Forsyth County Business License Division

Business License Application

Welcome! We are delighted that you have chosen Forsyth County to conduct your business.

To start a business in Forsyth County, you will need to obtain a Occupational Tax Certificate (business license). Additional permits or licenses may be required, depending on the type of business you plan to operate and/ or the business location. Please submit completed applications to our office in person or by mail.

A Business Location Verification (BLV) Decision Letter is required when applying for a business license. The BLV process must be completed through the CSS portal prior to submitting a business license application. Instructions to register on the CSS portal and to complete the BLV process are attached.

Attach and provide copies of all applicable documents according to your business:

Incomplete applications will be returned.

- Business Location Verification (BLV) Decision Letter required for Commercial & Residential (home) businesses
- Purchase Agreement/Bill of Sale, if purchasing existing business (monetary information not required)
- State License or applicable certificates (contractors, plumbers, electricians, cosmetologists, etc.)
- Federal Identification Number - SS4 Form only (irs.gov) 800-829-4933
- E-Verify Confirmation Document (e-verify.gov)
- Georgia Sales Tax Number (dor.ga.gov)
- Certificate of Liability Insurance (applies to sign companies only)
- Food Service Permit and Food Service Inspection Report (health department 770-781-6909)
- Department of Agriculture Certificate (470-501-0605)
- Registered Trade Name/DBA (forsythclerk.com)
- Corporation or LLC Papers with copy of annual registration (sos.ga.gov)
- Certificate of Occupancy (applies to new builds & tenant finishes only)
- Copy of verifiable documents (see below)- provide copy

The state required affidavits on pages 4 and 5 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 driver's license, passport, permanent resident card, etc.

Payments by check are made payable to Forsyth County in the amount due at the time of submittal. Please note, there is a $25.00 returned check fee if the payment cannot be processed. We also accept cash, money order, or Visa & MasterCard.

New Applications may be mailed to our office or submitted in person.(will not be accepted via email)

Business licenses are valid through the calendar year in which they are applied for. All business licenses will expire on the last day of December each year.

To have emergency contact information available in case of an emergency please forward the business contact information to hchooker@forsythco.com.

Should applicants have any questions or need assistance, please contact our office from 8:30 am to 5:00 pm, Monday through Friday, or visit our website at www.forsythco.com.

For a complete list of definitions, please see our Occupational Tax Ordinance.

How to Register for a Customer Portal Account in CSS

You will register for an account on our online self-service portal to start your **business license verification process**, **pay your license fees**, **renew your license**, and **print your business license.**

Here's how you register: (if you haven't already registered)

Please use the link below to register for an account.
https://css.forsythco.com/EnerGov_Prod/selfservice/

- Click Login and Register in the top right of the screen.
- A pop-up will appear at the top of the screen. Click continue to be directed to the registration process.
- Click Create an Account at the bottom of the screen.
- You will be directed to Create an Account.
- Fill out all fields.
  - First Name
  - Last Name
  - Email
  - Phone Number (Optional)
  - Password
- Click Sign Up.
- You will receive notification that an email has been sent to verify the account.
- When the email is received, you will be provided an activation code. You will need to input the activation to verify your account.
- You will then be redirected back to the Forsyth County CSS home page.
- You will now log in to create the CSS Portal account.
- Click the Log in or Register Card
- Log in with the email and password used for registration.
- This will start the Acknowledgment process.
- Click continue to proceed to the Personal Information screen.
- Fill in all the information to finalize the Personal Information section. Only complete the fields marked with an asterisk *.
- Click Next.
- Provide the Mailing Address information.
- Click Submit.
- The registration process is now complete and you should see your Dashboard.

CSS Location Verification Process

Please note that the address used for your business cannot be a P.O. Box or UPS Store/Mailbox location. The address used should be the physical location of the business. You will be able to add an additional mailing address later in the application process.

Once you are logged into your CSS account, please use the link below to begin the verification process:

https://css.forsythco.com/EnerGov_Prod/SelfService#/home

1. Click on Apply in the black bar, then click on Plans.
2. Choose Business Location Verification (Commercial or Residential) based on the physical location of the business- Click Apply
3. Click on the blue tile to search for the address.
4. Type the address (without suite number) in the box provided, then click the search icon- once the address appears, click on the box with the address then click Add.
5. Click Next (bottom right)
6. Enter the full business activity description in the Description box, then click Next.
7. The next screen should show you as a contact - if not, add contact - choose Applicant in the dropdown – search by the email you used to create the CSS account – add the contact – Click Next
8. More Info: Please fill out all boxes/questions that apply to your business, then click Next.
9. Attachments - Click Next to skip the step (ATTACHMENTS ARE NOT REQUIRED)
10. Type your name, click Enable Type Signature, type your name into the box, then click Next.
11. Review your information. If all is correct, click on Submit (bottom right). If you need to make any changes, you will need to click on the Back button (bottom left) until you get to the screen you need to change.
12. The BLV decision letter will be emailed to you within 7-10 business days.
13. Once you receive the BLV decision letter that states you may apply for your Business License, you may submit your completed application by mail or in person at the office.

You may log into your CSS portal at any time to check the progress of your review.

Forsyth County Business License Division

Business License Application

Please complete the Business Location Verification Process prior to completing and submitting an application. Completed applications must be submitted within thirty (30) days of commencing business.

Applicant Information

Type of ownership: (check one) Partnership: ☐ LLC: ☐ Corporation: ☐ Sole Proprietor: ☐

Business Type: Home: ☐ Commercial: ☐ Commencement Date at Business Location: _____

Name of Business: _____

Business Phone: _____ DBA/Trade Name: _____

Business Address: _____ STE: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ STE: _____ City: _____ State: _____ Zip: _____

Business/Corporate Owner: _____

Owner Home Address: _____ City: _____ State: _____ Zip: _____

Owner/Corporate Email: _____ Owner/Corporate Phone: _____

Billing Contact Name and Email: _____ Billing Phone: _____

Additional Business Owner: _____ Additional Owner Email: _____

Full Description of Business: _____

_____

Please complete and provide copies if applicable:

Federal ID Number: _____ Georgia Sales Tax Number: _____

State License Number(s) _____

Commercial Locations ONLY:

Outdoor Storage or Outdoor Display? YES ☐ NO ☐ Is business 24 hours? YES ☐ NO ☐

If yes, list products (excluding signs) to be store or displayed: _____

Conditional Use Permit Number - if applicable: _____ Are you sharing space with another business? YES ☐ NO ☐

Business name: _____

Is this new construction? YES ☐ NO ☐ Any food prepared on site? YES ☐ NO ☐

Existing building? YES ☐ NO ☐ Food prepared by separate entity? YES ☐ NO ☐

Are you making any non-cosmetic changes? YES ☐ NO ☐ Are you applying for an alcohol license? YES ☐ NO ☐

Fee Schedule

Number of Full Time Employees: _____

Owners, partners, officers or managers whether or not such person is salaried are all considered employees

Number of Part Time Employees: _____

Average weekly hours of employees who work less than 40 hours shall be added together and divided by 40 to produce full time position equivalents. Round to nearest whole number.

Total Number of Employees: _____

Number of Employees	New applications submitted on or prior to June 30th will use the following table:
1	$125.00
2	$200.00
3-9	$212.50 + $12.50 per employee over 3
10-99	$287.50 + $15.00 per employee over 9
100-499	$1,637.50 + $17.50 per employee over 99
500+	$8,637.50 + $20.00 per employee over 499

Number of Employees	New applications for business that commence on or after July 1st will use the following table (must be received within 30 days of commencement to receive pro-ration):
1	$87.50
2	$125.00
3-9	$131.25 + $6.25 per employee over 3
10-99	$168.75 + $7.50 per employee over 9
100-499	$843.75 + $8.75 per employee over 99
500+	$4,343.75 + $10.00 per employee over 499

* Penalties and interest for applications received 30 days after commencment date, shall not be waived.

Amount Due: _____

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. I understand that the business license expires on December 31, and should be renewed annually by the end of the grace period, being March 31. I understand it is the responsibility of the business owner to maintain a current and active Business License and occupational tax certificate.

Signature of Applicant: _____ Date: _____

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs **fewer than eleven employees** and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Printed Name of Exempt Private Employer: _____ Signature: _____

Applying on Behalf of/Name of Associated Business: _____

I do hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on this ____ day of _____, 20___ in _____(City), _____ (State)

Notary Stamp

Signature of Notary _____ Date: _____

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs **more than ten employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User ID Number _____ Authorization Date _____

Printed Name of Private Employer: _____ Signature: _____

Applying on Behalf of/Name of Associated Business: _____

I do hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on this ____ day of _____, 20___ in _____(City), _____ (State)

Notary Stamp

Signature of Notary _____ Date: _____

Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration Compliance Act Pursuant to O.C.G.A. § 50-36-1 (f)(1)

By executing this affidavit under oath, as an applicant for a Forsyth County, Georgia Occupational Tax Certificate or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for a public benefit (check box below):

☐ Occupational Tax Certificate (Business License)

Please check one:

☐ I am a United States Citizen

☐ I am a legal, permanent resident of the United States

☐ 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 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(e) (1), with this affidavit.

The secure and verifiable document such as a copy of a photo identification, driver's license, passport, permanent resident card, etc., 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 by guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed on this ____ day of _____, 20___ in _____(City), _____ (State)

Signature of Applicant: _____Printed Name of Applicant: _____

Applying on Behalf of/Name of Associated Business: _____

Notary Stamp

Signature of Notary _____ Date:_____

Details of Professional Home Office - Home Based Only

Total floor area of applicant's domicile and/or accessory building, if applicable: _____

Total floor area used to conduct activities associated with the professional home office _____

(Excluding unheated areas such as porches, unfinished basements, garages, and decks)

Total number and type of vehicles used in connection with professional home office: _____

Parking locations for additional vehicles and equipment associated with business. Provide address.
(Off-street and parking on lawns is prohibited) _____

Does the address on your current driver's license match the address for your home based business? YES ☐ NO ☐

I, _____, hereby certify that I have read and understand the professional home office requirements and that I will comply with the requirements as outlined above and as required by the Forsyth County Unified Development Code.

Signature of Applicant: _____ Date: _____

Check List for Attachments (Provide Copies)

- ☐ I have completed the BLV Process for my Commercial or Residential business and provided a copy of the decision letter.
- ☐ (All businesses) If this business is a LLC, Corporation or Limited Partnership, provide a copy of the GA Secretary of State Certificate of Organization / Incorporation and Articles listing all officers and agents. Visit sos.ga.gov
- ☐ (All businesses) If your profession / occupation is required to obtain a state license, health permit, or any other regulatory approval from any state, federal or professional licensing board, provide a copy of the current license / certification.
- ☐ (All businesses) E-Verify Confirmation Document and notarized E-Verify Private Employer of Compliance Affidavit. Visit E-verify.gov if more than 10 employees.
- ☐ (All businesses) Notarized U.S. Citizen / Qualified Alien Affidavit along with a front and back copy of your secure and verifiable identification document.
- ☐ Copy of State of GA issued Driver's License / Photo ID (address on driver's license must match the address on page 2 for all residential businesses only)
- ☐ Provide copy of Federal ID Document- SS4 Form (if applicable) Visit irs.gov
- ☐ Provide copy of GA Sales & Use Tax Certificate (if applicable) Visit dor.ga.gov
- ☐ Provide copy of Certificate of liability insurance (applies to sign companies only)
- ☐ Provide copy of Registered Trade Name / DBA (if applicable) Visit forsythclerk.com
- ☐ Provide copy of Food Service Permit (if applicable) Health Department (770) 781-6909
- ☐ Provide copy of Department of Agriculture Permit (if applicable) (470) 501-0605

Forsyth County Business License Division

Business License Application Check List

Please note, incomplete applications will not be accepted by our office. The completed application may be mailed or submitted to our office in person.

Use this checklist to verify your application is complete.

Required documentation:

_____1. The application and all attachments must be typed or legibly printed in black ink. Do not print double-sided. All documents should be printed on 8 ½ x 11 paper. The Licensing Office reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible. Documents requiring a notary must be signed in the presence of a notary. Please provide *copies* of all applicable documents.

_____2. I have completed the Business Location Verification (BLV) and received a BLV Decision Letter stating, "Business License may be applied for".

_____3. I have provided a copy of my valid BLV decision letter with my application. (Please be mindful of the expiration date printed on the letter.)

_____4. I have filed my business name on the GA Secretary of State website and have provided a copy of the articles of incorporation (Inc. or Corp.) or the articles of organization (LLC) and proof of the annual registration. (except for a Sole Proprietor)

_____5. I have filed my DBA with the Clerk of Court and have provided a copy of the document showing the name is filed in Forsyth County (If applicable). The Clerk of Court office is in the Forsyth County Courthouse, suite 1007. There is a filing fee.

_____6. I purchased an existing business and have provided a copy of the Purchase Agreement/Bill of Sale (If applicable). Monetary information is not needed and may be redacted.

_____7. My business has a Federal Identification Number and I have provided a copy of the SS4 form from the IRS. (Not W-9)

_____8. My business profession requires a state/board/medical license or certificate of any kind to operate in the state of Georgia and I have provided a valid copy of these documents. For questions regarding required licenses or certifications, please contact our office at businesslicense@forsythco.com

_____9. My business involves selling a product and I have provided a copy of the GA Sales & Use Tax document from the GA Department of Revenue.

_____10. My business involves the preparation of food and I have provided a copy of the Food Service Permit ***and*** most current inspection report from the Health Department. (Restaurants *Only*)

_____11. My business involves the sale of packaged food and I have provided a copy of the Food Sales Establishment License from the GA Department of Agriculture. (Convenience stores, grocery stores, bakery, etc.)

_____12. My business uses E-Verify and I have more than 10 employees and I have provided a copy of the E-Verify confirmation document.

_____13. My business is in a new construction building or I have made non-cosmetic changes in my suite, and I have provided a copy of the CO and Fire CO.

_____14. I have provided a copy of the verifiable document (driver's license, passport, permanent resident card, etc.) for the individual that signed page 5.

_____15. My business is residential, and my driver's license matches the provided business address on page 2.

Application:

_____1. I have selected my business ownership type. (Please check *one*)

_____2 I have selected my business type. (Please check *one*)

_____3. I have provided the commencement date for when my business started operating in Forsyth County at this location.

_____4. I have provided the full name of my business as shown on the GA Secretary of State. (If Sole Proprietor, put First and Last name), and provided a copy of the applicable document.

_____5. I have provided the phone number for my business.

_____6. I have provided the DBA for my business as filed with the Clerk of Court, and provided a copy of the document. (If applicable),

_____7. I have provided the full business address including the suite (if applicable), city, state, and zip code.

_____8. I have provided the full mailing address for my business including the suite (if applicable), city, state, and zip code.

_____9. I have provided the full name of the business owner.

_____10. I have provided the owner's full home address including the city, state, and zip.

_____11. I have provided the owner/corporate email address.

_____12. I have provided the owner/corporate phone number.

_____13. I have provided the billing contact name and email address.

_____14. I have provided the billing contact phone number.

_____15. I have provided the name of the additional owner (if applicable.) If there are more than two owners, please provide a separate document listing the names and contact information).

_____16. I have provided the email address for the additional owner.

_____17. I have provided the full description of my business and this information matches the description printed on my BLV decision letter.

_____18. I have listed the Federal Identification Number and provided a copy of my SS4 form from the IRS. (If applicable.) If using SS#, please leave blank.

_____19. I have listed the Ga Sales & Use Tax number and provided a copy of the document from the Ga Department of Revenue. (If applicable.)

_____20. I have listed my state license numbers and/or my certification numbers and provided a valid copy of these documents.

_____21. I have answered all questions in the "Commercial Locations Only" section at the bottom of page 2. (If residential business, do not answer)

_____22. I have provided the total number of full-time employees, including all owners, partners, officers, or managers whether such person is salaried or not.

_____23. I have provided the total number of part-time employees. (The total of the average weekly hours of employees who work less than 40 hours shall be added together and divided by 40 to produce the total full-time position equivalents. Round to the nearest whole number. Example. The average total of weekly hours for employees who work less than 40 hours= 60. 60/40=1.5 this is equivalent to 2 full-time employees)

_____24. I have provided the total number of full-time and part-time employees.

_____25. I have calculated my balance due using the fee schedule provided on page 3. (Our office will verify the calculation once the application is processed, and the invoice is created.)

_____26. The applicant has signed the bottom section of page 3.

_____27. This business has fewer than eleven employees and I have completed the top portion of page 4. Provide the following information: Employer's printed First and Last name,

Employer's signature, and the full business name. This must be completed in the presence of a notary.

_____28. This business has more than ten employees and I have completed the bottom portion of page 4. Provide the following information: The E-Verify Company ID, the Authorization date, Employer's printed First and Last name, Employer's signature, and the full business name. This must be completed in the presence of a notary. I have provided a copy of the E-Verify confirmation.

_____29. The applicant has completed the Affidavit Verifying Residency Status on page 5 and provided the following information: Check the Occupational Tax Certificate Box, check the box identifying your resident status (check one), provide alien number issued by Homeland Security (if applicable), list the type of verifiable document provided with the affidavit, and sign in the presence of a notary. I have provided a copy of the document that pertains to my residency status.

Residential businesses only:

_____1. I have provided the total square footage of my residence.

_____2. I have provided the total square footage of my office space located within my residence.

_____3. I have provided the total number and type of vehicles registered to my business.

_____4. I have provided the parking location of the additional vehicles and equipment associated with my business.

_____5. The address on the copy provided of my valid driver's license matches the business address on the application.