

Application Procedures for Transient Merchant

According to City of Hinesville Code, a transient merchant means any person, whether as owner, agent, consignee or employee and whether a resident of the City or not, who engages in a business selling good, wares, merchandise, food, drink or other items or services occasionally or temporarily within the City and who, in furtherance of such purpose, hires, leases, uses or occupies any building, structure, shop, apartment, or room in a hotel, motel or lodging house, tent, or motor vehicle, or any street or other place within the City whether fixed or mobile for the exhibition for sale of such goods, wares, merchandise, food, drink or other items or performance of such services, either privately, publicly, or at auction.

- **Completely** fill out application. All documents must be signed and notarized.
- Attach all required documentation. Requirements vary based on business types (see supporting document). All transient merchant applications require a site authorization form, completely filled out and signed by location owner.
- 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 is required.
- 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 all fees.
- Applicant will take the application to the Liberty Consolidated Planning Commission (LCPC) for zoning approval.
- Applicant will then take application to the Inspections Department. Applicant will leave the application with the Inspections Department until the location passes all safety inspections required.
- After all required departmental approval the transient merchant license will be issued.



REQUEST FOR ZONING APPROVAL

- CHARITABLE ORGANIZATION FUNDRAISER
- TRANSIENT MERCHANT/PEDDLER LICENSE

PLEASE NOTE:

- **A COPY OF THE SITE LAYOUT FOR THE PROPOSED ACTIVITY, IF APPLICABLE, MUST BE ATTACHED.**
- Zoning for this activity within **The City of Hinesville** may be restricted to C-2 (General Commercial) or C-3 (Highway Commercial) Districts.
- Any signage for this function must be pre-approved by this office.
- Activity must be conducted in a manner that will not impede or disrupt vehicular traffic.
- All parking must be on-site.
- The setback requirement is 50-feet from the curb or paved edge of the highway.

LOCATION OF ACTIVITY: _____

SIGN DESCRIPTION (if any): _____

PARKING (provide description of parking facilities): _____

SHED, TENT, OR OTHER TEMPORARY STRUCTURE: Yes No

(If "yes", provide description) _____

FOR OFFICIAL USE ONLY

Zoned: _____

This request has been reviewed by the Department of Inspections, the Liberty Consolidated Planning Commission, and the Fire Department, and is herewith APPROVED DISAPPROVED

Date

Director of Inspections

Date

Zoning Administrator

Date

Fire Department

Comments/Conditions: _____

**City of Hinesville
Site Authorization Form**

Site Owner Information

Owner Name: _____

Owner's Representative: _____

Representative's Title: _____

Site Information

Address: _____

Business Name: _____

Description of Area Authorized for Use (attach sketch for clarity):

Event/Activity Information

Name of Event/Activity Sponsor: _____

Type of Event/Activity: _____

Date of Event/Activity From: _____ To: _____

Hours of Event/Activity From: _____ To: _____

Description of any Limitations placed on Event/Activity:

I hereby provide permission for the above named sponsor to use the site as described above.

Signature: _____

Name (printed or typed): _____

Title: _____

Date: _____

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

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

NOTARY PUBLIC

My Commission Expires

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>.

License Year _____

**CITY OF HINESVILLE
APPLICATION FOR PEDDLER OR TRANSIENT MERCHANT LICENSE
(This is NOT a License)**

PAYABLE TO:
CITY OF HINESVILLE
115 EAST M L KING JR DRIVE
HINESVILLE, GEORGIA 31313
PHONE (912) 876-3564

FOR OFFICE USE ONLY:
BLG INS _____ DATE _____
ZONING _____ DATE _____
POLICE _____ DATE _____

TYPE OF LICENSE : **PEDDLER** _____ **TRANSIENT MERCHANT** _____

NAME OF APPLICANT: _____ YEAR _____

PERMANENT HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: () _____ FEI NUMBER _____

IS THIS A CORPORATION? _____ IF YES, STATE AND DATE OF INCORPORATION _____ (ATTACH PROOF OF INCORPORATION)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

NAME OF BUSINESS _____

PERMANENT ADDRESS OF BUSINESS _____

CITY _____ STATE _____ ZIP _____

NAME OF REPRESENTATIVE IN CITY(IF DIFFERENT FROM APPLICANT) _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF MERCHANDISE OF SERVICE OFFERED FOR SALE _____

LOCAL BUSINESS ADDRESS : (ATTACH AUTHORIZATION SLIP FROM OWNER- FOR TRANSIENT MERCHANT LIC)

DATES OF BUSINESS IN THE CITY _____ TOTAL DAYS _____

HOURS OF OPERATION _____ SALES TAX NUMBER OR AUTHORIZATION _____

EXPLAIN HOW YOUR BUSINESS WILL BE CONDUCTED _____

LIST CITIES WHERE BUSINESS HAS BEEN CONDUCTED IN THE LAST TWELVE MONTHS:

LICENSE FEE COMPUTATIONS

Amount per day _____ X _____ days (Enter Amount Due) \$ _____
maximum \$500.00

Admin Fee Due for New Application \$ _____

Other Fees \$ _____

(TOTAL DUE) \$ _____

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 _____ AUTHORIZED SIGNATURE OF APPLICANT _____

PERSONALLY before the undersigned appeared _____ who on Oath as sworn that the above information given therein is true and correct.

Sworn to and subscribed before me this _____ day of _____

STATE OF: _____ COUNTY OF _____ CITY OF _____

NOTARY PUBLIC _____

SEAL

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.