

Business License Application

NON-REFUNDABLE LICENSE FEE REQUIRED WITH EACH APPLICATION
See City Hall for Current Fee Schedule

Date Paid: _____
Amt. Paid: _____

Business Name	_____		
Business Address	_____ _____		
Phone Number	_____	Fax Number	_____
Mailing Address	_____ _____		
Email Address	_____		
Number of Employees, Including Owner(s)	_____		

Owner/Officer	_____
Telephone	_____
Home Address	_____
E-mail Address	_____
Social Security Number	_____

Federal Tax ID Number	_____
Georgia Sales and Use Tax ID Number	_____

Type of Ownership (Circle One)	Sole Proprietor Corporation	Partnership LLC	Other
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State Professional License Number	(if applicable)	_____
Health Permit Number	(if applicable)	_____

CITY OF HOSCHTON
Business License Application

Date Paid: _____
Amt. Paid: _____

Planning and Zoning Approval _____

Date _____

City Clerk Approval _____

Date _____

Fee Paid: _____

Date: _____

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Hoschton, Georgia, 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 Hoschton Permit for;

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

I am a United States citizen;

or

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 year 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 the Code Section 16-10-20 of the Official Code of Georgia.

Signature: _____

Date: _____

Printed Name: _____

* _____
Alien Registration number for non-citizen

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public, State of Georgia

*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;

License Number _____