



2010 BUSINESS LICENSE RENEWAL



Attached is the application for a business license renewal. Please follow the directions below to ensure that your account is processed correctly.

- 1.) This application applies to business accounts with NO changes to the following
 - a.) Business Location
 - b.) Mailing Address
 - c.) Business Owner
 - d.) Type of Ownership
 - e.) State License Holder from Previous Year
 - f.) If any of the above has changed, you will need to complete a new application

- 2.) Attach copies of items that apply to your business.
 - a.) State License (building contractors, plumbers, electricians, etc.)
 - b.) Copy of Georgia sales tax identification number
 - c.) Certificate of Insurance (*Sign Companies Only!*)
 - e.) Residency Status Affidavit

- 3.) Payments may be made by (Check, Money Order, or Visa or MasterCard) DO NOT send cash. Make Checks Payable to **Forsyth County Business License**.

- 4.) Mail the **completed and signed** application, along with the payment to
Forsyth County Business License
110 East Main Street | Suite 100
Cumming, GA 30040

- 5.) Once received in our office, your completed application will then be processed and we will mail you your business license/occupation tax certificate.
 - a.) Applications submitted without payment and proper documents will be returned.
 - b.) There will be a \$25.00 fee on all returned checks.
 - c.) Operating without a valid business license could result in a penalty and/or citation.

- 6.) If the business has closed, please submit something in writing from the owner so that we may close your account.

Business license runs on a calendar year (January thru December). We allow a grace period thru March 31 of the following year. Renewals not received by 5:00PM on March 31 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 8:30AM – 5:00PM, Monday thru Friday.

Office Phone: 770-781-2115 Office Fax: 770-781-2197

WWW.FORSYTHCO.COM



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Account Number: _____ Business Phone: _____

Business Name / DBA: _____

Business Location: _____

Mailing Address: _____

Federal Tax ID #: _____ GA Sales Tax #: _____

Email: _____

A.)

1. Enter Total Number of Full Time Employees: _____
2. Enter Total Number of Part Time equal to Full Time Equivalents: _____
(Average weekly hours less than 40 added and sum divided by 40)
3. TOTAL of Lines A1 and A2: _____

Forsyth County Business / Occupation Tax Table	
NUMBER OF EMPLOYEES	TAX LIABILITY
1	\$75.00
2	\$150.00
3 – 9	\$150.00 + \$12.50 per employee over 2
10 – 99	\$237.50 + \$15.00 per employee over 9
100 – 499	\$1,587.50 + \$17.50 per employee over 99
500 OR MORE	\$8,587.50 + \$20.00 per employee over 499

1. Amount due from tax table above: \$ _____
2. Administrative Fee: \$ 25.00
3. Penalty (10% of line 1 if paid after March 31) \$ _____
4. Interest (1.5% of line 1 for each month or portion of a month tax payment is delinquent after March 31) \$ _____
5. Gross Tax Due (add lines 1-4 above) \$ _____
6. **Total Net Tax Due** \$ _____

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: _____



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BANKCARD TRANSACTION FORM

This form must be completed and submitted with a picture I.D. (valid drivers license, Georgia State I.D., etc.) of the person responsible for the credit card account. Transaction cannot be processed unless all information is submitted. (Attach I.D. at bottom of page)

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: _____

Forsyth County, Georgia
Affidavit Verifying Residency Status of an Applicant as Required
by the Georgia Security and Immigration Compliance Act

By executing this affidavit under oath, as an applicant for a Forsyth County Business Occupation Tax Certificate or other public benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), I am stating the following with respect to my application for a Forsyth County Business Occupation Tax Certificate or other public benefit.

_____ **I am a United States citizen**

OR

_____ **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 years 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

*Alien registration number for non-citizens

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

Notary Public

My Commission Expires _____

*Note: O.C.G.A. 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.

♦PLEASE INDICATE THE DOCUMENT VERIFYING YOUR RESIDENCY STATUS AND ATTACH A COPY OF THE DOCUMENT (front and back)

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card)
- I-571 (Refugee Travel Document)
- I-688 (Temporary Resident Card)
- I-688A (Employment Authorization Card)
- I-688B (Employment Authorization Document)
- I-766 (Employment Authorization Card)
- Certificate of Citizenship
- Naturalization Certificate

- Machine Readable Immigrant Visa
- Temporary I-551 Stamp (on passport or I-94)
- I-94 (Arrival/Departure Record)
- Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
- Other (Use Document Description)

Applying on Behalf of/Name of Associated Business