



RESIDENTIAL BUSINESS LICENSE APPLICATION

Office (770) 781-2115

Fax (770) 781-2197

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.
2. Attach all items listed below which apply to you or your business:
 - Copy of state license, Federal ID # & GA Sales Tax # (if applicable)
 - Completed Professional Home Office Form
 - Certificate of liability insurance (applies to SIGN companies only)
 - 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. Applications may be submitted in person or mailed. Mail the completed application along with the payment (check, money order, or Visa or MasterCard) 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.
 - 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 31st of the following year to renew. Renewal notices and all documentation are mailed to the mailing address provided by the customer on the application. Renewals not received by 5:00PM 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. Office hours are 8:30 – 5:00PM, Monday thru Friday.



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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.

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.



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(APPLICATIONS MUST BE PRINTED OR TYPED)

ZONING: _____	MAP: _____	PARCEL: _____	NAICS#: _____
(OFFICE USE ONLY)			

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: _____

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 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: _____

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



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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 office if you wish to obtain a detailed cost breakdown.



RESIDENTIAL BUSINESS LICENSE APPLICATION

Professional Home Office Application Form

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. A professional home office shall comply with all of the following performance criteria and general requirements set forth in this article:

- 1) 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
- 2) 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**
- 3) There shall be no non-resident employees working upon the residential property for which a professional home office permit has been granted; and
- 4) 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, including those with one axle in the front and two in the rear, 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.**
- 5) 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 Permit.

All Professional Home Office permits shall be deemed valid for twelve (12) months unless otherwise provided for as a condition of the approval of said permits.

The granting of a Professional Home Office permit shall not constitute a covenant running with the property which Professional Home Office is being conducted. A Professional Home Office permit 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 permit was originally granted.



RESIDENTIAL BUSINESS LICENSE APPLICATION

Details of Proposed Office Use

Business Name: _____

Business Address: _____

1. Total floor area of the applicant's domicile and/or accessory building, if applicable:

2. Total floor area used to conduct activities associated with the home occupation / home office:

 - a.) Open porches
 - b.) Attached garages or similar space not sited for occupancy and living quarters
 - c.) Any additions completed within the past three years
 - d.) The conversion of porches and/or garages into living space completed within the past three years.
3. Total number of non-resident employees: _____
4. Total number and type of vehicles used in connection with home occupation / home office: _____

I, _____, hereby certify that I have read and understand the Professional Home Office Requirements and that I will comply with the requirements as outlines above and as required by the Home Occupation Ordinance.

Signature

Date



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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: _____



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**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_____.

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 _____