

CITY OF FLEMINGTON
P.O. Box 46, Hinesville, GA 31310
Flemington, GA
(912) 877-3223

Date Received: _____

Application for Business License
(This is not a License)

License Year _____

ALL INFORMATION MUST BE COMPLETED, SIGNED AND NOTARIZED:

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

LOCATION OF BUSINESS: _____

MAILING ADDRESS: _____

BUSINESS MANAGED BY: _____ ADDRESS: _____

OWNER OF BUSINESS: _____ ADDRESS: _____
(Corporation or Partnership must list all Names & Addresses of Owners or Officers)(use a separate sheet of paper if necessary)

FEI Number: _____ Sales Tax Number: _____

DOES THIS BUSINESS REQUIRE A STATE LICENSE? _____ DATE EXPIRES: _____
(Please attach a copy of your State License or Certification)

ADDITIONAL INFO: BUSINESS PHONE: _____ HOME PHONE: _____

OWNERS HOME ADDRESS: _____

SOCIAL SECURITY #: _____ BIRTHDATE: _____

HAVE YOU EVER BEEN ARRESTED? _____ DISPOSITION: _____

CHARGES: _____
(attach additional sheet if necessary)

IMPORTANT: PLEASE READ CAREFULLY:

The applicant hereby agrees to be bound by all of 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 during business hours reasonable inspections as authorized by law.

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

PERSONALLY before 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

LICENSES MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF THE TERMS OF THE ORDINANCE. NO BUSINESS IS TO OPERATE WITHOUT APPROVAL OF THIS APPLICATION FOR LICENSE. NOTIFICATION IS REQUIRED OF CLOSING OR CHANGING BUSINESS LOCATIONS.

REMARKS: _____

APPROVED: _____ DATE: _____

Application Procedures for a Commercial Location

The business activity and physical location (address) determines most license requirements.

- **Completely** fill out an application. All documents must be signed and notarized.
- Attach all required supporting documentation. Requirements vary based on business type (see supporting documentation). All applications require a picture ID.
- If the business is a corporation, please provide a list of corporate officers and incorporation documentation from the Georgia Secretary of State. If the applicant is a corporation, a picture ID of the local agent/manager is required.
- Return the completed application and supporting documentation to the Flemington City Hall for review.
- Applicant will then take the business license application to the Liberty Consolidated Planning Commission (LCPC) for zoning approval.
- Upon satisfactory completion of all safety inspections, the applicant will appear before Mayor and Council at the next scheduled monthly City Council Meeting for approval.

Business License Fees Are Based on Number of Employees:

Number of Employees	Fees
0-5	\$100.00
6-15	\$200.00
16-30	\$300.00
31-50	\$400.00
51+	\$500.00
Professionals	\$300.00
Peddlers (3 consecutive days & up to 3 employees)	\$250.00
***Administrative Fee	+\$25.00

Supporting Documentation

Business Type

Required Documents

All

Photo ID (Driver's License or
Passport)
SAVE & E-VERIFY Affidavit
*State License if required by State

Food Service

Dept. of Environmental Health
Certificate (Food Service Permit)
(Bar Permit)

Professional Licenses

State License
For example, physicians, lawyers,
architects, engineers, dentists and
nurses, CPA's, etc.

Construction Trade Licenses

State License
i.e. plumbers, electricians, hvac,
well drillers, pest control, low
voltage electricians, mobile home
movers/installers and fire alarm
systems, and General Contractors,
Residential Basic & Light
Contractor require a State License.

Corporation

Incorporation documents

Hotel/Motel

Tourist Accommodation Permit,
Pool Permit, Food Service Permit

Barber, Beauty or Nail Shop

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

Pawn Shop

Firearm Sales Certificate

CORPORATE OFFICERS INFORMATION

Name _____
Last First Middle Title

Address _____
_____ % of interest _____

Age _____ Sex _____ DOB _____ / _____ / _____

Social Security No. _____ - _____ - _____ Home Phone () _____

.....
Name _____
Last First Middle Title

Address _____
_____ % of interest _____

Age _____ Sex _____ DOB _____ / _____ / _____

Social Security No. _____ - _____ - _____ Home Phone () _____

.....
Name _____
Last First Middle Title

Address _____
_____ % of interest _____

Age _____ Sex _____ DOB _____ / _____ / _____

Social Security No. _____ - _____ - _____ Home Phone () _____

.....
Name _____
Last First Middle Title

Address _____
_____ % of interest _____

Age _____ Sex _____ DOB _____ / _____ / _____

Social Security No. _____ - _____ - _____ Home Phone () _____

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

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:

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 201__ in _____ (city), _____ (state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer of Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013.

CITY OF FLEMINGTON-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 _____, 20____, in the State of _____

County of _____

City _____

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