

CITY OF BREMEN
BUSINESS & OCCUPATIONAL TAX
232 Tallapoosa Street
Bremen, Georgia 30110
678-821-1230 Telephone

2021 Business License Renewal

Use this form to calculate the occupational tax amount due and to make any changes to your business for your 2021 business license certificate.

Date: _____ Account/License No.: _____

Business Name: _____

Business Location Address: _____

Business Mailing Address: _____

Business Owner(s) Name: _____

Business Telephone: _____

Have there been any changes to this business such as ownership, location, mailing address, telephone numbers, etc. since last year? NO YES, Explain _____

USE THIS TABLE TO CALCULATE THE AMOUNT OF OCCUPATIONAL TAX DUE

LINE 1	Actual or Estimated Gross Receipts for Calendar Year 2020	
LINE 2	Divide Line 1 by 1,000	
LINE 3	Multiply Line 2 by .20	
LINE 4	Is Line 3 larger than 25.00? If Yes, Enter that Number Here. If No, Enter 25.00 Here	
LINE 5	Administrative Fee	\$ 100.00
LINE 6	Add Line 4 and Line 5 - This is the amount you owe if paying on or BEFORE March 1st	
LINE 7	If Payment is Submitted After March 1st, Multiply the Amount shown in Line 6 by .20	
LINE 8	Add Line 6 and Line 7 - This is the amount you owe if paying AFTER March 1st	

Once you have completed this Renewal Form and the two attached Affidavits, make a copy of your your secure and verifiable Identification and submit all pages along with your Occupational Tax Payment to the City of Bremen, 232 Tallapoosa St., Bremen, GA 30110.

If you have any questions or need assistance figuring the amount of your Occupational Tax, call 678-821-1230 and we will be happy to assist.

2021

SAVE AFFIDAVIT

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

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 & 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 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.

Name of Business: _____

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

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

Notary Public
My Commission Expires: _____

2021

E-VERIFY AFFIDAVIT

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

BUSINESS NAME: _____

ON JANUARY 1ST OF THE CURRENT YEAR, DID THE ABOVE LISTED BUSINESS HAVE TEN (10) OR MORE EMPLOYEES?

_____ NO

_____ YES 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 and will need to provide your E-Verify Number also known as your Federal Work Authorization User Identification Number and the Date of Authorization. The User Identification Number is usually 4 to 6 digits.

E-Verify / Federal Work Authorization User Identification Number: _____ Date of Authorization: _____

I hereby declare under penalty of perjury that the selection made above is true and correct.

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: _____

2021