

City of Hoschton

2016 Business License Application

**Please return to City of Hoschton with your payment
79 City Sq. Hoschton, GA 30548**

Business Name: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ CELL: _____ after hours emergency #: _____

Business Owner(s): _____

Email: _____ website: _____

Building Owners Name & emergency contact number: _____

Type of Business and Services offered- in detail: _____

#OF EMPLOYEES, including owner(s) _____ CORPORATION TYPE _____

Federal Tax ID Number: _____ GA Sales & Use Tax ID Number: _____ Health Permit Number: _____

Information for Fire Department: Hazardous/Flammable Material stored on site? ____ If so, what: _____

Emergency Contacts & Numbers (other than owner(s)): _____

Is this a Home Occupation: _____

Fee Schedule

Base fee: \$115, up to 5 employees (including owners), then \$10 per each additional employee

Home Occupation fee: \$50

Delinquent payment after January 15, 2016 is "Double"

Additionally: Interest is 1.5% per month or portion of a month (\$2.50), and the penalty is 10% (\$20) if not paid by April 15, 2016.

If you are required to have a state license, permit, certificate or registration, please attach a current copy; your license cannot be processed without a current copy

Note: A Copy of a valid ID and affidavits O.C.G.A. 50-36-1 and O.C.G.A. 36-60-6 verifying status for City public benefit are required of the person making application. Applications without these must be denied per state law.

Prior to the City of Hoschton issuing a certificate, the West Jackson Fire Department must inspect your business location. Please see the Pre-Inspection Checklist and contact the Fire Dept. for your inspection.

Please make sure your street address is posted on the outside of your building for 911 purposes.

Thank You for choosing the City of Hoschton to do Business!

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Georgia Educator Certificate/License**, as referenced in O.C.G.A. § 50-36-1, from the **Georgia Professional Standards Commission**, the undersigned applicant verifies one of the following with respect to application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

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

_____.

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 as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires:

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application 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):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, __, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.