LICENSE YEAR: _____

FOR OFFICE USE ONLY			
DATE RECEIVED:	_____		
NEW:	_____		
CHANGE IN OWNERSHIP:	_____		
BUSINESS TYPE: CWA CNA HB OS			
BLDG INSP:	_____	DATE:	_____
ZONING:	_____	DATE:	_____
ZONED:	_____	DATE:	_____
POLICE:	_____	DATE:	_____
FIRE:	_____	DATE:	_____

HINESVILLE GEORGIA
"Home for a Day or a Lifetime"

BUSINESS LICENSE APPLICATION

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

_____ _____
NAME OF BUSINESS: LOCATION OF ABOVE BUSINESS:

_____ _____
MAILING ADDRESS: EMAIL ADDRESS:

_____ _____
FEDERAL TAX ID NUMBER: STATE TAX ID NUMBER:

_____
DESCRIBE THE NATURE OF BUSINESS:

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

DOES THIS BUSINESS REQUIRE A STATE LICENSE? ____ (YES) _____ (NO)
(Please attach a copy of your state license or certification)

DOES THIS BUSINESS INVOLVE SALES TAX? ___ (YES) ____ (NO) IF YES, SALES TAX NUMBER: _____

_____ _____
OWNER OF BUSINESS: OWNER'S HOME ADDRESS:
(Corporations or Partnerships must list all Names & Addresses of Owners or Officers)
(use a separate sheet if necessary)

_____ _____
SOCIAL SECURITY NUMBER: BIRTH DATE: MONTH/DAY/YEAR

_____ _____
HOME PHONE: BUSINESS PHONE:

LICENSE FEE COMPUTATIONS

Number of Employees (including ownership) _____ $_____
Administrative Fee $_____
Inspection Fee $_____
Additional 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. I hereby certify that all information provided is true and correct. I understand that providing false information may result in the revocation of my license. Licenses may be suspended or revoked for violation of the terms of the Ordinance. Notification is required of closing, change of business location or ownership.

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.

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

Revised October 2021

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 statue.

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

Revised October 2021