

Application Procedures for a Commercial Location with Alcohol

There are several different classes of Alcohol Beverage Licenses. Classes are based on how the alcohol beverages are sold. The City of Hinesville Alcohol License is only valid with a state alcohol license. The City of Hinesville can fine or close a business operating without the proper licenses.

- **Completely** fill out an application. All documents must be signed and notarized.
- Attach all required documentation. Requirements vary based on business type (see supporting documentation). All alcohol beverage license applications require a picture ID and proof of citizenship, for example a birth certificate, passport or certificate of naturalization. If eligible, a Sunday Sales affidavit will be required if you desire to sell or serve alcohol beverages on Sundays.
- If business is a corporation, please provide a list of corporate officers and incorporation documentation from the Georgia Secretary of State. If the applicant is a corporation, a picture ID of the local agent/manager is required. A background check is required on each person except officers of publicly held corporations.
- Return completed application and supporting documentation to the Business License Department for review.
- After review and acceptance by the Business License Department, applicant must pay balance due in full.
- Applicant will then take the business license application to the Liberty Consolidated Planning Commission (LCPC) for zoning approval.
- Applicant will then take application to the Inspections Department and schedule a site safety inspection. Applicant will leave the application with the Inspections Department until the location passes all required safety inspections.
- Upon satisfactory completion of all background investigations and departmental approval, the alcohol application will be presented to Mayor & Council during a regularly scheduled council meeting for consideration. You are required to appear before the City Council.
- Upon approval of the City Council and successful completion of all safety inspections, the Business License Department will issue the combined business and alcohol license.
- The alcohol license is only valid with a state alcohol license. Once state approval is received, provide a copy to the Business License Department.

**CITY OF HINESVILLE
ALCOHOL BEVERAGE LICENSE APPLICATION**

YEAR: _____

DATE: _____

Name of Applicant: (spell out name, no initials)

Last

First

Middle

Legal Address of Applicant

Home Phone

DOB: month/day/year

Social Security Number

Were you born a U.S. Citizen: **YES** **NO**

Are you a Liberty County Resident: **YES** **NO**

Type of Ownership: **Individually Owned**

Partnership

Corporation

(circle one)

*Partnerships must provide information on all partners on the attached sheets

*Corporations must provide information on all officers of the corporation on the attached sheets

Will someone other than the applicant be responsible for the management of the establishment? _____(Y/N)

*If yes, complete information for this individual on attached sheets

*A background check is required for each person except officers of publicly held corporations

Name of Organization

Trade Name

Business Address

Business Mailing Address (if different)

Business Phone

Federal Tax ID Number

Sales Tax ID Number

Type of Business:

Describe the nature of business:

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:** _____

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 PRINTED

ADDRESS

CITY

STATE

ZIP CODE

SEX

RACE

DOB (MONTH/DAY/YEAR)

SSN

SIGNATURE

DATE

SEAL

NOTARY PUBLIC

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: _____

STATEMENT OF APPLICANT

“I do solemnly swear/affirm that I have provided true and accurate information on this application; and understand if I have been untruthful in any way, it will result in denial and/or revocation of my Alcohol Beverage License.”

Please read and initial each of the following:

- A. _____ **Alcohol Beverage Licenses are not transferable to another individual or organization, or from one location to another without permission from City Council.**
- B. _____ **I will allow my business premise to be open to inspection at any reasonable time by City officials authorized to conduct said inspection.**
- C. _____ **I understand that no license will be processed or issued until all fees are paid.**
- D. _____ **I have completed all attached consent forms and understand this gives authorization to the Hinesville Police Department to conduct a background check.**
- E. _____ **I will comply with all applicable state and federal laws regarding events and the sale, taxation, and transportation of alcohol beverages.**
- F. _____ **I will obtain a State Alcohol License from the Georgia Department of Revenue.**
- G. _____ **I will provide a copy of my State Alcohol License from the Georgia Department of Revenue to the City of Hinesville and only then can I sell/serve alcohol beverages.**
- H. _____ **I will request to see and be furnished with proper identification for every person purchasing alcohol.**
- I. _____ **I am a U.S. Citizen.**
- J. _____ **I am a resident of Liberty County or I have designated a local individual as manager.**
- K. _____ **All employees are required to have an identification bar card to serve alcohol for on premise consumption. (Available at the HPD)**
- L. _____ **I understand that any violation of the provisions as prescribed in the City of Hinesville Code Book of Ordinances, state laws, rules and regulations could be grounds for the suspension, probation or revocation of my Alcohol Beverage License.**
- M. _____ **I will ensure a copy of the City of Hinesville Alcohol Beverage Ordinance is kept on the premise and instruct every employee of the terms therein.**

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.

This _____ Day of _____, 20_____

Authorized Signature of Applicant

State of _____ County _____ City _____

Notary Public

Notary Stamp/Seal

FOR CLASS I, CLASS II AND CLASS IV APPLICANTS

(DISREGARD THIS PAGE IF IT DOES NOT APPLY)

At the end of a calendar quarter, the license holder of a Class I, Class II and Class IV Alcohol Beverage License shall file with the City Clerk's Office a certified copy of the gross income report for that quarter. The Alcoholic Beverage and Food Sales Quarterly Report is due on or before the 20th of each month following a calendar quarter. Failure to file a **timely report** and a **certified copy of your sales tax report** for the applicable quarter shall constitute grounds for the suspension or revocation of the Alcohol Beverage License issued by the City of Hinesville.

The license for the lawful sale of alcohol beverages in the City of Hinesville is a privilege. The license to sell alcohol beverages may be restricted, suspended, or revoked for failure to comply with the City of Hinesville Code of Ordinances.

I HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR OBTAINING A CLASS I, II OR CLASS IV CITY OF HINESVILLE ALCOHOL BEVERAGE LICENSE. I UNDERSTAND THAT FAILURE TO COMPLY WITH ANY OF THESE REQUIREMENTS COULD RESULT IN THE RESTRICTION, SUSPENSION OR REVOCATION OF MY ALCOHOL BEVERAGE LICENSE BY MAYOR AND CITY COUNCIL.

Print Name

Signature

Business Name

Date

CITY OF HINESVILLE

ALCOHOLIC BEVERAGE AND FOOD SALES QUARTERLY REPORT
FOR CLASS I & II ONLY

FOR QUARTER ENDING 3/31 6/30 9/30 12/31
(Circle One)

BUSINESS NAME

BUSINESS ADDRESS

TO BE COMPLETED BY LICENSEE ONLY: (certified copy of state sales tax report required)

	<u>Quarterly Sales</u>	<u>YTD Sales</u>	<u>Quarterly Ratio</u>	<u>YTD Ratio</u>
GROSS RECEIPTS, FOOD SALES:	\$ _____	\$ _____	_____ %	_____ %
GROSS RECEIPTS, ALCOHOL SALES:	\$ _____	\$ _____	_____ %	_____ %
TOTAL:	\$ _____	\$ _____	_____ %	_____ %
LICENSEE SIGNATURE _____			DATE _____	

OR

TO BE COMPLETED BY A CERTIFIED PUBLIC ACCOUNTANT ONLY:

	<u>Quarterly Ratio</u>	<u>YTD Ratio</u>
RATIO (Gross Food Sales/Total Gross Sales):	_____ %	_____ %
RATIO (Gross Alcohol Sales/Total Gross Sales):	_____ %	_____ %
AUDITED BY ACCOUNTING FIRM: _____		
SIGNATURE _____		DATE _____

NOTE: Reporting and/or Certification requirements for verification of percentage of food sales. On or before the 20th day of the month following the end of each calendar quarter, the license holder of a Class I, II or IV alcoholic beverage license shall file with the City Clerk a gross income report of the licensed establishment for the preceding calendar quarter. This report shall be filed on this form designated by the clerk and must be accompanied by a certified copy of the Georgia Sales Tax Report for the applicable quarter. Alternatively, instead of providing the sales tax report, the license holder of a Class I, II or IV alcoholic beverage license may file a certification signed by a Certified Public Accountant on this same form attesting that the establishment is meeting the food and alcohol sales percentage requirement applicable to their type of license. Signatures must be original when the report is submitted. Faxes are acceptable. However, the original report must be sent by mail or in person shortly thereafter.

CITY OF HINESVILLE

ALCOHOLIC BEVERAGE AND FOOD SALES QUARTERLY REPORT FOR CLASS IV ONLY

FOR QUARTER ENDING 3/31 6/30 9/30 12/31
 (Circle One)

 BUSINESS NAME

 BUSINESS ADDRESS

TO BE COMPLETED BY LICENSEE ONLY: (certified copy of state sales tax report required)				
	<u>Quarterly Sales</u>	<u>YTD Sales</u>	<u>Quarterly Ratio</u>	<u>YTD Ratio</u>
GROSS RECEIPTS, FOOD SALES:	\$ _____	\$ _____	_____ %	_____ %
GROSS RECEIPTS, ALCOHOL SALES:	\$ _____	\$ _____	_____ %	_____ %
GROSS RECEIPTS, RECREATIONAL ACTIVITIES	\$ _____	\$ _____	_____ %	_____ %
TOTAL:	\$ _____	\$ _____	_____ %	_____ %
LICENSEE SIGNATURE _____			DATE _____	

OR

TO BE COMPLETED BY A CERTIFIED PUBLIC ACCOUNTANT ONLY:		
	<u>Quarterly Ratio</u>	<u>YTD Ratio</u>
RATIO (Gross Food Sales/Total Gross Sales):	_____ %	_____ %
RATIO (Gross Alcohol Sales/Total Gross Sales):	_____ %	_____ %
RATIO (Recreation Activities/Total Gross Sales):	_____ %	_____ %
RATIO COMBINATION OF FOOD & RECREATION ACTIVITIES (Gross Combination of Food & Recreational Activities/ Total Gross Sales):	_____ %	_____ %
AUDITED BY ACCOUNTING FIRM: _____		
SIGNATURE _____		DATE _____

NOTE: Reporting and/or Certification requirements for verification of percentage of food sales. On or before the 20th day of the month following the end of each calendar quarter, the license holder of a Class I, II or IV alcoholic beverage license shall file with the City Clerk a gross income report of the licensed establishment for the preceding calendar quarter. This report shall be filed on this form designated by the clerk and must be accompanied by a certified copy of the Georgia Sales Tax Report for the applicable quarter. Alternatively, instead of providing the sales tax report, the license holder of a Class I, II or IV alcoholic beverage license may file a certification signed by a Certified Public Accountant on this same form attesting that the establishment is meeting the food and alcohol sales percentage requirement applicable to their type of license. Signatures must be original when the report is submitted. Faxes are acceptable. However, the original report must be sent by mail or in person shortly thereafter.

What Your Business Needs to Know about Georgia's E-Verify Requirements (Effective July 1, 2013)

E-Verify Contractor Requirements

Georgia law, **O.C.G.A. § 13-10-91**, requires **all businesses** that contract with a public employer for **labor or services** by bid or by contract in which the labor or services **exceed \$2499.99** to sign an affidavit attesting that they are registered for and use E-Verify **unless** 1) the contractor has **no employees** (in which case they must present an approved state issued identification card/drivers' license from an approved state as provided on the [Attorney General's website](#)) or, 2) the contract is with an **individual** licensed under Title 26, Title 43, or the State Bar of Georgia who is in good standing and **that individual** is performing that service. Anyone your business subcontracts with for labor and services, as well as the subcontractors of your subcontractors, in furtherance of that contract is also subject to this requirement. E-Verify Contractor, Subcontractor, and Sub-Subcontractor affidavits can be found [here](#).

E-Verify Private Employer Requirements

Georgia law, **O.C.G.A. § 36-60-6**, requires all businesses, **with more than 10 employees** that are seeking an occupation tax certificate/business license or other document required to operate a business with a county or city to sign an affidavit attesting that they are registered for and use E-Verify. Businesses with **10 or fewer employees** are required to sign an affidavit attesting that they are exempt from this requirement. Once a business has provided this affidavit to the county, all subsequent renewals can be provided with the submission of the E-Verify number, as long as it is the same number as provided on the affidavit, or assertion that your business is exempt. The county will provide the format in which renewal information is collected. E-Verify Private Employer and Exemption Affidavits can be found [here](#).

What Is E-Verify?

E-Verify is a federal Web-based system that electronically verifies the employment eligibility of newly hired employees. It works by allowing participating employers to electronically compare employee information taken from the I-9 Form (the paper-based employee eligibility verification form used for all new hires) against records in the Social Security Administration's database and the records in the Department of Homeland Security immigration databases.

Where Do I Find My E-Verify Number?

The Human Resources Department for your business should have that information, if you have registered. The E-Verify number, which consists of four to six numerical characters, is located directly below the E-Verify logo on the first page of the memorandum of understanding (MOU) entered into between your business and the Department of Homeland Security (DHS) to use E-Verify.

What if I cannot locate or do not have access to my MOU?

If the HR director/program administrator for E-Verify from your business has taken the E-Verify tutorial, you may obtain your company ID number by: 1) Logging in to E-Verify with your assigned user ID and password; 2) From 'My Company,' select 'Edit Company Profile;' 3) The Company Information page will display the company ID number. If your HR director/program administrator has not completed the tutorial, you must contact E-Verify Customer Support at 888-464-4218 or at E-Verify@dhs.gov for assistance.

Is the Federal Tax Identification Number/Employer Identification Number (EIN) the same as the E-Verify Number?

No. While you will be required to provide the Federal Tax Identification Number/EIN for your business to DHS in order to register for E-Verify, a separate number, which consists of four to six numerical characters, will be provided as the E-Verify number for your business by DHS, which will be located on the MOU.

How Do I Register for E-Verify? To register for E-Verify, please visit the [DHS website](#). If you need assistance in completing the registration process or need additional information relating to E-Verify, call their customer service number at 1-888-464-4218, email them at E-Verify@dhs.gov or visit their website at <http://www.dhs.gov/e-verify>.

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

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires

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

Inspections Department Business License Checklist

Note: Not all buildings are suited for any or all types of business uses. There may be other requirements not mentioned below that may have to be met prior to approval for the business use intended.

- The space must be completely setup and ready for business use. All proposed office furniture, desks, chairs, tables, seating areas, appliances, shelving, display cabinets, and all other floor items should be in place at the time of the initial inspection.
- Posting of the building and/or tenant space address number at a conspicuous place or where emergency response personnel can readily see from public ways, on the front and rear of the building.
- A minimum of two (2) emergency exits for the occupancy type may be required depending on the intended occupancy use type. The exit door(s) shall have properly installed and operational hardware.
- Illuminated exit signs at each required exit door and continuously lit during all times including in times when there is an interruption of electrical services.
- Minimum clear widths of passageway to required exits are maintained clear and free of obstructions.
- Pathways leading to required exits are properly illuminated during normal and emergency usage.
- Adequate restroom ventilation and exhaust systems are available and operational.
- Safe installation and access of electrical supply equipment. A 30-inch wide by 36-inch deep area of clearance is required about all electrical supply equipment.
- Provisions for GFCI protection devices at electrical receptacle outlets above countertops and within six feet of water basins shall be in place and operational.
- Electrical power-tap devices or surge suppressors without adequate overload protection should not be used. Consider obtaining power tap devices with built-in circuit interruption provisions i.e. circuit breakers.
- Electrical extension cords shall not be used on a continuous basis to supply electrical devices or appliances.
- Minimum air-ventilation and circulation systems shall be provided to all spaces that will be occupied during normal business hours. Adequate heating appliances shall be available and in operational condition during cold temperatures.
- Thermal expansion devices are installed on all water supply systems where required backflow protection provisions are in place.
- Adequate plumbing facilities are available for employee and customer use.
- The existing backflow device may not be adequate for your type of business occupancy or the device has not been functionally recertified. Consult with your public water supply purveyor, your landlord or contact a licensed plumber for further guidance.
- Electrical receptacle outlets located at show windows may be required if there has been a change from a previous occupancy type.
- Accessibility requirements for the physically disabled may be required if there has been a change from a previous occupancy type.
- Fire rated corridors and hallways may be required if there has been a change from a previous occupancy type.
- Fire or smoke detection and alarm system or devices may be required if there has been a change from a previous occupancy type.
- There shall not be any alterations to the existing space unless a valid permit was issued and the alteration work was inspected and accepted by the building official of the city of Hinesville.

HINESVILLE FIRE DEPARTMENT

BUSINESS LICENSE INSPECTION INFORMATION

In order to pass inspection from the Hinesville Fire Department for a Business License, you must meet all applicable Fire Codes covered by the appropriate N.F.P.A. and other Codes or Standards that have been adopted by the City of Hinesville and the State of Georgia.

The following items are the most commonly overlooked items for an inspection:

1. Fire Extinguishers – Must be at least a 5 lb. ABC Type Extinguisher. Place one extinguisher every 50 feet, not to exceed 75 feet. Extinguishers must be mounted 3 feet high from the bottom of the extinguisher and no higher than 5 feet. Extinguishers may not be placed behind a door or inside of a cabinet.
2. Extinguishers must bear the required tag from an Extinguisher Company approved by the State of Georgia showing that the extinguisher has a current date and has no defects or requires no repairs or maintenance.
3. Exit lights must remain lit at all times. Required exit lighting shall meet the requirements found in the applicable Code(s) section.
4. Emergency Lighting must be in working order. Required Emergency Lighting shall meet the requirements found in the applicable Code(s) section.
5. All isle ways must remain at least 36 inches wide. All isle ways must remain free from any stock.
6. All electrical panel boxes must have at least 3 feet of clearance on 3 sides. All Breakers must be identified with a label.
7. Extension (Drop) Cords are not permitted to replace building wiring. Extension cords may be used as a temporary power supply only for items such as a fan, or vacuum cleaner. Extensions cords must display the UL listing for that cord.
8. A door shall be so arranged as to be readily opened from the side from which egress is to be made at all times when the building served is open for business, or has 10 or more employees present.
9. Locks on Egress doors shall not require the use of a key, tool, and special knowledge or effort for operation from the inside of the building.

10. Locking Bars must be removed from all egress doors if the facility is open for business or has 10 or more employees present.
11. Range Hood Systems: All system testing must be completed with the Fire Marshal's office, before the business license inspection. This test must be arranged at least two working days prior to the inspection. Existing hoods must show the required tag with a current date stating the last grease removal was completed within the last six months. All work must be completed by a person or company holding a Georgia State register number assigned by the State of Georgia Fire Marshal's office.
12. Sprinkler Systems (Fire Suppression): All system testing must be completed with the Fire Marshal's office, before the business license inspection. This test must be arranged at least two working days prior to the inspection. The system must have a green tag showing a current date of testing. All work must be conducted by a person or company holding a Georgia State register number assigned by the State of Georgia Fire Marshal's office.
13. The requirements of the Life Safety or other Codes and Standards do not take the place of any other Codes set forth by the State of Georgia or the City of Hinesville.
14. The Owner or the Owners' Representative must be present at the time of Inspection. This form must be present at the time of the Business License Inspection.

ALL WORK IS SUBJECT TO FINAL FIELD INSPECTION. ALL APPLICABLE CODES AND STANDARDS ADOPTED BY THE CITY OF HINESVILLE AND THE STATE OF GEORGIA PERTAINING TO YOUR FACILITY SHALL BE ADHERED TO. THIS SHEET IS FOR YOUR INFORMATION ONLY. A CURRENT PRE-FIRE INSPECTION CAN AND SHOULD BE MADE BY THE HINESVILLE FIRE DEPARTMENT BEFORE A BUSINESS LICENSE INSPECTION IS CALLED FOR. CALL 912-876-4142 TO SCHEDULE ANY REQUIRED OR REQUESTED INSPECTION.

SIGNATURE

DATE

CITY OF HINESVILLE LICENSE YEAR _____
APPLICATION FOR BUSINESS LICENSE
(This is NOT a License)

(FOR OFFICE USE ONLY)
New: _____ Renewal: _____
Business Type: _____
Date Issued: _____

PAYABLE TO:

City of Hinesville
115 East M.L. King, Jr. Drive
Hinesville, Georgia 31313
Phone: (912) 876-3564
Date Received: _____

INSPECTIONS REQUIRED
Bldg. Insp. _____ Date _____
Zoning _____ Date _____
Zoned _____
Police _____ Date _____
Fire _____ Date _____
Agriculture _____ Date _____
Environmental Health _____ Date _____

ALL INFORMATION MUST BE COMPLETED, SIGNED AND NOTARIZED.

NAME OF BUSINESS: _____

LOCATION OF ABOVE BUSINESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

MANAGER'S NAME: _____ MANAGER'S ADDRESS: _____

FEI Number: _____ Sales Tax Number: _____

DESCRIBE THE NATURE OF BUSINESS: _____

DOES THIS BUSINESS REQUIRE A STATE LICENSE? _____ (IF YES) DATE EXPIRES: _____
(PLEASE ATTACH A COPY OF YOUR STATE LICENSE OR CERTIFICATION)

ADDITIONAL INFORMATION: Business Phone: _____ Home Phone: _____

OWNER OF BUSINESS: _____

OWNER'S HOME ADDRESS: _____

(Corporation or Partnership must list all Names & Addresses of Owners or Officers)
(use a separate sheet of paper if necessary)

SOCIAL SECURITY #: _____ BIRTHDATE: _____

(licensee)

HAVE YOU EVER BEEN ARRESTED: _____ (YES) _____ (NO) DISPOSITION: _____

CHARGES: _____

(attach additional sheet if necessary)

LICENSE FEE COMPUTATIONS

Number of Employees: _____ (Enter Amount Due) \$ _____
(including ownership)
Admn. Fee Due for New Application \$ _____
and/or Relocation Application
Inspection Fee _____ \$ _____
(Commercial Business Only)
Penalty/Interest: _____ TOTAL DUE \$ _____
(Total Received) \$ _____

IMPORTANT: PLEASE READ CAREFULLY:

The Applicant hereby agrees to be bound by all of the terms and conditions of the Ordinance adopted by the City of Hinesville, Georgia and any laws as may apply to the above business. I hereby agree to permit during business hours reasonable inspections as authorized by law.

THIS _____ DAY OF _____, 20_____
(AUTHORIZED SIGNATURE OF APPLICANT)

PERSONALLY before 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

LICENSES MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF THE TERMS OF THE ORDINANCE. NO BUSINESS IS TO OPERATE WITHOUT APPROVAL OF THIS APPLICATION FOR LICENSE. NOTIFICATION IS REQUIRED OF CLOSING, CHANGE OF BUSINESS LOCATION OR OWNERSHIP.

REMARKS: _____

APPROVED: _____ DATE: _____