

# CITY OF HINESVILLE-LAWFUL PRESENCE AFFIDAVIT

Pursuant to O.C.G.A. § 50-36-1, all persons who - either on behalf of themselves or on behalf of an individual, business, corporation, partnership, or other private entity - apply for certain public benefits must (1) be eighteen years of age or older and (2) submit an affidavit that they are lawfully present in the United States. Public benefits, as defined by O.C.G.A. § 50-36-1(a)(3)(A), include any grant, contract, loan, professional license, or commercial license provided by an agency of State or local government or by appropriated funds of a State or local government.

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Georgia that I am 18 years of age or older and (check one):

\_\_\_\_ I am a United States citizen, or

\_\_\_\_ I am a legal Permanent Resident of the United States, or

\_\_\_\_ I am a qualified alien (other than as a permanent resident) or nonimmigrant in the United States pursuant to Federal law.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

I understand that this sworn statement is required by law because I have applied for a public benefit and/or a business license on my behalf as an individual or on behalf of a business, corporation, partnership, or other private entity. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit as listed above. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Georgia under O.C.G.A. § 16-10-20 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
\*Alien Registration # for Non-citizens

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
TIN or SSN

*If this affidavit is not presented in person, applicant must submit a notarized copy of this affidavit.*

Notarized this \_\_\_\_ Day of \_\_\_\_\_, in the State of \_\_\_\_\_,

County of \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expires

**\*Note:** O.C.G.A § 50-36-1(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 another identifying number below:

\_\_\_\_\_  
Another Identifying Number

# CITY OF HINESVILLE-PRIVATE EMPLOYER AFFIDAVIT

Pursuant to O.C.G.A. § 36-60-6(d), by executing this affidavit under oath, as an applicant for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Hinesville, the undersigned applicant representing the private employer, verifies one of the following with respect to the application for the above mentioned documents:

**1. Fill out this section after July 1, 2013.**

a) \_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

b) \_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected (a) please fill out section 2 below. This is not your Federal Tax ID Number (EIN).*

**2. The employer has registered with and utilizes the federal work authorization program, also known as E-Verify, 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 listed below:**

\_\_\_\_\_  
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 statement, 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 by such statute.

Executed on the \_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

Notarized this \_\_\_ Day of \_\_\_\_\_, in the State of \_\_\_\_\_,

County of \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expires

# ALCOHOL WORKSHEET

NAME OF BUSINESS: \_\_\_\_\_

## CHECK TYPE LICENSE YOU ARE APPLYING FOR

(Verify Type of License with Business License Office)

### CONSUMPTION OFF PREMISES

_____	BEER, PACKAGE ONLY	\$ 805.00
_____	WINE, PACKAGE ONLY	\$ 520.00
_____	LIQUOR, PACKAGE ONLY	\$2,300.00

### CONSUMPTION ON PREMISES

#### CLASS I (RESTAURANT WITH FULL KITCHEN AND NO BAR 90% FOOD)

_____	BEER, CONSUMPTION ON PREMISES	\$ 750.00
_____	WINE, CONSUMPTION ON PREMISES	\$ 460.00
_____	LIQUOR, CONSUMPTION ON PREMISES	\$2,245.00

(Alcohol Beverage & Food Sales Quarterly Report is required to be filed with the City Clerk)

#### CLASS II (RESTAURANT WITH FULL KITCHEN AND A BAR 60% FOOD)

_____	BEER, CONSUMPTION ON PREMISES	\$ 835.00
_____	WINE, CONSUMPTION ON PREMISES	\$ 550.00
_____	LIQUOR, CONSUMPTION ON PREMISES	\$2,590.00

(Alcohol Beverage & Food Sales Quarterly Report is required to be filed with the City Clerk)

#### CLASS III BAR / NIGHT CLUB / TAVERN

_____	BEER, CONSUMPTION ON PREMISES	\$ 865.00
_____	WINE, CONSUMPTION ON PREMISES	\$ 575.00
_____	LIQUOR, CONSUMPTION ON PREMISES	\$2,875.00

#### CLASS IV RECREATION (BOWLING ALLEY, POOL ROOM)

(60% food & billiards or bowling with a minimum of 15% being food alone)

_____	BEER, CONSUMPTION ON PREMISES	\$ 835.00
_____	WINE, CONSUMPTION ON PREMISES	\$ 550.00
_____	LIQUOR, CONSUMPTION ON PREMISES	\$2,590.00

(Alcohol Beverage & Food Sales Quarterly Report is required to be filed with the City Clerk)

#### CLASS V LICENSED ALCOHOL BEVERAGE CATERERS/NONPROFIT EVENTS

(Licensed alcohol beverage caterers or bona fide nonprofit civic organizations)

_____	BEER, CONSUMPTION ON PREMISES	\$ 50.00
_____	WINE, CONSUMPTION ON PREMISES	\$ 50.00
_____	LIQUOR, CONSUMPTION ON PREMISES	\$ 50.00

(Cost based on beverage type per day, up to three (3) consecutive days total)

SIGNATURE: \_\_\_\_\_

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



# INFORMATION LOCAL MANAGER/OPERATING PARTNER

Use one sheet for each partner or manager  
**(Consent form and \$20.00 fee per person)**

\_\_\_\_\_  
FULL NAME: (LAST, FIRST, MIDDLE)

\_\_\_\_\_  
MAILING ADDRESS:

\_\_\_\_\_  
CITY: STATE: ZIP:

\_\_\_\_\_  
SSN: DOB: MONTH/DAY/YEAR: HOME PHONE: BUSINESS PHONE:

\_\_\_\_\_  
PLACE OF BIRTH: (CITY AND STATE)

**MAILING ADDRESS OF PARTNER OR MANAGER IF DIFFERENT FROM ABOVE:**

\_\_\_\_\_  
MAILING ADDRESS:

\_\_\_\_\_  
CITY: STATE: ZIP:

**\*\* ATTACH COPY OF PICTURE ID AND PROOF OF CITIZENSHIP\*\***  
**(Check all that apply)**

- Passport
- Driver's License
- Certificate of Naturalization
- Birth Certificate
- Other \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE:

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

# CONSENT FORM

I hereby authorize the Hinesville Police Department and the City of Hinesville Business License Department to receive any Criminal or Driver's History record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

\_\_\_\_\_  
FULL NAME: (LAST, FIRST, MIDDLE)

\_\_\_\_\_  
MAILING ADDRESS:

\_\_\_\_\_  
CITY:

\_\_\_\_\_  
STATE:

\_\_\_\_\_  
ZIP:

\_\_\_\_\_  
SEX:

\_\_\_\_\_  
DOB MONTH/DAY/YEAR:

\_\_\_\_\_  
RACE:

\_\_\_\_\_  
SSN:

\_\_\_\_\_  
SIGNATURE:

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

Notarized this \_\_\_\_ Day of \_\_\_\_\_, in the State of \_\_\_\_\_,

County of \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expires

**FEE FOR CRIMINAL HISTORY CHECK: \$20.00 PER PERSON OR PER CORPORATION MEMBER (MAKE COPIES IF NEEDED)**

HOW PAID	X	AMOUNT
Check		
Cash		
Money Order		
Cashier's Check		

\_\_\_\_\_  
RECEIVED BY:

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

## SUNDAY SALES AFFIDAVIT

The licensee of any eating establishment holding a Class I, Class II, or Class IV license desiring the privilege to sell or otherwise dispense distilled spirits, malt beverages, or wine on Sunday, shall before dispensing such beverages on Sunday, file an affidavit with the City Clerk.

Please read and initial each of the following:

- A. \_\_\_\_\_ I certify that this eating establishment holds or has applied for a current City business license to operate a restaurant or billiard parlor or bowling alley and holds or as applied for a current alcoholic beverage license.
  
- B. \_\_\_\_\_ Such establishment, if an existing business, derived at least 90 percent (Class I), 60 percent (Class II) or 15 percent (Class IV) of its total annual gross food and beverage sales income from the sale of prepared meals or food during the preceding calendar year or, if a new business, fully intends and expects to derive at least 90 percent (Class I), 60 percent (Class II) or 15 percent (Class IV) of its total annual gross food and beverage sales income from the sale of prepared meals or food during the remainder of the current calendar year.
  
- C. \_\_\_\_\_ I understand that such affidavit must be submitted annually with such establishment's alcoholic beverage license renewal application if Sunday sales authorization is to be continued.
  
- D. \_\_\_\_\_ Alcoholic beverages will only be dispensed between the hours of 12:30 p.m. Sunday and 12:00 a.m. (midnight) Monday.
  
- E. \_\_\_\_\_ Such establishment shall provide its full food service to the public on any Sunday when alcoholic beverages are dispensed.

**NOTE:** All laws and regulations relating to the sale of alcoholic beverages must be complied with. State and City Licenses must have the same name.

\_\_\_\_\_  
Printed Name of Authorized Agent or Officer

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Signature of Authorized Agent or Officer

Notarized this \_\_\_\_\_ Day of \_\_\_\_\_, in the State of \_\_\_\_\_,

County of \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expires

## COIN OPERATED AMUSEMENT MACHINE DECLARATION

Per City of Hinesville Ordinance Section 12-228, any location owner or location operator in the city, offering to the public one or more bona fide coin operated amusement machine(s) must submit in writing the name, physical address and mailing address of the owner of the bona fide coin operated amusement machine(s) to the City of Hinesville before any occupational tax certificate or license is issued or renewed.

\_\_\_\_\_  
NAME OF BUSINESS:

\_\_\_\_\_  
LOCATION OF ABOVE BUSINESS:

\_\_\_\_\_  
MAILING ADDRESS:

\_\_\_\_\_  
EMAIL ADDRESS:

\_\_\_\_\_  
BUSINESS PHONE NUMBER:

\_\_\_\_\_  
FEDERAL TAX ID NUMBER:

\_\_\_\_\_ TOTAL # OF COIN OPERATED AMUSEMENT MACHINES:  
(As defined by O.C.G.A 50-27-70)

\_\_\_\_\_ TOTAL # OF CLASS B MACHINES:

\_\_\_\_\_ THERE ARE NO COIN OPERATED AMUSEMENT MACHINES AT THIS LOCATION:  
(Please sign and date the form at the bottom)

\_\_\_\_\_  
OWNER OF THE BONA FIDE COIN OPERATED AMUSEMENT MACHINE(S):

\_\_\_\_\_  
OWNER'S HOME ADDRESS:

\_\_\_\_\_  
OWNERS MAILING ADDRESS:

**NOTE:** City of Hinesville Code Section 12-225 states, any location owner or location operator subject to the Official Code of Georgia, Section 50-27-84(b) is required to provide a monthly report to the Tax and License Coordinator. Such report shall indicate the monthly gross retail receipts for each business located in the city and shall be due by the 5th day of each month, after the month the sales have taken place. No location can derive more than 50% of the monthly gross retail receipts for that location from class B coin operated amusement machines. Any location owner or location operator found in violation of this provision may be fined as allowed under Section 12-231 and may have any city issued license suspended or revoked as allowed under Section 12-234.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date