

LICENSE YEAR: _____



BUSINESS LICENSE APPLICATION (Renewal Only)

PAYABLE TO:

City of Hinesville
115 East M.L. King, Jr. Drive
Hinesville, Georgia 31313

NAME OF BUSINESS: _____

LOCATION OF ABOVE BUSINESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

FEDERAL TAX ID NUMBER: _____

STATE TAX ID NUMBER: _____

CHECK TYPE OF BUSINESS: ___ CONVENIENCE STORE ___ GROCERY STORE ___ RESTAURANT
___ OTHER ___ PACKAGE STORE ___ SUNDAY SALES (Please complete enclosed affidavit)

MANAGER'S NAME: _____

MANAGER'S MAILING ADDRESS: _____

DOES THIS BUSINESS REQUIRE A STATE LICENSE? ___ (YES) ___ (NO)
(Please attach a copy of your state license or certification)

DOES THIS BUSINESS INVOLVE SALES TAX? ___ (YES) ___ (NO) IF YES, SALES TAX NUMBER: _____

DOES THIS BUSINESS REQUIRE AN E-VERIFY #? ___ (YES) ___ (NO) IF YES, SALES TAX NUMBER: _____

OWNER OF BUSINESS: _____

OWNER'S HOME ADDRESS: _____
(Corporations or Partnerships must list all Names & Addresses of Owners or Officers)
(use a separate sheet if necessary)

ARE YOU A U.S. CITIZEN? ___ (YES) ___ (NO) _____
SOCIAL SECURITY NUMBER: _____ BIRTH DATE: MONTH/DAY/YEAR

HOME PHONE: _____

BUSINESS PHONE: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION IF DIFFERENT FROM OWNER:

LOCAL MANAGER NAME: _____

LOCAL MANAGER TELEPHONE NUMBER: _____

LOCAL MANAGER MAILING ADDRESS: _____

LOCAL MANAGER EMAIL ADDRESS: _____

****CHECK ONE BELOW THAT BEST DESCRIBES YOUR BUSINESS**

- ___ Sole Proprietorship (no employees)
- ___ Department of Labor Wage & Earning Quarterly Report (DOL-4N) is enclosed (mandatory City Ordinance Section 15-70e). *Used only for validation of employees; any financial data may be redacted*
- ___ All employees receive a 1099 or are leased from another company.

****CHECK ONE THAT APPLIES**

- ___ There are no changes, enclosed in my 2023 renewal application and license fees. (Invoice must be returned, even if there are no changes)
- ___ There are changes noted on the renewal/invoice form and fees have been adjusted accordingly.
- ___ I am no longer in business, please delete me from your records.

THIS _____ DAY OF _____, 20_____

(AUTHORIZED SIGNATURE OF APPLICANT)

Personally, before me the undersigned appeared _____, who on Oath has sworn that the above information given therein is true and correct.

Sworn to and subscribed before me this _____ day of _____, 20_____

STATE OF: _____ COUNTY OF: _____ CITY OF: _____

NOTARY STAMP OR SEAL: _____

NOTARY PUBLIC: _____

LICENSE MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF THE TERMS OF THE ORDINANCE. NO BUSINESS, PERSON, OR ORGANIZATION IS TO OPERATE WITHOUT APPROVAL OF THIS APPLICATION FOR LICENSE.