

CITY OF FLEMINGTON

156 Old Sunbury Rd.
Flemington, GA 31313

912-877-3223

cityhall@cityofflemington.org

APPLICATION TYPE:

☐ NEW

☐ RENEWAL

APPLICATION FOR OCCUPATION TAX CERTIFICATE (BUSINESS LICENSE)

NAME OF BUSINESS

BUSINESS ADDRESS

MAILING ADDRESS

FEDERAL ID# OR SSN#

E-VERIFY #

SALES TAX #

TYPE OF BUSINESS

MANAGER NAME

MANAGER PHONE #

MANAGER EMAIL

OF EMPLOYEES

☐ I ELECT TO PAY A FLAT FEE FOR PROFESSIONALS. **See Definition on Supporting Documentation.*

☐ I AM A PEDDLER/TRANSIENT MERCHANT. (3 CONSECUTIVE DAYS & UP TO 3 EMPLOYEES)

OWNER'S NAME

OWNER'S ADDRESS

OWNER'S PHONE #

OWNER'S EMAIL

(For more than one owner, please use a separate sheet of paper.)

IF YOU ARE REQUIRED TO HAVE STATE CERTIFICATION, A COPY OF THAT CERTIFICATION MUST BE SUBMITTED WITH THIS FORM.

NUMBER OF EMPLOYEES	TAX	ADMIN FEE	TOTAL DUE
1-5	\$100.00	\$25.00	\$125.00
6-15	\$200.00	\$25.00	\$225.00
16-30	\$300.00	\$25.00	\$325.00
31-50	\$400.00	\$25.00	\$425.00
51+	\$500.00	\$25.00	\$525.00
PROFESSIONALS	\$300.00	\$25.00	\$325.00
PEDDLER/TRANSIENT	\$250.00	\$25.00	\$275.00



FOR NEW LICENSES ONLY

Fill out the application completely and attach all supporting documentation based on the business type. Please see the Supporting Documentation sheet. Submit your completed application to the Liberty Consolidated Planning Commission ("LCPC") located at 100 N. Main Street Suite 7520, Hinesville, GA 31313.

The Flemington City Council approves all new business licenses. They meet every second Tuesday of the month at 4:30 pm at City Hall which is located at 156 Old Sunbury Rd. After approval, see the City Clerk for license issuance. Please make checks payable to "The City of Flemington." **We accept Visa & Mastercard. Charges over \$500.00 will incur a 2.7% convenience charge.**

☐ I WANT TO PUT UP A SIGN FOR MY BUSINESS. ☐ I HAVE A HOME-BASED BUSINESS.

RENEWALS

Renewals are processed between November 1st and December 31st for the next calendar year. Please fill out the application completely and attach all supporting documentation based on the business type. Submit your renewal to Flemington City Hall. Please make checks payable to "The City of Flemington." **We accept Visa & Mastercard. Charges over \$500.00 will incur a 2.7% convenience charge.**

IMPORTANT: Please read carefully.

The applicant hereby agrees to be bound by all the terms and conditions of the Ordinance adopted by the City of Flemington, Georgia and any laws as may apply to the above business. I hereby agree to permit any inspections during normal business hours as authorized by law.

Licenses can be suspended or revoked for the violation of the terms of the Ordinance. No business shall operate without a valid City of Flemington business license.

AUTHORIZED SIGNATURE OF APPLICANT

APPLICANT NAME (PRINTED)

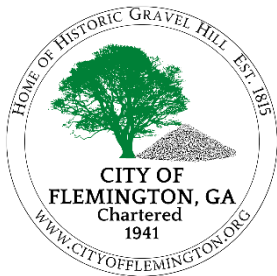
DATE

PERSONALLY APPEARED BEFORE ME _____, WHO
FIRST BEING DULY SWORN, STATES THAT THE ABOVE INFORMATION IS TRUE AND
CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:



O.C.G.A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax License as referenced in O.C.G.A. § 50-36-1, from the City of Flemington, the undersigned applicant verifies one of the following with respect to any 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.

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, 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 Flemington, 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 employees**.
- b) _____ On January 1st of the below signed year the individual, firm, or corporation employed **less than ten 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

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____



SUPPORTING DOCUMENTATION

BUSINESS TYPE

ALL

Food Service

Professional Licenses

Construction Trade Licenses

Corporation

Hotel/Motel

Barber, Beauty or Nail Shop

Pawn Shop

REQUIRED DOCUMENTS

Photo ID (Driver's License or Passport)

Private Employer Affidavit

***State License if Required by the State**

Dept. Of Environmental Health Certificate (Food Service Permit) or (Bar Permit)

State License

I.e., physicians, lawyers, architects, engineers, dentists and nurses, CPA's, etc.

**Only practitioners listed in O.C.G.A §48-13-9(c) can pay the flat fee, which includes: Lawyers, Physicians, Osteopaths, Chiropractors, Podiatrists, Dentists, Optometrists, Psychologist, Veterinarians, Landscape architects, Land Surveyors, Practitioners of Physiotherapy, Public Accountants, Embalmers, Funeral Directors, Civil, Mechanical, Hydraulic, or Electrical Engineers, Architects, Marriage and Family Therapists, Social Workers, and Professional Counselors.*

State License

I.e., plumbers, electricians, residential basic and light contractors, well drillers, pest control, low voltage electricians, etc.

Incorporation documents

Tourist Accommodation Permit, Pool Permit, Food Service Permit

Each type of shop must possess the following 3 items:

- State Board of Barber/Cosmetology Shop License

- State License for each practitioner

- Apprentice certificate for each trainee (if applicable)

Firearm Sales Certificate