



Forsyth County Business License Department  
(678) 455-9888 | [www.forsythco.com](http://www.forsythco.com)

## Commercial Business License Application

**Please submit completed application within thirty (30) days of commencing business.**

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

- State License (contractors, plumbers, electricians, cosmetologists, etc.)
- Federal Identification Number ([irs.gov](http://irs.gov))
- Georgia Sales Tax Number ([dor.ga.gov](http://dor.ga.gov))
- Certificate of Liability Insurance (*applies to sign companies only*)
- Food Service Permit (*health department 770-781-6909*)
- Department of Agriculture Permit (*770-535-5955*)
- Registered Trade Name/DBA ([forsythclerk.com](http://forsythclerk.com))
- Corporation or LLC Papers ([sos.ga.gov](http://sos.ga.gov))
- Tenant Occupancy Permit Application (all new tenants in an existing building)
- Copy of verifiable document (see below)

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.

Applications submitted without the required documents or payment will be returned.

Applications may be mailed to our office or walked-in.

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, though we do allow for a 90-day grace period through March 31<sup>st</sup> of the following year to renew without penalties and interest being added. Renewals not received in our office by 5:00 pm on March 31<sup>st</sup> are considered late and are subject to penalties and interest. **We do not accept postmarks.**

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](http://www.forsythco.com).

For a complete list of definitions, please see our [Occupational Tax Ordinance](#).



## Fee Schedule

Number of Full Time  
Employees: \_\_\_\_\_

*Owners, partners, members 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 30<sup>th</sup> will use the following table:**

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	\$1,612.50 + \$17.50 per employee over 99
500+	\$8,612.50 + \$20.00 per employee over 499

Number of Employees                      **New applications submitted on or after July 1<sup>st</sup> will use the following table:**

1	\$62.50
2	\$100.00
3-9	\$106.25 + \$6.25 per employee over 3
10-99	\$143.75 + \$7.50 per employee over 9
100-499	\$818.75 + \$8.75 per employee over 99
500+	\$4,318.75 + \$10.00 per employee over 499

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.

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)



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)



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, Alcohol License 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 one):

Occupational Tax Certificate

**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.

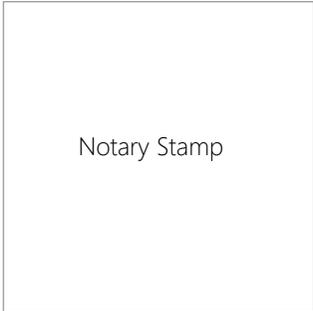
The secure and verifiable document such as a copy of a photo identification, driver's license, passport, permanent resident card, etc., provided with this affidavit can best be classified as: \_\_\_\_\_

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 be 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: \_\_\_\_\_



Signature of Notary \_\_\_\_\_

Date: \_\_\_\_\_

## After Hours Emergency Contact

Please fill out the questionnaire below and return with your application for a Forsyth County business license. This is necessary information for our emergency personnel in the event of a crisis.

If there are any changes to the below information, such as an update of contact information or the business has closed, please contact Forsyth County Computer Aided Dispatch by phone at 678-513-5949 or by fax at 770-781-2202.

Date submitted \_\_\_\_\_

Business Name \_\_\_\_\_  
\_\_\_\_\_

Business Address: \_\_\_\_\_ STE: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is business 24 hours?    YES    NO  
                                      Business operating hours \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Type of Business \_\_\_\_\_

24 Hour Emergency Contact Personnel: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Alarm Company Name & Phone Number \_\_\_\_\_

*If applicable*

Any hazardous materials?    YES    NO  
                                    

If yes, list chemical name and UN number: \_\_\_\_\_