

**APPLICATION FOR BUSINESS TAX**

FOR CITY OF FOREST PARK USE

**TAKE CARE TO USE A REALISTIC FIGURE. IF RETURN IS AUDITED IT WILL BE CLOSELY EXAMINED.**

CITY OF FOREST PARK

BUSINESS TAX DIVISION

P.O. BOX 69

FOREST PARK, GA 30298-0069

(404) 366-4720

**MUST BE COMPLETED & RETURNED PRIOR TO:**

PLEASE READ CAREFULLY BEFORE COMPLETING (NO P.O. BOXES PLEASE)

PLEASE PRINT

ACCOUNT #	DATE FILED
AMOUNT DUE	
PENALTY	
TOTAL	
TRANSIENT <input type="checkbox"/>	STATIONARY <input type="checkbox"/>

1. GROSS DOLLAR VOLUME

2. NUMBER OF PERSONNEL

BUSINESS NAME & ADDRESS

**NOTE:** BUSINESS TAX DEPARTMENT WILL CALCULATE FEE AND YOU WILL BE BILLED ACCORDINGLY. FOR FEE SCHEDULE CONTACT BUSINESS TAX DEPARTMENT. NON-TRANSFERABLE, INEFFECTIVE UPON CHANGE OF OWNERSHIP OR LOCATION.

**IMPORTANT**  
IF YOU ARE LICENSED BY THE COUNTY OR STATE, A COPY OF YOUR LICENSE(S) MUST BE SUBMITTED WITH THIS APPLICATION.

PROPERTY LOCATION IF OTHER THAN MAILING ADDRESS

3. CHECK ONE: PARTNERSHIP \_\_\_\_\_ SOLE OWNER \_\_\_\_\_ CORP. \_\_\_\_\_ RENEWAL \_\_\_\_\_ AMENDED \_\_\_\_\_ NEW \_\_\_\_\_  
DATE COMMENCED \_\_\_\_\_ TERMINATED \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS/CORPORATION NAME \_\_\_\_\_

DBA \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_ SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

4. DOMINANT BUSINESS ACTIVITY (TYPE OF BUSINESS)

5. TO BE COMPLETED BY OWNER, IF PARTNERSHIP OR INCORPORATED, LIST OFFICERS NAME AND HOME ADDRESS ON SEPARATE SHEET. (NO P.O. BOXES PLEASE)

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TITLE \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ FED. ID # \_\_\_\_\_

6. I (NAME) \_\_\_\_\_ BEING THE (TITLE) \_\_\_\_\_

DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_ CHECK IF ANY ADDITIONAL STATEMENT ATTACHED

\_\_\_\_\_  
SIGNATURE DATE