

## **Application Procedures for an Out of State Based Location**

Registration and assessment of an occupational tax or business license is assessed on businesses with no location or offices within the State.

- **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 applications require a picture ID
- Return completed application, supporting documentation, and license fees to the Business License Department for review.
- Applicant will then take application to the Inspections Department.
- Upon Inspections Department approval, the business license certificate will then be issued.

# 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](mailto: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](mailto:E-Verify@dhs.gov) or visit their website at <http://www.dhs.gov/e-verify>.

# 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 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

b) \_\_\_ On January 1<sup>st</sup> 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 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: \_\_\_\_\_