



City of Bremen
 232 Tallapoosa Street
 Bremen, Georgia 30110
 (678) 821-1230 Tel
 (770) 537-5136 Fax
 mskidmore@bremenga.gov

FOR OFFICE USE ONLY License Number: _____
 License Year: _____ Amount Paid: _____

APPLICATION FOR CITY OF BREMEN BUSINESS LICENSE / OCCUPATIONAL TAX CERTIFICATE

Business Name: _____

Business Location Address: _____
Street Address City State Zip

Is the Business located at a Residential Location or a Commercial Non-Residential Location? _____ Residential _____ Commercial

Will there be any outside storage of any Business Related Materials at this Business Location? _____ Yes _____ No

If this is a Residential Business Location

How many customers, clients, or anyone conducting business, do you expect at the Residential Business Per Day? _____

If this is a Commercial/Non-Residential Business Address

Has this building been inspected by the City of Bremen Codes Inspector in the past 12 Months? _____ Yes _____ No _____ Unknown

Business Mailing Address: _____
Street Address City State Zip

Business Telephone: _____ Additional Telephone: _____

Name of Owner: _____

Owners Mailing Address: _____
Street Address City State Zip

Type of Business: _____ Number of Employees: _____

Describe Business Activities: _____

Federal Identification No.: _____ State Tax Identification No: _____

By signing below, I hereby declare that the above information is true and correct to the best of my knowledge.

 Signature

 Date

 Printed Name

 Title

FOR OFFICE USE ONLY

Date of inspection (If Applicable): _____ Zoning: _____ Allowed Use: _____
 Improvements to be Completed: _____
 Approved _____ Disapproved _____ Signature _____ Date _____

SAVE AFFIDAVIT

Affidavit Verifying Status for City Public Benefit Pursuant to O.C.G.A. § 50-36-1(E)(2)

Regardless which option you select, this Affidavit Must Be Signed & Notarized at the bottom of this page.

By executing this affidavit under oath, as an applicant for a City of Bremen, Georgia, Occupation Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1; I am stating 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 and my Alien Number 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 Identification document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

Note: A list of Acceptable forms of Identification may be obtained at <http://law.ga.gov/immigration-reports>

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 _____, GEORGIA.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Name of Business: _____

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

Notary Public My Commission Expires: _____

E-VERIFY AFFIDAVIT

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

Regardless which option you select, this Affidavit Must Be Signed & Notarized at the bottom of this page.

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 Alcohol License to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1

Business Name: _____

CHECK ONLY ONE OF THE BELOW OPTIONS

- (A) _____ On January 1st of the current year, the Individual, Firm, or Corporation employed **MORE than TEN (10)** Employees
- (B) _____ On January 1st of the current year, the Individual, Firm, or Corporation employed **LESS than TEN (10)** Employees

Section 2

IF THE APPLICANT SELECTED OPTION B – SKIP TO SECTION 3.

YOU DO NOT NEED TO COMPLETE SECTION 2 UNLESS YOU HAVE 10 OR MORE EMPLOYEES.

If you have Ten (10) or more Employees, you are required to register and utilize the Federal Work Authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Your E-Verify Number also known as your Federal Work Authorization User Identification Number (usually 4 to 6 digits) is as follows: _____ Date of Authorization: _____

Section 3

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Executed in _____, GEORGIA on this _____ day of _____, 20__

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

Title of Authorized Officer or Agent

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

Notary Public My Commission Expires: _____