia Open Records Act prohibits public viewing of gross receipts BUT the public may view other information on this application.

Per O.C.G.A. 48-13-9, certain Practitioners of Professions may choose to pay a flat tax of \$400 per practitioner in lieu of paying a tax based on gross receipts. Any eligible business that chooses this option of taxation **must still pay the \$60 administration fee (total of \$460.00)**. If your business is eligible, and all practitioners agree to pay the flat tax, please select option B below.

Option A: Gross receipts (**from current tax return**). If you choose this option City Hall Staff will figure your tax amount. You are required to provide proof of your current gross receipts.

Gross Receipts: _____

Option B: Practitioners of Professions

State License Number: _____

_____ I elect to pay a flat tax in lieu of reporting gross receipts and paying a tax based on gross receipts.

Examples of professions that are eligible to pay a flat tax in lieu of paying a tax on gross receipts Per O.C.G.A. 48-13-9 include, but are not limited to: Architect, Chiropractor, Dealers in precious metals, Dentist, Embalmer, Engineer, Funeral Director, Land Surveyor, Landscape Architect, Lawyer, Locksmiths, Optometrist, Osteopath, Physician, Physiotherapist, Podiatrist, Psychologist, Public Accountant, Social Worker, Therapist, Veterinarian.

(A) Profession	(B) Number of Practitioners	(C) Flat Tax	(D) Administrative Fee	(E) Total Amount Due
		\$400	\$60	\$

To calculate the tax amount due, please multiply the **number of practitioners** by the flat tax then add the administrative fee. $(B) \times (C) + (D) = (E)$.

Certification

I hereby certify that I have provided complete and accurate information above. I acknowledge that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and or zoning enforcement action under the City of Bowdon Zoning Ordinance. Furthermore, I acknowledge that I have read and understand the rules and regulations for the operation of my business in the City of Bowdon. I understand that any false information provided herein may void this application or become cause for revocation of my occupational tax certificate.

Signature

Print Name

Date

Business Title

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 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st 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 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

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

¹ 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 of Bowdon Public Benefit Application
O.C.G.A. 50-36-1 (e)(2)**

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006 (Senate Bill 529 - GSICA) every agency administering or providing Public Benefits is responsible for determining U.S. citizenship or lawful alien status of applicants for said benefits. (O.C.G.A 50-36-1), any natural person who applies for a state or local public benefit must execute an affidavit concerning the applicant's legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a qualified alien or nonimmigrant lawfully present in the United States is required to execute this Affidavit under oath before a notary public.

By executing this affidavit under oath, as an applicant for (check one) _____ Business License. Occupational Tax Certificate _____ Alcohol License _____ Taxi Permit _____ Contract _____ Other public benefit (as referenced in O.C.G.A. Section 50-36-1) from the City of Bowdon, Georgia, I am stating the following:

I, _____ (representative for) _____
(NAME of individual and natural person) (name of BUSINESS, corporation, partnership, etc.)

- 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: _____, a copy of the verifiable document (front and back) must be attached to 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 Bowdon, Georgia.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

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

NOTARY PUBLIC

My Commission Expires: _____

State and Local Contact Information

<u>Application Process and Forms:</u>	Susan Pierce Bowdon City Hall 136 City Hall Ave, Bowdon, GA 30108 (770)258-8980
<u>State Taxpayer:</u> Identifier, Withholdings, Exemptions	Georgia Department of Revenue www.etas.dor.ga.gov 1800 Century Blvd.NE (877)423-6711 Atlanta, GA 30345
<u>Federal Employer Identity Number:</u> 1-877-777-4778- LTA	Internal Revenue Service www.irs.gov 401 W.Peachtree St. NW 1(800)829-4933 Stop 202-D, Room 510 Fax (855)822-1232 Atlanta, GA 30308
<u>Restaurant Inspection:</u>	Carroll County Environmental Health 423 College Street Carrollton, Ga. 30117 (770)836-6781
<u>Health Inspection:</u> Food Services	Georgia Department of Agriculture 19 Martin Luther King Jr. Dr S.W Atlanta, Ga. 30034 (404)656-3645
<u>Corporation Set-up:</u> LLC, and LP	Georgia Secretary of State www.sos.ga.gov 2 MLK Jr. Dr., Suite 315, Floyd West Tower Atlanta, Georgia 30334 (404)656-2817
<u>Professional Licensing</u>	Georgia Secretary of State www.sos.ga.gov 237 Coliseum Drive Macon, GA 31217 (478) 207-2440
<u>Trade Name Registration:</u>	Carroll County Courthouse

Steps Required for Issuing City of Bowdon New Business Licenses

1. ___ Complete application.
2. ___ Proof of Federal Tax I.D. number.
3. ___ Proof of State Sales Tax number.
4. ___ Proof of ownership or lease agreement for business location.
5. ___ Proof of identification.
6. ___ Background check consent (if applicable)
7. ___ Proof of gross receipts (or estimate if new business).
8. ___ Proof of health inspection (for food service businesses).
9. ___ Inspection of premises by Code Enforcement Officer.
10. ___ Review of application packet by City Clerk and/or City Manager and Chief of Police.
11. ___ Approval of Mayor and Council (if necessary).