



City of Rockmart Occupation Tax License Checklist

RESTAURANT

DOCUMENTS REQUIRED TO OBTAIN OCCUPATION TAX LICENSE:

- FOOD SERVICE PERMIT
- DRIVER'S LICENSE (PERM RESIDENT CARD IF NON-CITIZEN)
- LEASE
- COMPLETED OCC. TAX APPLICATION

1. When obtaining an Occupation Tax License for a Restaurant you must first contact the Polk County Environmental Health Department and apply for a Food Service Permit.

(An Occupation Tax License will NOT be issued until we receive a copy of the Food Service Permit)

*

Address: 125 East Ware Street Cedartown, GA 30125
Phone Number: (770) 749-2253

2. After submitting the Occ. Tax Application with all required documents, the building official will review and schedule an inspection.

Building Official: Mike Cheeks
Phone Number: (770) 684-5454

3. After the completed and approved inspection of the Building Official the application will undergo final approval. You will be contacted once the License has been approved and is ready to be issued.

Licensing Clerk: Holly Langley
Director CD: Stacey Smith
Phone Number: (770) 684-5454

As always, if there are any further questions or concerns please contact the Community Development Department at 770-684-5454.

OFFICE USE ONLY

Completed Checklist: _____

Date Received: _____

Approved / Denied: _____

Customer ID: _____

Customer ID: _____

Year: _____

**City of Rockmart
Registration for Annual
Occupation Tax**

Name of Business

Sales Tax #

Address of Business

Federal ID# OR SSN

Type of Business

Phone Number

Mailing Address

(Anticipated Opening Date)

Email Address

Individual () Partnership () Corporation () () LLC.

Name of Owners, Partners, or Officers of Corporation

Name

Title

Name

Title

Name

Title

Number of Hours Considered a Work Week _____

Number of Full Time Employees _____ Part – Time _____ (20 hours or less)

Note any unusual configurations of employees and their time worked (include owners, partners, and officers who are active in the business):

If applicable, please attach a copy of any required certifications and state licenses.

Please Note: The City has a sign ordinance and a permit must be issued before any signage installed.

Within 24 hours of opening and periodically; the City of Rockmart may inspect premises to ensure compliance with public safety regulations, local, state, and federal laws. Failure to comply with regulations may result in revocation of business license.

It is unlawful to conduct a business within the City of Rockmart without a business license.

I certify that the information given above as a basis for taxation is true and correct to the best of my knowledge. Signature acknowledges agreement to comply with all ordinances of the City of Rockmart.

Signature

Title

Date

OFFICE USE ONLY:

City of Rockmart Approval City Clerk _____ Zoning _____ Building _____

Life Safety _____ State Licensing Required _____

Please attach a copy of a Photo Identification Card and Social Security Card or equivalent when submitting.

Customer ID: _____

Year: _____

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) Occupation Tax [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from

City of Rockmart [name of county or municipal corporation], the undersigned applicant representing the private employer known as

_____ [printed name of private employer] verifies one of the following with respect to my application for the above-mentioned document:

1. Fill out this section if the current date is on or before June 30, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 1(a) please fill out Section 3 below.

2. Fill out this section if the current date is after July 1, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 2(a) please fill out Section 3 below.

3. 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 as listed below:

Federal Work Authorization User Identification Number (E-VERIFY NUMBER)

Date of Authorization

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 allowed by such statute.

Executed on the ___ date of _____, 201__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:

City of Rockmart Affidavit for Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Rockmart, Georgia Business License or Occupation Tax Certificate, Alcohol License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Rockmart, Business License or Georgia Occupational Tax Certificate, Alcohol License, or other public benefit (circle one) for

(Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

1. _____ I am a United States citizen

OR

2. _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and nationality Act 18 years of age or older and 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:

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

* _____
Alien Registration number for non-citizens

Notary Public
My Commission Expires:

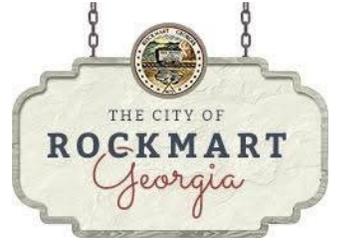
*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Customer ID: _____

Year: _____



ROCKMART POLICE DEPARTMENT
316 North Piedmont Avenue – BLDG. #200
Rockmart, Georgia 30153
770-684-6558



BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CONTACT #1 NAME: _____ PHONE: _____

ALT: _____

CONTACT #2 NAME: _____ PHONE: _____

ALT: _____

CONTACT #3 NAME: _____ PHONE: _____

ALT: _____