CITY OF BOWMAN OCCUPATIONAL TAX LICENSE APPLICATION

This return is due by January 1st of each year. License expire on December 31st of each year. (Late Fees will be applied to all unpaid balances after April 1st, at a rate of 10% + 1% per month late.)

Fee:	\$50.	00
------	-------	----

Mail to: City of Bowman P.O. Box 549 Bowman, GA 30624

Business Name:				
Physical Address:				
Mailing Address:				
Check One:	Sole Proprietorship	Partnership	Corporation	
Name of principal owne	r or officer:			
Date Business Commend	ced:			
Contact Person:				
Phone Number:				
Federal Tax ID or Social	Security Number:			
Business Description:				
Email Address (optional)	*:			
Website (optional)*:				
	mail Addresses will not be sold o nformation may be used to pron	1	•	
I certify that the information given on this return is true and correct, to the best of my knowledge, and records shall be available for inspection as required in Section 4-115 of the Occupational Tax Ordinance of the City of Bowman, Georgia.				
Signature	Title		Date	
Office Use Only				

CITY OF BOWMAN OCCUPATIONAL TAX LICENSE APPLICATION

Affidavit Verifying Status For Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Bowman, Georgia Occupational Tax License, I am stating the following with respect to my application for a City of Bowman, Occupational Tax License for

(name of person applying for license)

1. I am a United States Citizen OR

I am a legal permanent resident 18 years of age or older, 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.

IMPORTANT:

This document must be signed in front of a Notary Public, please provide valid identification.

Signature of Applicant:		Date:	
Print Name:			
*Alien Registration number fo	r non-citizens:		
SUBSCRIBED AND SWO	DRN BEFORE		
ME ON THIS THE	DAY		
OF	, 20		
		MY COMMISSION EXPIRES:	

NOTARY PUBLIC

*Note: O.C.G.A. Section 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: