

**Residential Business License Application** 

Attached is the application for a business license that must be completed by all home based businesses. 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.
- Attach copies of all items listed below which apply to you or your business: Copy of State License (building contractors, plumbers, electricians, etc.) Federal Identification Number (irs.gov) Georgia Sales Tax Number (dor.gov) Certificate of Liability Insurance (sign companies only) Copy of Registered DBA Name (clerk of court) Corporation Papers (sos.ga.gov)
- 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 driver's license, passport, permanent resident card, etc. For a complete list of verifiable documents, visit the official state portal at <u>www.georgia.gov</u> 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.
  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 <a href="http://www.forsythco.com">www.forsythco.com</a>.



# **Residential Business License Application**

A. APPLICANT INFORMATION		
Date Opened in Forsyth County:	Conditional Use / Home Occupatio	on Applied For?
Type of Ownership:		
Business Name:		
DBA / Trade Name:		
Business Address:	City:	Zip Code:
Business Phone:	Business Fax:	
Business Mailing Address:	City:	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):		
Federal ID Number:	GA Sales Tax Number:	
State Board License (complete boxes below; must include copy	if applicable):	
License Number:	Expiration Date:	
CORPORA	TIONS ONLY	
Primary Shareholders Name and Phone Number:		
Subsidiary of:	CEO or CFO:	
Office Zoning: Map:	e Use Only Parcel: N	AICS #:
FOR STAFF USE ONLY RUSINESS LICENSE NUMBER:		Page 2 of 8

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:

Number of Employees	Total Due
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:

Number of Employees	<u>Total Due</u>
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

l,	_, 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)

 Intract Lum
 Date:

 Notary Stamp

# E. 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 legal, permanent resident of the United States
$\Box$ 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 by 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

### F. 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 has been paid to the revenue collection office. The phrase "business tax registration" and "business registration" are used interchangeably in this article.

#### G. 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.

#### H. PROFESSIONAL HOME OFFICES

**Professional Home Offices** are businesses that, by their nature, appearance and inherent operational activities and characteristics, are potentially less intensive in character and activity and are, therefore, less likely to have a noticeable and negative impact on the residential or agricultural character of the subject property and surrounding neighborhood. Due to the less intensive nature of these activities, applications for professional home office need only be reviewed by staff for administrative approval and more than one (1) professional home office per residence may be granted. A professional home office shall comply with all of the following performance criteria and general requirements set forth in the Forsyth County Unified Development Code, Chapter 16, Section 3.1 A:

Activities associated with a professional home office shall be conducted entirely within the residential dwelling including an attached garage, or, one (1) detached garage when no attached garage exists; and

The display, storage or parking of materials, goods, supplies or equipment outside of the dwelling or within an accessory building (excluding an attached garage) is prohibited; except as may be permitted in the Agricultural zoning districts as provided for in Chapter 17, Section 6.4; and

There shall be no non-resident employees working upon the property for which a professional home office license has been granted; and

There shall be only two customers on the premises; and

No more than one (1) vehicle, used primarily as a passenger vehicle, shall be permitted in the connection with the professional home office. Trucks with three or more axles, tractor trailers, heavy equipment, etc. are not allowed except as may be permitted in the Agricultural zoning districts as provided for in Chapter 17, Section 6.4.; and

The use of exterior signage is prohibited.

Owner/Proprietor of all professional home offices shall maintain a valid business license. Failure to hold a valid business license will invalidate the professional home office license.

All professional home office licenses shall be deemed valid for an initial twelve (12) month period unless otherwise provided for as a condition of the approval of said permits.

The granting of a professional home office license shall not constitute a covenant running with the property from which such home business is being conducted. A professional home office license shall not be transferable to another property and shall automatically and immediately terminate and become null and void upon the sale, lease, or transfer of said property to a party different than to whom the professional home office license was originally granted.

### I. DETAILS OF PROPOSED PROFESSIONAL HOME OFFICE USE (IF APPLICABLE)

Business Address:		City:	Zip Code:
Business Name:			
Provide a detailed description of the proposed business activity:			
Total floor area of th	e applicant's domicile and/or accessory building, if applicable:	:	
Total floor area used to conduct activities associated with the professional home office			

Total number and type of vehicles used in connection with the professional home office:	
Parking locations (off-street and parking on lawn areas are prohib	ited):
I,, hereby certify the requirements and that I will comply with the requirements as outline Development Code.	t I have read and understand the professional home office nes above and as required by the Forsyth County Unified
Signature of Applicant:	Date:

J. AFTER HOURS

K. 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: