

City of Hoschton Business License Application

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

***Please note that if your type of business, services rendered, owners, or location has changed, YOU MUST fill out a new application ***

Business Name: _____

Physical Address: _____

Mailing Address: _____

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

Business Owner(s): _____

Home Address: _____

Email: _____ website: _____

Building Owners Name & emergency contact number:

Type of Business and Services offered- in detail: _____

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

Emergency Contacts (other than owner(s): _____

Please check one: _____ **Year applying for:** _____

Renewal _____

New _____

Home Occupation _____

Fee Schedule

Base fee: \$115.00, up to 5 employees (including owners), then \$10 per each additional employee

Home Occupation fee: \$115.00

Late Fee Schedule

Ordinance O-20-08 Section 32-113 Delinquent Fees (The Effective date for this ordinance 11/16/20)

For license renewal, each licensee must tender the applicable fee during normal business hours on or before December 31. If December 31 is a weekend day or holiday, the fees must be paid on the preceding business day. Any licensee that fails to tender such fees in a timely manner shall be delinquent and shall be subject to the following:

1. If no provision is made elsewhere in this Code for a specific fee amount and except as prohibited by State law, after January 1 of each year, a business license/occupation tax increases from \$115.00 to \$230.00;
2. If no provision is made elsewhere in this Code for a specific fee amount and except as prohibited by State law, after February 1 of each year, a business license/occupation tax increases from \$115.00 to \$345.00;

3. Upon citation to the municipal court, a civil fine not to exceed \$500 that may be enforced by the contempt power of the court;
4. There will be no prorated business license fees for any application during the calendar year.

The City Clerk is authorized pursuant to state law to issue executions against the delinquent taxpayers for the amount of delinquent taxes or fees, any interest due and owing, and any penalty due and owing.

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 for NEW businesses: A Copy of a valid ID and affidavit verifying status for City public benefit is required of the person making application. Applications without either must be denied per state law.

For additional business license information, please contact City Clerk, Jennifer Kidd-Harrison 706-654-3034 or jkidd@cityofhoschton.com.

Business Name: _____

Account Number: _____

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(d), stating affirmatively that _____ (name of individual, firm, or corporation) employs as follows:

1. Select an option below

- A. On January 1st of the below signed year the individual, firm, or corporation employed eleven (11) or more employees.
- B. On January 1st of the below signed year the individual, firm, or corporation employed fewer than eleven (11) employees.

If employer selected (A) please fill out Section 2 below.

- 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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

E-verify number (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, 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 allowed by such statute.

Executed on the _____ day of _____, 20____ in _____, _____
(City) (State)

Printed Name and Title of Authorized Officer or Agent: _____

Signature of Authorized Officer or Agent: _____

Subscribed and sworn to before me: _____
(Notary Public)

On this the _____ day of _____, 20____ My commission expires: _____

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my 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 this the ___ day of _____, 201__ in _____ (city), _____ (state).

*Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires:

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*

