



# City of Hogansville

## Application to Operate a Business

Type of Application: New ☐ Renewal ☐ Date: \_\_\_\_\_

### Business Information:

Business Name & Mailing Address:	Type of Organization:
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC
	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Veteran

Federal Tax ID Number or Social Security Number:	State Sales Tax Number:

Describe in Detail the Type of Business:

Standard Industry Classification Code:

Is this Business a: Commercial Location ☐ Home Based Business ☐

Additional Information is Needed for this selection

Business Location / Address:	Business Phone:	Fax:
	E-Mail:	
	Website:	

### Owner / Applicant Information:

Name:	Title:
Address:	Phone:
	E-Mail:

By signing below, I certify that all the information contained herein is true and exact. I further understand the issuance of a business license does not authorize me or my business to violate any regulation, ordinance of the City of Hogansville, the State of Georgia, or the United States of America, nor shall such signature relieve any business from any requirement to obtain any license or permit required by ordinance, regulation, or law.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Fee Schedule is as follows:  
Circle the option that applies

# of employees	License Fees		Admin Fees	Total Fees
1-2	\$ 125.00	+	\$ 25.00	\$ 150.00
3-5	\$ 150.00	+	\$ 25.00	\$ 175.00
6-10	\$ 225.00	+	\$ 25.00	\$ 250.00
11-15	\$ 350.00	+	\$ 25.00	\$ 375.00
16-25	\$ 500.00	+	\$ 25.00	\$ 525.00
25 & over	\$ 750.00	+	\$ 25.00	\$ 775.00 plus \$4 per employee over 25



## City of Hogansville

400 E. Main Street

Hogansville, GA 30230

(706) 637-8629

Fax (706) 637-4813

### AFFIDAVIT

Pursuant to O.C.G.A. 50-36-1(e)(2)

A copy of your driver's license (or other "secure and verifiable document"), along with this NOTARIZED Affidavit must be submitted as part of the application for or renewal of an Alcohol License, Occupation Tax Certificate, or any other License or Permit from City of Hogansville. This affidavit must be complete and must be notarized. The License or Permit cannot be processed or issued, otherwise.

#### AFFIDAVIT PURSUANT TO O.C.G.A. §50-36-1(e)(2)

#### VERIFYING STATUS FOR CITY OF HOGANSVILLE PUBLIC BENEFIT APPLICATION

By executing this Affidavit under oath, as an applicant for a City of Hogansville, Georgia Alcohol License, Occupation Tax Certificate, or any other License or Permit, or other "public benefit" as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to the application therefore:

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 described as: \_\_\_\_\_.

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

Signature of Business Representative \_\_\_\_\_

Printed Name and Title of Business Representative \_\_\_\_\_

#### FOR NOTARY USE ONLY

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE MY COMMISSION EXPIRES

SEAL



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### PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE

Pursuant to O.C.G.A. 50-36-6(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:

a)

Employs *more than ten (10) 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:

Name of Business: \_\_\_\_\_ Number of Employees \_\_\_\_\_

Federal Work Authorization (E-Verify) User Identification Number \_\_\_\_\_

Date of Authorization (Date Number Obtained): \_\_\_\_\_

#### OR

b)

Verifies that it is exempt from compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation employs less than ten (10) employees and therefore is not required to register with and 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. 13-10-90.

Name of Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

Signature of Business Representative \_\_\_\_\_

Printed Name and Title of Business Representative \_\_\_\_\_

#### FOR NOTARY USE ONLY

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
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### BUSINESS LICENSE APPLICATION CONSENT FORM

I, \_\_\_\_\_, hereby authorize City of Hogansville staff to receive any criminal or driving history information pertaining to me, which may be in the files of any federal, state, or local criminal justice agency.

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
DATE MY COMMISSION EXPIRES

SEAL

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 8. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 8.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

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Employer identification number

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## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.