

**CITY OF FORSYTH OCCUPATION TAX APPLICATION**

Business Or Occupation

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

Date Business began in City of Forsyth: \_\_\_\_\_

Does the Business pay an Occupation Tax in any other locality?    Yes    No/if yes,  
Where: \_\_\_\_\_ Must attach copy of Occupational Tax

FIE No.: \_\_\_\_\_ State DOL No.: \_\_\_\_\_

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

Business Location Address: \_\_\_\_\_

Residence Address (if different from mailing address-No. P.O. Box #) \_\_\_\_\_

Is Business street location inside the commercial corporate limits of Forsyth? Y N

Line(s) of Business or Occupation: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

**INSTRUCTIONS AND WORKSHEET**

**ADMINISTRATIVE FEE**

A non prorated; nonrefundable administrative fee is required at the initial tax return under The City of Forsyth Occupation Tax Ordinance, in the amount of \$20.00 for any business or occupation first entered into Forsyth after 01/01/95. Has your business previously paid the administrative fee:    Yes    No    N/A?

**TAX RATES**

1 - 3 EMPLOYEES .....	\$ 50.00
4 - 10 EMPLOYEES.....	\$ 75.00
11 - 20 EMPLOYEES.....	\$150.00
21 - 50 EMPLOYEES.....	\$250.00
51 + EMPLOYEES.....	\$300.00
Any Business outside the city limits.....	\$125.00 (flat rate)

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**REGULATION FEES**

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Sec. 22-3. Administrative and Regulatory Fee Structure; Occupation Tax Structure.

(A) A non prorated, non-refundable administrative fee of \$20.00 shall be required on all business and occupation tax accounts for the initial start-up, renewal, opening of those accounts. This administrative fee shall not be applicable.

**FEE STRUCTURE**

Pursuant to the authority of Official Code of Georgia Annotated, section 48-13-0, and in order to protect the public health, safety and welfare, and otherwise to enforce state and local building, health and safety codes, a regulation of the following business:

Fortuneteller:

Operating in own home..... \$725.00  
Transient..... \$500.00

Pawnshop.....\$475.00

Pistols or revolvers, sold, rented, exchanged, loaned or otherwise dealt in... \$ 75.00

Circus or carnival, per week..... \$ 75.00

Gasoline pumps, retail, each.....\$ 5.00

Hotels, motels, and similar establishments:

Each hotel, motel, boarding house or private home taking  
Transient roomers, per room for transients.....\$ 1.50  
Plus for each such room with cooking facilities..... \$ .50

Launderette (each washing machine, dryer or dry-cleaning machine).....\$ 5.00

Vending machines for merchandise, excluding postage stamps:

First 50 machines, per machine.....\$ 5.00  
The maximum fee for the first 50 machines shall be..... \$100.00  
Over 50 machines, per machine

Itinerants of every kind, including vendors of books and maps, pictures,

Toys and other articles, and including all persons selling any  
Articles of any kind on the street or from house to house..... \$ 50.00

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Itinerants of the kind who go from place to place repairing roofs and  
Painters and/or dealers in stone, marble, granite or any other  
Article of merchandise not otherwise provided for.....\$ 25.00  
Adult movie houses, adult movie theaters, and adult movie rental  
Business, as defined in section 15-24 of the City.....\$500.00

**TAX COMPUTATION**

1. Administrative Fee, if applicable (\$20.00).....\$ \_\_\_\_\_
2. Regulatory Fee, if applicable.....\$ \_\_\_\_\_
3. Occupation Tax..... \$ \_\_\_\_\_
4. 10% Penalty if Tax is not paid by March 1<sup>st</sup>..... \$ \_\_\_\_\_
5. TOTAL DUE: remit to The City of Forsyth no later than March 1<sup>st</sup>.....\$ \_\_\_\_\_

I certify that the information contained in this Occupational Tax Application and any pages attached are true and correct.

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Signature of individual making return or responsible therefore, who certifies that the information shown is true and correct.

\_\_\_\_\_  
Title Date

**FOR OFFICE USE ONLY:**

Zoning \_\_\_\_\_ Permitted Use \_\_\_\_\_ Conditional Use Prohibited \_\_\_\_\_

Variance hearing required: Yes \_\_\_\_\_ No \_\_\_\_\_

Variance approved: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Zoning Officer Signature Date

\_\_\_\_\_  
City Clerk Signature Date