



Business License Renewal Application

Attached is the application for a business license renewal. Please follow the directions below to ensure that your account is processed correctly.

1. This application applies to business accounts with no changes to the following:
Business Location
Business Owner
Type of Ownership
Federal Identification Number

Note to Applicant: If any of the above has changed, you could be required to complete a new application.

2. The state required affidavits apply to all businesses and must be completed and notarized. Affidavits verifying residency status as referenced in O.C.G.A. § 50-36-1 (e) (2) and § 36-60-6 (d) require a secure and verifiable document such as a drivers license, passport, permanent resident card, etc.. For a complete list of verifiable documents, visit the official state portal at www.georgia.gov and search for the Office of the Georgia Attorney General.
3. Attach copies of items that apply to your business:
State License (building contractors, plumbers, electricians, etc.)
Georgia Sales Tax Number
Certificate of Liability Insurance (sign companies only)
4. Payments may be made by check, money order, Visa or MasterCard. Make checks payable to Forsyth County Business License.
5. Mail completed and signed application, along with payment, to the address at the top of the page. Please address it to the attention of Forsyth County Business License Division.
6. Once received in our office, your completed application will then be processed and we will mail your business license / occupation tax certificate.
Applications submitted without payment and proper documents will be returned.
There will be a \$25.00 fee on all returned checks.
Operating without a valid business license could result in a penalty and/or citation.
7. If the business has closed, please submit something in writing from the owner so that we can close your account.

Business licenses run on a calendar year from January thru December. We allow a grace period thru March 31st. Renewals not received by 5:00 PM on 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 from 8:30 am to 5:00 pm, Monday thru Friday or browse the website anytime at www.forsythco.com.



Business License Renewal Application

A. APPLICANT INFORMATION

Business License Number: Business Phone Number:

Business Name / DBA:

Business Address: Suite:

City: Zip Code:

Mailing Address: Suite:

City: Zip Code:

Federal ID Number: GA Sales Tax Number:

B. COMPUTATION OF FEES

a) Number of Full Time Employees:

b) 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.

c) Total Number of Employees: (add lines a and b):

Please use the table below to calculate your fee if the renewal is submitted on or prior to March 31. If submitted after April 1, please contact our office for the total amount due.

Number of Employees	Total Due
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 - More	\$8612.50 + \$20.00 per employee over 499

C. APPLICANT CERTIFICATION

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.

Signature of Applicant: _____ Date: _____

The total due includes all occupational taxes and fees as required in Ordinance #72. Please contact our offices if you wish to obtain a detailed cost breakdown.

FOR STAFF USE ONLY
BUSINESS LICENSE NUMBER:

D. BANKCARD TRANSACTION FOR CREDIT OR DEBIT CARD PAYMENT

Transactions cannot be processed unless all information is submitted.

Type of Card:

Amount of Payment: Card Number:

Expiration Month: Expiration Year

CVV Number:

Three digit security code on back of card

Name on Card:

Billing Address for Card:

City: State: Zip Code:

Company Name:

Contact Person: Contact Phone:

Payment For:

Signature of Card Holder: _____