Forsyth County Business License Department
(678) 455-9888 | www.forsythco.com

Out of State Business License Application

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

- State License (contractors, plumbers, electricians, cosmetologists, etc.)
- Copy of verifiable document

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.

Please note: If you are out of state, once we receive your completed application, we will call you for payment over the phone.

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 31st of the following year to renew without penalties and interest being added. Renewals not received in our office by 5:00 pm on March 31st 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.

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

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Out of State Business License Application

Applicant Information

Application Date: _____ LLC: ☐ Corporation: ☐ Sole Proprietor: ☐

Start Date: _____

Name of Business: _____

DBA/Trade Name: _____ Business Phone: _____

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

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

Business Owner: _____

Owner Address: _____ STE: _____ City: _____ Zip: _____

Owner Email: _____ Owner Phone: _____

Full Description of Business: _____

_____

Please complete and provide copies if applicable:

State License Number(s) _____

For Office Use Only:

Map: 999 Parcel: 999 NAICS: _____

Business License Number: _____

Fee Schedule

Number of Employees: _____

Number of employees onsite/at location

Number of Employees	New applications submitted on or prior to June 30th 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 1st 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)

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 _____

Name of Private Employer: _____

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 (e)(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 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:_____