

# CITY OF FORSYTH OCCUPATION TAX APPLICATION

Business or Occupation Name: \_\_\_\_\_

Name of Owner/Applicant \_\_\_\_\_

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

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

Is Business street location inside the commercial corporate limits of Forsyth? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of Business or Occupation: \_\_\_\_\_

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

Cell 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)

## 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

**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 \_\_\_\_\_

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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 \_\_\_\_\_

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Health Department – permit required: \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 Signature of Health Department Representative \_\_\_\_\_

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License (circle one)      Approved      Denied  
 \_\_\_\_\_  
 City Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Copy scanned to City Manager \_\_\_\_\_ Police Chief \_\_\_\_\_ CVB Director \_\_\_\_\_

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

