



October 1, 2025

Dear Good Hope Business:

Occupational Tax Certificates (Business Licenses) run from January 1 through December 31 of each year. Renewal begins November 1, 2025 and will continue through December 31, 2025. After December 31, 2025, a 50% penalty will be added to the fee. Please note the change in renewal dates.

**The following is a FEE SCHEDULE
Adopted by the City Council in May 2004:**

\$100.00 per license

If you would like to purchase your Occupational Tax Certificate by mail, please fill out the information below, send a check or money order for the correct amount (make the check payable to "City of Good Hope"), and send a self-addressed, stamped envelope for us to mail your certificate.

Existing Occupational Tax Certificate Number _____

Name of Business _____

Street Address _____

Mailing Address _____

Home Mailing Address _____


Telephone Number _____ Cell Phone Number _____

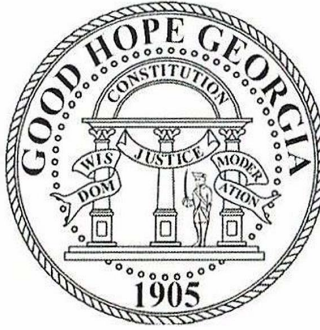
E-mail Address _____

Number of Employees _____ Type of Business: _____

Amount Enclosed: _____

Sincerely,


Randy Garrett
Mayor



Application of Business License

Business Name _____

Owners Name(s) _____

Type of Business _____

Length of time applicant has conducted this type of business _____

I (Have, have not) made an application for similar license on these premises
Previous application (was, was not) accepted. If not, Why? _____

Location and description of premises or place of business to be operated under license

Have you ever been convicted of a felony, or are you disqualified to receive a license by reason
Of any matter or thing contained in this article, laws of this state or ordinances of this city? YES NO

Have any previous license by federal, state or local government ever been revoked? YES NO

Do you plan to erect a business sign? YES NO

How many employees do you have working with you? _____

**I hereby certify that I will not violate any laws of the state of Georgia or of the United States or
any ordinance of the city of Good Hope in the conduct of this place of business.**

Applicant's Signature

Date

City Official's Signature

City Official's Signature



City of Good Hope
P.O. Box 10
Good Hope Ga. 30641

October 1, 2025

Dear Business Owner:

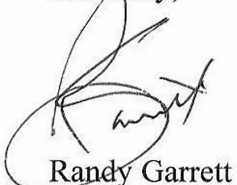
City Ordinance Sec. 90-113 requires that each business file a signed form including the number of employees for that business. Enclosed, you will also find an affidavit verifying status for City of Good Hope Public Benefit application. This must be filled out, signed, notarized and returned to renew your business license. No license will be renewed without this completed form.

Please complete the enclosed renewal form and affidavit and return to City of Good Hope, P.O. Box 10, Good Hope, Ga. 30641 no later than December 31, 2025 to avoid possible legal action.

If you have any questions, you may contact the City Hall (Goodhopecityclerk@windstream.net).

Thank you for your cooperation.

Sincerely,



Randy Garrett
Mayor

Affidavit Verifying Status for City of Good Hope Public Benefit Application

By executing this affidavit under oath, as an applicant for the city of Good Hope, Georgia Business License or Occupation Tax Certificate, Alcohol License, Insurance License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Good Hope Business License or Georgia Occupational Tax Certificate, Alcohol License, Insurance License, Taxi Permit or other public benefit (circle one: Employment benefits or Contracts) for _____.
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 year of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

Printed Name:

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

*Alien Registration number for non-citizens

Notary Public
My Commission Expires:

* Note: O.C.G.A. Sec. 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. Privacy policy is available on request. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ___, 20__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

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:

* This affidavit is for submissions made on or after to July 1, 2013.

When you finish filling out the application you can mail it along with your check to

P.O. Box 10 Good Hope, GA 30641 or drop it in the mailbox beside the front door of City Hall.

If you drop it in the mail box at City Hall please email me goodhopecityclerk@windstream.net,

so I can go by and pick it up.

Thanks,

A handwritten signature in black ink, appearing to read "Crissy Robison".

Crissy Robison
Good Hope City Clerk