



CITY OF HAMPTON

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

Commercial Business License Application

Business/Company Name: _____

Business Location: _____ Suite/Apt _____
 City: Hampton State: Georgia Zip: 30228
 Business Phone #: () _____

Mailing Address: _____ Suite/Apt _____
 City: _____ State: _____ Zip: _____

Business Owner: _____ Title: _____
 Home Address: _____ Suite/Apt: _____
 City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone #: _____
 Cell Phone #: _____

Description of Business

If seating is applicable, how many seats _____

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

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

Certificates or other credentials applicant has received pertaining to business:

OCCUPATION TAX AMOUNTS

Fees are based on the number of Employees

An employee is defined as any individual that exerts efforts within the State of Georgia for the purpose of soliciting business or serving 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 JD Matthews with the City of Hampton and Henry County Fire Department. It is the applicant's responsibility to make arrangements for inspections.
- 3) - 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. This is a free service; however, **required** if Business is located on East Main St. Historical District.
- 4) - Department of Agriculture and Health Department inspections must be completed before and turned in for 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 applicant 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 agreement according to Federal, State, and Local laws/ordinances and regulations.

Date: _____

Signature: _____

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

City Manager or City Clerk _____ Date: _____

- | | |
|-----------------------------------|-------------|
| Certificate of Occupancy: _____ | Date: _____ |
| Fire Department Inspection: _____ | Date: _____ |
| Health Department: _____ | Date: _____ |
| Department of Agriculture: _____ | Date: _____ |
| Planning and Zoning: _____ | Date: _____ |



PROCESS FOR COMPLETING YOUR COMMERCIAL BUSINESS LICENSE

- **City Of Hampton Customer Service** - once you have returned your application back to the City Of Hampton Business License Clerk will forward to the Henry Co. 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.
- **Certificate of Occupancy**- Henry County Fire Department and The City of Hampton Building Department will perform inspections on all Commercial Buildings before opening a business. Please contact JD Matthews at 770-946-4306 ex2229, City of Hampton, Community Development Director, and Henry Co. Fire Department at 770-288-6637 to set up times for inspections. These inspections are to ensure your facility is safe and within guidelines of our Georgia State Codes. A Certificate of Occupancy should be given by both departments.
- **Henry County Fire Department Inspection**- The fee for Henry Co Fire Department is \$100.00. (subject to change)
- **Historical Committee** – 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. This is a free service; however, **required** if Business is located on East Main St. Historical District. You must receive your Certification 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 Building Department at 770-946-4306 to receive your packet and guidelines for the completion of this process.
- **Signs permits**- If you are planning on putting up a sign, you must complete a sign permit through the Henry County Planning and Zoning Department. They can be reached at 770-288-7526. Once the Planning and Zoning Dept. completes their process, it then is submitted to the City Building Department for final approval. There is a total fee of \$100.00 per sign. Planning and Zoning will require half of this amount be paid to them at time of submittal. The remainder will be paid to the City within our Customer Service Department before signs can be installed.
- **Health Department**- If you are a restaurant, a Health Department Inspection is needed as well, the phone # 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, the phone # 363-404-7646

*Once the Business License Clerk, has all of the Inspection Reports, Certificate of Occupancies and a copy of the completed sign permit, you will be called and advised of your license being ready for pick up. 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 of your Documents from the Business License Clerk at our Customer Service Department within the City Of Hampton.*

Upon opening a business you should have completed:

- | | |
|--|---|
| <input type="checkbox"/> 1. Filling out your Business Licenses Application | <input type="checkbox"/> 4. Received approval for Sign |
| <input type="checkbox"/> 2. Two Certificate of Occupancies (HCFD & the City of Hampton) | <input type="checkbox"/> 5. Inspection Report from Health Dept. or Dept. of Agriculture (if required) |
| <input type="checkbox"/> 3. One Certificate of Appropriateness (if in Historical District) | |

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 Individual, 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. § 36-60-6, 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 _____, _____, 20____ in Hampton, Georgia

Printed Name of Exempt Private Employer

Name of Business

Signature of Exempt Private Employed or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

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

NOTARY PUBLIC

My Commission Expires: _____

*This affidavit is for submissions made on or after to 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: _____