



## COMMERCIAL BUSINESS LICENSE APPLICATION

Office (770) 781-2115

Fax (770) 781-2197

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, Federal ID #, Georgia Sales Tax#.
  - Certificate of liability insurance (This applies to sign companies that install and manufacture signs.)
  - Certificate of Occupancy or Certificate of Completion for all commercial buildings. (If you are a new tenant in an existing building please complete the Tenant Occupancy Permit Application located on the business license page at [www.forsythco.com](http://www.forsythco.com)).
  - Food Service Permit, Alcohol License, Dept of Agriculture, Fire Dept Certificate of Occupancy.
  - Copy of registered DBA name / Corporation Papers.
3. The attached, state required affidavits (**pursuant to O.C.G.A. Section § 50-36-1(e) (2) and O.C.G.A. § 36-60-6(d)**) must be completed in order to process your application. The residency affidavit always applies. The employer affidavits are based on the number of employees.
4. Make checks payable to Forsyth County Business License.
5. Application may be submitted in person or mailed. Mail the completed application along with the payment ( check, money order, or credit card form) to:

**Forsyth County Business License**  
**110 East Main Street | Suite 100**  
**Cumming, GA 30040**

6. Once received in our office, your completed application will then be reviewed. Please be sure all required items that are necessary for your business are attached. After reviewing the application it will be processed and we will mail your business license / occupation tax certificate.
  - APPLICATIONS SUBMITTED WITHOUT PAYMENT AND REQUIRED DOCUMENTS LISTED ABOVE 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.
  - OPERATING WITHOUT A BUSINESS LICENSE COULD RESULT IN A PENALTY AND/OR CITATION.
  - THERE WILL BE A \$25.00 FEE ON ALL RETURNED CHECKS.

Business Licenses run on a calendar year (January thru December). We allow a grace period thru March 31<sup>st</sup> of the following year to renew. Renewal notices and all documentation are mailed to the address provided by the customer on the application. Renewals not received by 5:00PM, March 31<sup>st</sup> are subject to penalties and interest. We do not accept postmarks. Should you have any questions or need assistance, please contact our office. Office hours are 8:30 – 5:00PM, Monday thru Friday.



## COMMERCIAL BUSINESS LICENSE APPLICATION

### 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.

### NOTES:

1. 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.
2. 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.



**(APPLICATIONS MUST BE PRINTED OR TYPED)**

ZONING: _____	MAP: _____	PARCEL: _____	NAICS#: _____
<b>(OFFICE USE ONLY)</b>			

Date Opened in Forsyth County: \_\_\_\_\_

Conditional Use / Home Occupation Applied For? NO / YES

Type of Ownership:     Sole Proprietor     Partnership     Corporation

Business Name: \_\_\_\_\_

DBA / Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**(Use separate sheet for information on partners / additional owners)**

Full Description of Business: \_\_\_\_\_

\_\_\_\_\_

**(Please be specific and list ALL business conducted)**

Federal Employee I.D. #: \_\_\_\_\_ GA Sales Tax #: \_\_\_\_\_

State Board License: **(Must Include Copy if applicable)**

Name on License: \_\_\_\_\_ License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

<b><u>CORPORATIONS ONLY</u></b>	
Primary Shareholders Name and Phone #: _____	
Subsidiary Of: _____ CEO / CFO: _____	



**COMMERCIAL BUSINESS LICENSE APPLICATION**

Computation of Fees

A. 1. Enter Total Number of Full Time Employees: \_\_\_\_\_

2. Enter Total 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)

3. TOTAL of Lines A1 and A2: \_\_\_\_\_

Use total from line A3 above to find amount due from the following table:

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

Number of Employees	Liability
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 or more	\$8612.50 + \$20.00 per employee over 499

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

Number of Employees	Liability
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

B. 1. Amount due from table above: \$ \_\_\_\_\_

2. Penalty (10% of line B1 if paid after March 31): \$ \_\_\_\_\_

3. Interest (1.5% of line B1 for each month or portion of a month payment is delinquent after March 31): \$ \_\_\_\_\_

(Penalty or interest not due on new applications submitted within 30 days from the date of commencing operations)

Total Due (Total of lines B1-B3): \$ \_\_\_\_\_

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.

Applicant Signature: \_\_\_\_\_ 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.*



**COMMERCIAL BUSINESS LICENSE APPLICATION**

**BANKCARD TRANSACTION FORM**

**Transactions cannot be processed unless all information is submitted.**

TYPE OF CARD: VISA \_\_\_ MASTERCARD \_\_\_ AMOUNT OF PAYMENT \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

CVV # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
**(THREE DIGIT SECURITY CODE ON BACK OF CARD)**

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS ON CARD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

PAYMENT FOR: \_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

\*\*\*\*\*



**COMMERCIAL BUSINESS LICENSE APPLICATION**

**FORSYTH COUNTY 911 CENTER  
 AFTER HOURS EMERGENCY CONTACT**

ATTENTION: ALL FORSYTH COUNTY BUSINESSES  
 FROM: FORSYTH COUNTY 911 CENTER  
 RE: AFTER HOUR EMERGENCY CONTACT INFORMATION

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 our C.A.D Department by phone at 678-513-5949 or by fax at 770-781-2202

**\*\*PLEASE PRINT CLEARLY\*\***

**DATE SUBMITTED:** \_\_\_\_\_ **RESIDENTIAL BUSINESS? YES** \_\_\_\_ **NO** \_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**SUITE/APT #:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DIRECTIONS:** \_\_\_\_\_

**LANDLINE BUSINESS PHONE:** \_\_\_\_\_

**\*\*IF CELL PHONE ONLY BUSINESS:** \_\_\_\_\_

**BUSINESS OPERATING HOURS:** \_\_\_\_\_

**TYPE / PURPOSE OF BUSINESS:** \_\_\_\_\_

**24 HOUR EMERGENCY CONTACT PERSONEL:**

**NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**ALARM COMPANY NAME:** \_\_\_\_\_

**ALARM COMPANY PHONE NUMBER:** \_\_\_\_\_

**\*\*HAZARDOUS MATERIALS? YES** \_\_\_\_ **NO** \_\_\_\_

If yes, please list the chemical name and U.N. # on reverse side.

**Forsyth County, Georgia**  
**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 \_\_\_\_\_, \_\_\_\_\_, 201\_\_\_\_ 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 \_\_\_\_\_, 201\_\_\_\_\_.

\_\_\_\_\_  
NOTRAY PUBLIC

My Commission Expires:  
\_\_\_\_\_

**Forsyth County, Georgia**  
**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 it federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Applying on Behalf of / Name of Associated Business

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

**Forsyth County, Georgia**

**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) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ as referenced in O.C.G.A. § 50-36-1, from Forsyth County Government, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- \_\_\_\_\_ **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 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

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_