



## Commercial Business License Application

Attached is the application for a license that must be completed by all businesses at a commercial location. Please follow the directions below to ensure that your business license and account with our office is processed correctly.

1. Complete the application. The application must be signed and dated.
2. Attach all items listed below which apply to you or your business:
  - Copy of State License (building contractors, plumbers, electricians, etc.)
  - Federal Identification Number
  - Georgia Sales Tax Number
  - Certificate of Liability Insurance (sign companies only)
  - Certificate of Occupancy for all commercial buildings (new tenants in an existing building please complete the *Tenant Occupancy Permit Application* located on the business license Web page at [www.forsythco.com](http://www.forsythco.com))
  - Food Service Permit
  - Alcohol License
  - Department of Agriculture License or Permit
  - Fire Department Certificate of Occupancy (678-455-8072)
  - Copy of Registered DBA Name
  - Corporation Papers
3. The state required affidavits apply to all businesses and must be completed and notarized. Affidavits verifying residency status as referenced in O.C.G.A. § 50-36-1 (e) (2) and § 36-60-6 (d) require a secure and verifiable document such as a drivers license, passport, permanent resident card, etc.. For a complete list of verifiable documents, visit the official state portal at [www.georgia.gov](http://www.georgia.gov) and search for the Office of the Georgia Attorney General.
4. Payments may be made by check, money order, Visa or MasterCard. Make checks payable to Forsyth County Business License.
5. Mail completed and signed application, along with payment, to the address at the top of the page. Please address it to the attention of Forsyth County Business License Division.
6. Once received in our office, your completed application will then be processed and we will mail your business license / occupation tax certificate. Applications submitted without payment and proper documents will be returned. Please be aware that submitting a business license application does not mean a business license certificate has been issued. Please make sure you have your business license certificate in hand or posted in your establishment. There will be a \$25.00 fee on all returned checks. Operating without a valid business license could result in a penalty and/or citation.

Business licenses run on a calendar year from January thru December. We allow a grace period thru March 31st. Renewals not received by 5:00 PM on March 31st are subject to penalties and interest. We DO NOT accept postmarks. Should you have any questions or need assistance, please contact our office from 8:30 am to 5:00 pm, Monday thru Friday or browse the website anytime at [www.forsythco.com](http://www.forsythco.com).



## Commercial Business License Application

### A. APPLICANT INFORMATION

Date Opened in Forsyth County:  Conditional Use / Home Occupation Applied For?

Type of Ownership:

Business Name:

DBA / Trade Name:

Business Address:  Suite:  City:  Zip Code:

Business Phone:  Business Fax:

Business Mailing Address:  City:  State:  Zip Code:

Business Owner:

Owner Address:  City:  Zip Code:

Owner E-mail:

Use separate sheet for partners or additional owners.

Full Description of Business (be specific and list all business conducted):

Will outdoor storage or outdoor display be provided?  If yes, list product(s) to be stored or displayed:

Federal ID Number:  GA Sales Tax Number:

State Board License (complete boxes below; must include copy if applicable):

License Number:  Expiration Date:

### CORPORATIONS ONLY

Primary Shareholders Name and Phone Number:

Subsidiary of:  CEO or CFO:

Zoning: \_\_\_\_\_ Map: \_\_\_\_\_ Office Use Only Parcel: \_\_\_\_\_ NAICS #: \_\_\_\_\_

FOR STAFF USE ONLY  
BUSINESS LICENSE NUMBER:

**B. COMPUTATION OF FEES**

a) Number of Full Time Employees:

b) Number of Part Time equal to Full Time Equivalents:

Average weekly hours of employees who work less than forty (40) hours shall be added and divided by forty (40) to produce full time position equivalents. Round to the nearest whole number.

c) Total Number of Employees (add Lines a and b):

Please use the tables below to calculate your fee.

New Applications submitted on or prior to June 30th use the following table:

<b>Number of Employees</b>	<b>Total Due</b>
1	\$100.00
2	\$175.00
3 - 9	\$187.50 + \$12.50 per employee over 3
10 - 99	\$262.50 + \$15.00 per employee over 9
100 - 499	\$1612.50 + \$17.50 per employee over 99
500 - More	\$8612.50 + \$20.00 per employee over 499

New Applications submitted on or after July 1st use the following table:

<b>Number of Employees</b>	<b>Total Due</b>
1	\$62.50
2	\$100.00
3- 9	\$106.25 + \$6.25 per employee over 3
10 - 99	\$143.75 + \$7.50 per employee over 9
100-499	\$818.75 + \$8.75 per employee over 99
500 or more	\$4318.75 + \$10.00 per employee over 499

d) Amount Due from table above:

**C. APPLICANT CERTIFICATION**

I, \_\_\_\_\_, being the \_\_\_\_\_ of the business entity listed above, declare that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*The total due includes all occupational taxes and fees as required in Ordinance #72. Please contact our offices if you wish to obtain a detailed cost breakdown.*

**D. 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 fewer than eleven employees and therefore, 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. § 13-10-90.

Signature of Exempt Private Employer: \_\_\_\_\_

Printed Name of Exempt Private Employer:

Applying on Behalf of / Name of Associated Business:

I do 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 of Authorized Office or Agent:

Signature of Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Stamp

**E. PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE PURSUANT TO O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes 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. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User ID Number:  Authorization Date:

Name of Private Employer:

Applying on Behalf of / Name of Associated Business:

I do 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 of Authorized Office or Agent:

Signature of Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Stamp

**F. AFFIDAVIT VERIFYING RESIDENCY STATUS OF AN APPLICANT AS REQUIRED BY THE GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT O.C.G.A. § 50-36-1(e) (2)**

By executing this affidavit under oath, as an applicant for a Forsyth County, Georgia Occupational Tax Certificate, Alcohol License or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for a public benefit (check one):

- Occupational Tax Certificate
- Alcohol License

Business Name:

Please check one:

- I am a United States citizen
- I am a legal, permanent resident of the United States
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document such as a copy of a photo identification, drivers license, passport, permanent resident card, etc., provided with this affidavit can best be classified as:

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant:

Applying on Behalf of / Name of Associated Business:

Signature of Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Stamp

## G. DEFINITIONS

**Business** means any person who, within the unincorporated areas of the county, engages in or causes to be engaged in and/or represents himself to be engaged in any occupation or activity with the object of gain, benefit or advantage either directly or indirectly. Any person advertising by any means, including but not limited to signs, cards, circulars and newspapers, that he is engaged in any business of any kind shall be liable for the appropriate occupation tax required under this article and the appropriate fee therefore.

**Date of commencing** means the date on which a business becomes engaged in business in the county.

**Location of Office** means a physical location and shall not include a temporary work site which serves a single customer or project.

**Employee** means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2, but not a form I.R.S. 1099. The term "employee" also includes owners, partners, officers or managers who work for a business, whether or not such person is salaried.

**Number of Employees** of the business or practitioner means as computed on a full-time position basis or a full-time position equivalent basis, provided that for the purposes of this computation an employee who works 40 hours or more weekly shall be considered a full-time employee and that the average weekly hours of employees who work less than 40 hours weekly shall be added and such sum shall be divided by 40 to produce full-time position equivalents.

**Business Tax Registration** means a business license. This business license is obtained from the revenue collection office after the requisite occupation tax and/or regulatory fees have been paid to the revenue collection office. The phrase "business tax registration" and "business registration" are used interchangeably in this article.

## H. NOTES

Out-of-state businesses with no location in Georgia shall be assessed occupation taxes based on the number of employees engaged in substantial efforts in Georgia.

Newly established businesses shall be required to estimate the number of employees from the date of the commencement to the end of the calendar year and such fee shall be paid within thirty (30) days from the date of commencing business operations.

**I. AFTER HOURS EMERGENCY CONTACT**

Please fill out the questionnaire below and return with your application for a Forsyth County business license. This is necessary information in the event of a crisis situation for our emergency personnel.

If there are any changes, updates or closing of the business, please contact Forsyth County Computer Aided Dispatch by phone at 678-513-5949 or by fax at 770-781-2202.

Date Submitted:  Residential Business?

Business Name:

Business Address:  City:  Zip Code:

Directions to Business:

Landline Business Phone:  *If Cell Phone Only Business Number:*

Business Operating Hours:  Business Operating Hours:

Type of Business:

24 Hour Emergency Contact Personnel:

Name:  Phone Number:

E-mail:

Name:  Phone Number:

E-mail:

Name:  Phone Number:

E-mail:

Alarm Company Name:

Alarm Company Phone Number:

Hazardous Materials?

If yes, list chemical name and UN number:

**J. BANKCARD TRANSACTION FOR CREDIT OR DEBIT CARD PAYMENT**

Transactions cannot be processed unless all information is submitted.

Type of Card:

Amount of Payment:  Card Number:

Expiration Month:  Expiration Year:

CVV Number:

Three digit security code on back of card

Name on Card:

Billing Address for Card:

City:  State:  Zip Code:

Company Name:

Contact Person:  Contact Phone:

Payment For:

Signature of Card Holder: \_\_\_\_\_