

City of Forsyth Occupational Tax Application

Business or Occupation Name: _____

Name of Owner/Applicant: _____

Business Location Address: _____

Mailing Address (If different): _____

Is the address of the business itself located inside of the city limits of Forsyth? Yes No

Type of Business or Occupation: _____

Applicant Phone Number: _____ Business Phone Number: _____

Federal Employer ID #: _____ State Department of Labor #: _____

Date Business will open in City of Forsyth: _____

Type of Application: New Business Change of Address Change of Ownership
 Home Occupation Itinerant License Renewal

Will Business be installing security cameras? Yes No

Will Business be installing sprinklers? Yes No

Does the Business pay an Occupational Tax in any other locality in Georgia? Yes No

If yes to the previous question, where? _____ (Must attach copy of Occupational Tax)

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 after 01/01/1995. Has your business previously paid the administrative fee?

Yes No

Tax Rates

Number of Employees: _____

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)

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

REGULATORY 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 buildings, health and safety codes, a regulation of the following business.

Fortuneteller:

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

Pawnshop..... \$475.00

Pistol 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

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 15-26 of the City Code\$ 500.00

TAX COMPUTATION

- | | |
|--|-----------------|
| 1. Administrative Fee | \$ <u>20.00</u> |
| 2. Regulatory Fee, if applicable | \$ _____ |
| 3. Occupation Tax for full year | \$ _____ |
| 4. Penalty for late registration of business | \$ <u>25.00</u> |
| 5. TOTAL DUE | \$ _____ |

I certify that the information contained in this Occupational Tax Application and any pages attached are true and correct. By signing this form, I also agree to allow for inspections by city departments and to abide by the findings of those inspections.

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

Print name of above individual	Title of individual signing form	Date signed
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FOR OFFICE USE ONLY:

Fire and Life Safety Inspection _____ Passed _____ Failed
 Date of Inspection _____
 Re-inspection required ____ Yes ____ No Date of re-inspection _____
 Result of re-inspection _____ Passed _____ Failed

 Fire Chief Signature _____ Date _____

Zoning (circle one) Permitted Use Conditional Use Prohibited
 Variance hearing required: _____ Yes _____ No
 Variance approved: _____ Yes _____ No

 Zoning Officer Signature _____ Date _____
 Copy of application provided to Police Chief _____

Health Department – permit required: _____ Yes _____ No
 Signature of Health Department Representative _____

License (circle one) Approved Denied

 City Clerk Signature _____ Date _____

Copy scanned to City Manager _____ Police Chief _____ CVB Director _____

Business license entered (date) _____ Amount paid \$ _____
 License Number _____ License Code _____ Business Code _____
 Entered in system by (CSR's name) _____

Updated July 21, 2017

Verification of Lawful Presence with the United States

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

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States
- 3) _____ 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 also 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 (f) (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

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 20 ____

NOTARY PUBLIC

My Commission Expires: _____