



# CITY OF HAMPTON

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

## APPLICATION FOR BUSINESS REGISTRATION/OCCUPATION TAX CERTIFICATE

(PLEASE FILL OUT FORM IN BLACK OR BLUE INK)

DATE: \_\_\_\_\_

**Type of Application:** General Contractor

Business/Company Name: \_\_\_\_\_

Business Location: \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional State License #: \_\_\_\_\_

Certificates or other credentials applicant has received pertaining to business:

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

*Note: Those who are opening a commercial business need a Certificate of Occupancy and Fire Department Inspection. Those businesses that will have food sales will need a Department of Agriculture Inspection and/or a Health Department Inspection. Until The City of Hampton receives these certificates we will not issue a business registration/occupation tax certificate, therefore you can not open your business.*

----- 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: \_\_\_\_\_

**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.