



BUSINESS REGISTRATION APPLICATION



For businesses located in other Georgia municipalities that are working in Forsyth County

110 East Main Street | Suite 100

Cumming, GA 30040

Phone: 770-781-2115

Fax: 770-781-2197

PLEASE PROVIDE ALL INFORMATION REQUESTED
(IF NOT APPLICABLE USE NA, ALL BLANKS MUST BE FILLED IN)

TYPE OF APPLICATION: NEW ___ / RENEWAL ___ PREVIOUS REGISTRATION # _____

BUSINESS NAME: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(BUSINESS LOCATION) COUNTY: _____ CITY: _____

BUSINESS TYPE / ACTIVITY: _____

STATE LICENSE (if applicable): _____ EXPIRATION: _____

STATE LICENSE HOLDER NAME: _____ PHONE: _____

BUSINESS OWNER: _____ PHONE: _____

APPLICATION / SIGNATURE

TITLE

DATE

MUST ENCLOSE COPIES OF:

- **CURRENT BUSINESS LICENSE FROM THE JURISDICTION WHERE THE BUSINESS IS LOCATED**
- **STATE & FEDERAL LICENSE (IF APPLICABLE TO BUSINESS TYPE)**
- **PICTURE IDENTIFICATION OF THE OWNER & PERSON LICENSED WITH THE STATE FOR THE COMPANY (DRIVERS LICENSE, ETC.)**
- **LETTER OF RESPONSIBILITY FOR STATE LICENSE HOLDERS (IF APPLICABLE)**
- ***SIGN* COMPANIES MUST ALSO PROVIDE PROOF OF LIABILITY INSURANCE**

REGISTRATIONS SUBMITTED WITHOUT THE REQUIRED DOCUMENTS LISTED ABOVE WILL NOT BE PROCESSED OR THEY WILL BE HELD UNTIL RECEIVED.

INFORMATION REQUESTED ON THIS APPLICATION IS REQUIRED BY THE FORSYTH COUNTY OCCUPATIONAL TAX ORDINANCE TO PROVIDE FOR REGULATORY ACTIVITIES UNDER O.C.G.A. 48 – 13 – 9.



BUSINESS REGISTRATION APPLICATION



LETTER OF RESPONSIBILITY

This letter is to advise that I, _____, am a full time
(Print Name)
employee of _____, in the capacity of
(Business Name)
state license holder in the _____, division of the
(Trade)
company. In this capacity, I am aware that I am responsible for all _____
(Trade Work)
work performed by the company. Also, I am aware that no other company's work can be certified by me.

If this arrangement is terminated, you will be notified in writing.

My Georgia state license number is _____, copy attached.
(State License Number)

Sincerely,

(State License Holder Signature)

Sworn and Subscribed before me

This _____ day of _____, _____

Notary Public

My Commission Expires: _____