



**CITY OF FORSYTH
OCCUPATION TAX APPLICATION**

Business or Occupation Name:				
First Name:		Last Name:		
Business Location Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Is Business street location inside the commercial corporate limits of Forsyth?			Yes	No
Type of Business/Occupation:				
Home Phone No:		Business Phone No:		
Cell Phone No:		Email:		
Federal Employer ID#:		State Dept. of Labor#:		
Date Business will open in City of Forsyth:				
Will business install security cameras?			Yes	No
Does the Business pay an Occupation Tax in any other locality in Georgia?			Yes	No
If yes, 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 01/01/95. Has your business previously paid the administrative fee:

Yes No

TAXES 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 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 _____, _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

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 my 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 15-16 of the City Code.....\$500.00

TAX COMPUTATION

1. Administrative Fee.....	\$ 20.00
2. Regulatory Fee, if applicable.....	\$
3. Occupation Tax for full year.....	\$
4. Penalty for late registration of business.....	\$
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

FOR OFFICE USE ONLY:

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

Fire Chief Signature Date

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

Zoning Officer Signature Date

Copy of application provided to the Police Chief: _____

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

License (choose one): Approved Denied

City Clerk Signature Date

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

Business License 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 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 bay 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 nay person who knowingly and willingly makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of O.C.G.A. 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: _____