



CITY OF HAMPTON

17 East Main St. South P.O. Box 400
Hampton, GA 30228 770-946-4306

Commercial Business License Application

Business Name: _____

Business Address: _____ **Suite/Apt:** _____

City: Hampton **State:** Georgia **Zip:** 30228

Business Phone: _____

Mailing Address: _____ **Suite/Apt:** _____

City: _____ **State:** _____ **Zip:** _____

Business Owner: _____ **Title:** _____

Mailing Address: _____ **Suite/Apt:** _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Phone Number: _____

Co-Business Owner(optional): _____ **Title:** _____

Mailing Address: _____ **Suite/Apt:** _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Phone Number: _____

Description of Business: _____

Square Footage of Tenant Space? _____

If seating is applicable, how many seats? _____

If you are storing equipment or products, where will they be stored?

If you are using a vehicle, other than a passenger vehicle for your business, where will the vehicle be located/ stored?

Please provide a site plan with the square footage of location for planning and zoning review.

State Licensure from Security of State, if applicable #: _____

Certificates or other credentials applicant has received pertaining to business:

OCCUPATION TAX AMOUNTS

Fees are based on the number of the Employees. An employee is defined as any individual that exerts efforts within the State of Georgia for the purpose of soliciting businesses or servicing customers and/or clients. The City may request supporting information such as Wage or Tax Reports to determine the accuracy of information. All License expire December 31st of the current year issued.

Please check one

- 0-3 Employees -\$40.00
- 3-8 Employees -\$60.00
- Over 8 Employees -\$90.00

Tax Amount: \$ _____

Administrative Fee: \$ 10.00

Amount Due: \$ _____

License Procedures

- 1) Once you have returned your application back to the City of Hampton, Business License Clerk will forward your application and site plan with square footage to the Henry County Planning and Zoning Department for the review of your application. Once approved, you will receive a phone call from the business license clerk to proceed. If denied, you may request to go before the council for a final review.
- 2) After approval from planning and zoning, your application will be sent to Henry County Fire Department. It is the applicant's responsibility to make arrangements for the inspection.
- 3) If the business is located in the historical district of Hampton it will need to be approved by the Hampton historical committee.
- 4) Department of Agriculture and Health Department inspections must be completed before the business license can be issued.
- 5) Once all permits, C/O's, and the application has been signed off; the Business License Clerk will give the applicants a call to pick up the license.

I, _____, confirm that the facts stated on this application are true. I understand that any fraudulent statement is grounds for termination of this application and revocation of the certificate. I understand that my business is operated in a agreement per Federal, State, and Local laws/ ordinances and regulations.

Signature: _____ Date: _____

----- OFFICE USE ONLY -----

Certificate of Occupancy: _____ Date: _____

Fire Department Inspection: _____ Date: _____

Health Department: _____ Date: _____

Department of Agriculture: _____ Date: _____

Planning and Zoning: _____ Date: _____

Director of Community Development: _____ Date: _____

MANDATORY AFFIDAVIT VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFITS

By executing this affidavit under oath, as an applicant for a City of Hampton, Georgia, public benefit (defined below), as supplemented by resolution of the City Council, and as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application to the City of Hampton:

Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity.

Address of applicant named above

Telephone Number

Name of business, corporation, partnership
or other private entity for whom application is being made.

Business License
Category of Public Benefit

I understand that "public benefit" includes but is not limited to: Adult education; Authorization to conduct a commercial enterprise or business; Authorization to conduct activities regulated by local government such as flea markets, peddlers, sidewalk vendors, massage therapy, bingo games, adult entertainment, pawn shops, day cares, etc.; Business certificate, license, or registration; Business loan; Cash allowance; Contract for materials or services; Disability assistance or insurance; Down payment assistance; Energy assistance; Food stamps; Gaming license; Health benefits; Housing allowance, grant, guarantee, or loan; Home occupation certificate, license or registration; Loan guarantee; Medicaid; Occupational license; Professional license; Registration of regulated business; Rent assistance or subsidy; Retirement benefits; State grant or loan; State identification card; Tax certification required to conduct a commercial business; Temporary assistance for needy families (TANF); Unemployment insurance; Vehicles for Hire certificate or license; and Welfare to work.

_____ 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 years of age or older and lawfully present in the United States.*

In making the above representations under oath, I understand that any person who knowing 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.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

Signature of Applicant

Date

DAY OF _____ 20_____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

Printed Name

Alien Registration Number for Non-Citizens

*Note: O.C.G.A. § 50-31-1(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 an alternative identifying number in the space above.

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. 36-60-2, 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 _____, _____, 20_____ in Hampton, GA.

X _____
Printed Name of Exempt Private Employer

X _____
Name of Business

X _____
Signature of Exempt Private Employed or Authorized Officer or Agent

X _____
Printed Name of Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____ 20_____

Notary Public

My commission expires: _____

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

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 employs *more than ten employees* and 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. § 13-10-90. 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

Name of Business

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, _____, 20____ in Hampton, Georgia

Signature of Authorized Officer of Agent

Printed Name and Title of Authorized Officer or Agent

SUSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires: _____



PROCESS FOR COMPLETING YOUR COMMERCIAL BUSINESS LICENSE

- **Community Development Department-** Once you have returned your application to the City of Hampton the Business License Clerk will review your application. Once approved, you will receive a phone call from the business license clerk to proceed. If denied, you may request to go before the council for final review.
- **Certificate of Occupancy-**The City of Hampton Fire Plan Reviewer/Inspector will perform inspections on all Commercial Buildings before opening a business. Please call the number provided to set up times for inspections. These inspections are to ensure your facility is safe and with guidelines of our Georgia State Codes
- **City of Hampton Fire Inspection-** The fee for City of Hampton Fire Reviewer/Inspector is \$100.00. (subject to change).
- **Hampton Historic Preservation Commission-** this is one of our Committees appointed to ensure our Historical District is kept within the guidelines that have been set forth by the City. You must receive your Certificate of Appropriateness before continuing the Business License process if you are making changes to the exterior of your building including all signs. Contact the City of Hampton Building Department at 770-946-4306 to receive your packet and guidelines for the completion of this process.
- **Sign Permits-** If you are planning on putting up a sign, you must complete a sign permit through the City of Hampton Building Department. They can be reached at 770-946-4306. The sign permit is a fee of \$100.00.
- **Health Department-** If you are a restaurant, a Health Department Inspection is needed as well, they can be reached at 770-288-6184.
- **Department of Agriculture-** If you are a Convenience store, grocery store, or any other business selling packaged foods you need a Department of Agriculture inspection as well. Please call 363-404-7646 to schedule this inspection.

Once the Business License Clerk has all the inspection reports, Certificate of Occupancies, and a copy of the completed sign permit, you will be called and advised of your license status and pick up date. At that time, you will be able to pay and pick up your business license. You are NOT to open to the public until you have received all your documents from the Business License Clerk at our Community Development Department within the City of Hampton.