

LICENSE YEAR: _____

FOR OFFICE USE ONLY	
DATE RECEIVED: _____	DATE: _____
BLDG INSP: _____	DATE: _____
ZONING: _____	DATE: _____
POLICE: _____	DATE: _____



PEDDLER OR TRANSIENT MERCHANT LICENSE APPLICATION

PAYABLE TO:

City of Hinesville
115 East M.L. King, Jr. Drive
Hinesville, Georgia 31313

NAME OF APPLICANT: _____ **TYPE OF LICENSE: PEDDLER OR TRANSIENT MERCHANT**
(circle one)

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: MONTH/DATE/YEAR _____ FEDERAL TAX ID NUMBER: _____

PERMANENT MAILING ADDRESS: _____

PHONE NUMBER: _____ DESCRIBE THE NATURE OF BUSINESS: _____

MANAGER'S NAME: _____ MANAGER'S MAILING ADDRESS: _____

IS THIS A CORPORATION? ____ (YES) ____ (NO)
(Please attach proof of corporation) IF YES, STATE AND DATE OF CORPORATION: _____

BUSINESS NAME: _____ BUSINESS PERMANENT ADDRESS: _____

NAME OF REPRESENTATIVE: _____ BIRTH DATE: MONTH/DATE/YEAR: _____ SOCIAL SECURITY NUMBER: _____
(if different from applicant)

PERMANENT MAILING ADDRESS: _____

TYPE OF MERCHANDISE OR SERVICE OFFERED FOR SALE: _____

LOCAL BUSINESS ADDRESS: (attach authorization slip from owner for transient merchant LIC)

DATES OF BUSINESS IN CITY: FROM: _____ TO: _____ **HOURS OF OPERATION:** FROM: _____ TO: _____ **TOTAL DAYS** _____

EXPLAIN HOW BUSINESS WILL BE CONDUCTED: _____

LIST CITIES WHERE BUSINESS HAS BEEN CONDUCTED IN THE LAST TWELVE MONTHS:

LICENSE FEE COMPUTATIONS	
Amount per day _____ X _____ days (Maximum \$500.00)	(Enter Amount Due) \$ _____
Admin Fee Due for New Application	\$ _____
Other Fees	\$ _____
TOTAL DUE:	\$ _____
	TOTAL RECEIVED \$ _____

IMPORTANT - PLEASE READ CAREFULLY:
The applicant hereby agrees to be bound by all of the terms and conditions of the Ordinances adopted by the City of Hinesville, Georgia and any laws as may apply to the above business. I hereby agree to permit during business hours reasonable inspections as authorized by law.

THIS _____ DAY OF _____, 20_____
(AUTHORIZED SIGNATURE OF APPLICANT)

Personally, before me the undersigned appeared _____, who on Oath has sworn that the above information given therein is true and correct.

Sworn to and subscribed before me this _____ day of _____, 20_____
STATE OF: _____ COUNTY OF: _____ CITY OF: _____

NOTARY STAMP OR SEAL: _____ NOTARY PUBLIC: _____

LICENSE MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF THE TERMS OF THE ORDINANCE. NO BUSINESS, PERSON, OR ORGANIZATION IS TO OPERATE WITHOUT APPROVAL OF THIS APPLICATION FOR LICENSE.

CONSENT FORM

I hereby authorize the Hinesville Police Department and the City of Hinesville Business License Department to receive any Criminal or Driver's History record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

FULL NAME: (LAST, FIRST, MIDDLE)

MAILING ADDRESS:

CITY:

STATE:

ZIP:

SEX:

DOB MONTH/DAY/YEAR:

RACE:

SSN:

SIGNATURE:

DATE:

Notarized this ____ Day of _____, in the State of _____,

County of _____

Notary

Commission Expires

FEE FOR CRIMINAL HISTORY CHECK: \$20.00 PER PERSON OR PER CORPORATION MEMBER (MAKE COPIES IF NEEDED)

HOW PAID	X	AMOUNT
Check		
Cash		
Money Order		
Cashier's Check		

RECEIVED BY:

DATE:

CITY OF HINESVILLE-LAWFUL PRESENCE AFFIDAVIT

Pursuant to O.C.G.A. § 50-36-1, all persons who - either on behalf of themselves or on behalf of an individual, business, corporation, partnership, or other private entity - apply for certain public benefits must (1) be eighteen years of age or older and (2) submit an affidavit that they are lawfully present in the United States. Public benefits, as defined by O.C.G.A. § 50-36-1(a)(3)(A), include any grant, contract, loan, professional license, or commercial license provided by an agency of State or local government or by appropriated funds of a State or local government.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Georgia that I am 18 years of age or older and (check one):

____ I am a United States citizen, or

____ I am a legal Permanent Resident of the United States, or

____ I am a qualified alien (other than as a permanent resident) or nonimmigrant in the United States pursuant to Federal law.

The secure and verifiable document provided with this affidavit can best be classified as:

I understand that this sworn statement is required by law because I have applied for a public benefit and/or a business license on my behalf as an individual or on behalf of a business, corporation, partnership, or other private entity. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit as listed above. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Georgia under O.C.G.A. § 16-10-20 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Title

*Alien Registration # for Non-citizens

Business Name

TIN or SSN

If this affidavit is not presented in person, applicant must submit a notarized copy of this affidavit.

Notarized this ____ Day of _____, in the State of _____,

County of _____

Notary

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:

Another Identifying Number

CITY OF HINESVILLE-PRIVATE EMPLOYER AFFIDAVIT

Pursuant to O.C.G.A. § 36-60-6(d), by executing this affidavit under oath, as an applicant for a 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 the City of Hinesville, the undersigned applicant representing the private employer, verifies one of the following with respect to the application for the above mentioned documents:

1. Fill out this section 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 (a) please fill out section 2 below. This is not your Federal Tax ID Number (EIN).

2. The employer has registered with and utilizes the federal work authorization program, also known as E-Verify, 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 listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false statement, 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 by such statute.

Executed on the ___ day of _____, 20__ in _____ (City), _____ (State)

Signature of Authorized Officer or Agent

Business Name

Printed Name and Title of Authorized Officer or Agent

Notarized this ___ Day of _____, in the State of _____,

County of _____

Notary

Commission Expires