



CITY OF BLAKELY
PO BOX 350
BLAKELY, GA 39823
PHONE 229-723-3677
FAX 229-723-2520

Business – Occupational Tax Application

Business Information

Business Name _____

Doing Business As _____

Physical Address _____

Mailing Address _____

Is This Business Located Within The City Limits Of Blakely? Yes No

Phone # _____ Fax _____

Business Web Site _____

Business Description _____

Sales Tax Number _____ State Id Number _____

Federal Id Number _____

Are You State Licensed? Yes No

If Yes License Number _____ Expiration Date _____
(Please Provide Copy)

Number Of Employees _____

Are You Insured And/Or Bonded? Yes No

If Yes Provide Proof Of Insurance / Bond, Policy Number, Carrier And Expiration Date

Is This A Food Service Occupation? Yes No

If Yes Provide A Copy Of Health Department Score.

Owner / Responsible Person Information

Name _____ Title _____

Address _____

Driver's License Or Social Security Number _____
(Please Provide Copy)

Phone _____ Email _____

Emergency Contact

Name _____

Phone _____

Signature _____ Date _____

Note: If Alcoholic Beverages Will Be Sold You Will Need A Separate Alcohol License.

City Use

Zoning For This Location _____

Planning & Zoning Dept Approval ____Yes ____No ____ (Initials)

Does Business Address Have City Utilities And Current Deposit ____Yes ____No

Certificate Of Occupancy Required ____Yes ____No

Fire Chief Approval ____Yes ____No ____ (Initials)

NAICS/Class _____

Type Of Business _____

Rate ____Number Of Employees ____Flat Rate

Fee _____

AFFIDAVIT REGARDING CITIZENSHIP

State Of Georgia, County Of _____

By Executing This Affidavit Under Oath, As An Applicant For A City Of Blakely, Georgia Business License Or Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit As Referenced In OCGA Section 50-36-1, I Am Stating The Following With Respect To My Application For A City Of Blakely, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit (Circle One) For

_____ (Name Of Person Applying On Behalf Of Individual, Business, Corporation, Partnership Or Other Private Entity)

_____ I Am A United States Citizen Or Legal Permanent Resident 18 Years Of Age Or Older

_____ I Am A Legal Permanent Resident 18 Years Of Age Or Older Or I Am An Otherwise Qualified Alien Or Nonimmigrant Under The Federal Immigration And Nationality Act 18 Years Of Age Or Older Lawfully Present In The United States.

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 Code Section 16-10-20 Of The Official Code Of Georgia.

Signature Of Applicant

Date

Printed Name

*_____
Alien Registration Number For Non Citizens

Sworn To And Subscribed Before Me This _____ Day Of _____, 20_____.

Notary Public

My Commission Expires _____

*Note: OCGA 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 USC, as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number.