



745 FOREST PARKWAY, FOREST PARK, GA 30297
 CITY HALL, DEPARTMENT OF FINANCE: (404) 366-4720
 FAX: 404-608-2344
 CALENDAR YEAR _____

LICENSE# _____
 DATE RECEIVED _____

APPLICATION FOR NEW BUSINESS TAX/ REGISTRATION

PO BOX 69
 FOREST PARK, GA 30298-0069
PLEASE READ CAREFULLY BEFORE COMPLETING
(NO P.O. BOXES PLEASE)

NOTE: Please type or print clearly and complete all information and attach all required documentation. Required Documentation includes: State Issued Identification. The City of Forest Park Business Tax Department will calculate fees and will bill you accordingly. For fee schedule contact the Business Tax Department or the website www.forestparkga.org. **IMPORTANT:** If you are licensed by the county or state, a copy of your license(s) must be submitted with this application.

OWNERSHIP TYPE (CIRCLE ONE): SOLE PROPRIETOR / PARTNERSHIP / CORPORATION/ NON-PROFIT/ L.L.C (ATTACH CORPORATION DOCUMENTS)

ESTIMATED GROSS DOLLAR VOLUME _____ **NUMBER OF EMPLOYEES** _____ **DATE COMMENCED** _____

*(NOT REQUIRED BY NON-PROFIT OR TAX EXEMPT ORGANIZATIONS)

AMENDED APPLICATION _____

PLEASE COMPLETE ALL INFORMATION

BUSINESS/ CORPORATION/ ORGANIZATION NAME

DOING BUSINESS AS NAME

**BUSINESS/ ORGANIZATION
 LOCATION ADDRESS**

SUITE UNIT/ APT _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____ - _____

TELEPHONE _____ **FAX** _____ **CORPORATE TELEPHONE** _____ **WEBSITE** _____

EMAIL ADDRESS _____ **REGISTERED AGENT** _____ **AGENT'S NUMBER** _____

MAILING ADDRESS (IF DIFFERENT FROM BUSINESS LOCATION) _____

CITY _____ **STATE** _____ **ZIP CODE** _____ - _____

DOMINANT BUSINESS/ ORGANIZATION ACTIVITY (TYPE OF BUSINESS):

Business owner information (to be completed by owner, if partnership or incorporated, list officer's name and home address on separate sheet. (No P.O. boxes please)

NAME OF APPLICANT _____ **TITLE** _____

RESIDENCE ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____ - _____

TELEPHONE _____ **OTHER** _____ **EMAIL** _____

SOCIAL SECURITY# _____ **FEDERAL ID (FEIN)** _____ **GA SALES TAX ID NUMBER** _____

DRIVER'S LICENSE # _____ **STATE** _____ **E-VERIFYING #** _____ **CONTROL #** _____

EMERGENCY CONTACT OTHER THAN YOURSELF

NAME _____ **RELATIONSHIP TO OWNER** _____ **PHONE** _____

NAME OF CO-APPLICANT (IF APPLICABLE) _____ TITLE _____

RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ OTHER _____ EMAIL _____

SOCIAL SECURITY# _____ FEDERAL ID (FEIN) _____ GA SALES TAX ID NUMBER _____

DRIVER'S LICENSE # _____ STATE _____

EMERGENCY CONTACT OTHER THAN YOURSELF

NAME _____ RELATIONSHIP TO OWNER _____ PHONE _____

PROFESSIONAL OPTION ONLY. ___ CHECK HERE (\$400 per practitioner by O.C.G.A.) PLEASE SUBMIT ADDITIONAL DOCUMENTATION.

THE FOLLOWING CONDITIONS APPLY TO ALL OCCUPATIONAL TAX/ REGISTRATION CERTIFICATE APPLICANTS:

I (NAME) _____ BEING THE (TITLE) _____ DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. COMPLETION OF THIS FORM DOES NOT GUARANTEE OR GRANT ISSUANCE OF AN OCCUPATIONAL TAX CERTIFICATE/ BUSINESS LICENSE. THE CITY OF FOREST PARK RESERVES THE RIGHT TO NOT ISSUE OR RENEW A CERTIFICATE IN CASES WHICH THERE ARE DOCUMENTED VIOLATIONS OF THE CITY CODE AND/ OR ORDINANCES, OTHER TAXES OR FEES ARE OWED TO THE CITY BY THE BUSINESS OR ITS OWNERS, OR IN WHICH THE BUSINESS FAILS TO MEET THE REQUIREMENTS SET FORTH BY THE CITY OF FOREST PARK. I UNDERSTAND ALL OCCUPATIONAL TAXES AND CORRESPONDING FEES SHALL BE DUE OCTOBER 1 AND NOT LATER THAN NOVEMBER 15 TO AVOID A 10% PENALTY PLUS MONTHLY 1.5% ACCRUED INTEREST CITY ORDINANCE CODE SEC. 9-1-1(A) ALL CITY TAXES (REAL & PERSONAL), SANITATION FEES AND ANY OTHER ASSESSMENTS MUST BE PAID BEFORE PAYMENT OF LICENSE WILL BE ACCEPTED. IF PAYING BY CHECK YOU MUST PAY TAXES, BUSINESS LICENSE, SANITATION FEES AND ANY OTHER ASSESSMENT WITH SEPARATE CHECKS ALL DELINQUENT BUSINESSES ARE ALSO SUBJECT TO FINES IMPOSED BY THE CITY. THE BUSINESS TAX DIVISION WILL MAIL YOU A RENEWAL APPLICATION IN AUGUST EACH YEAR. IN THE EVENT THAT YOU DID NOT RECEIVE A RENEWAL NOTICE, REMEMBER IT IS YOUR RESPONSIBILITY TO PAY YOUR FEE BY NOVEMBER 15 OF THE FOLLOWING CALENDAR YEAR TO AVOID A 10% PENALTY. ORD.SEC.3-3-18. ANY CERTIFICATE ISSUED WITHOUT PAYMENT OF ALL SUCH ASSESSMENTS SHALL BE REVOKED IF THE OUTSTANDING ASSESSMENTS ARE NOT PAID WITHIN THIRTY (30) DAYS OF THE BUSINESS OWNER BEING NOTIFIED BY THE DEPARTMENT OF FINANCE'S DIRECTOR OF THE OUTSTANDING ASSESSMENTS. FOR PURPOSES OF DETERMINING THE DEMAND DATE OR THE NOTIFICATION DATE, THE DEMAND/NOTIFICATION DATE SHALL BE THE DATE THAT IS THREE (3) DAYS AFTER THE DATE OF MAILING THE DEMAND/NOTIFICATION, EXCLUDING SATURDAYS, SUNDAYS, AND HOLIDAYS. PLEASE NOTIFY US OF ANY CHANGES WITH YOUR BUSINESS. I.E., NAME AND OWNERSHIP CHANGE. LOCATION CHANGE, PARTNERSHIP, CORPORATION, BUSINESS CLOSING, ETC. ALL CHANGES SHOULD BE SUBMITTED IN WRITING. APPLICANTS MUST COMPLY WITH ALL APPLICABLE STATE REGULATIONS OF THE PROPOSED BUSINESS ACTIVITY.

IMPORTANT INFORMATION FOR APPLICANTS/ BUSINESS OWNERS:

1. ALL REQUIRED LICENSES/CERTIFICATES MUST BE OBTAINED PRIOR TO THE ISSUANCE OF THE OCCUPATIONAL TAX CERTIFICATE.
2. NON PROFIT ORGANIZATIONS ARE REQUIRED TO REGISTER WITH THE CITY BEFORE OPERATIONS MAY BEGIN. COPIES OF STATE AND FEDERAL REGISTRATION DOCUMENTS NEED TO BE SUBMITTED WITH THE APPLICATION.
3. LICENSES ARE NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS IT IS YOUR RESPONSIBILITY TO NOTIFY THE CITY SO THAT YOUR LICENSE CAN BE CLOSED. THE NEW OWNER MUST APPLY FOR A LICENSE IN THEIR OWN RIGHT. IF YOU MOVE YOUR BUSINESS, YOU MUST COMPLETE A NEW APPLICATION FOR A BUSINESS LICENSE.
4. YOU MAY CHECK THE STATUS OF YOUR APPLICATION AT [HTTP:// WWW.EGOVLINK.COM/FORESTPARK/ACTION.ASP](http://WWW.EGOVLINK.COM/FORESTPARK/ACTION.ASP).
5. ALL TRASH RECEPTACLES WILL BE PROVIDED BY THE CITY.
6. A LICENSE CONTRACTOR MUST OBTAIN ALL APPLICABLE PERMITS PRIOR TO ANY NEW CONSTRUCTION, RENOVATION, DEMOLITION, OR SIGNAGE.

___ CHECK IF ANY ADDITIONAL STATEMENT ATTACHED

SIGNATURE OF OWNER/AGENT: _____ DATE SUBMITTED: _____

BUSINESS TAX OFFICE USE ONLY

BUSINESS TAX CLASS: _____ NAICS#: _____ TYPE: _____ ADMINISTRATIVE FEE: 75.00

LICENSE FEE AMOUNT: _____ TOTAL AMOUNT FEE: _____ REGULATORY FEE _____

CHECK# _____ CA _____ CC _____ PROCESSED BY: _____ DATE: _____

STATE LICENSE# _____ DATE APPROVED: _____ APPROVED _____ ZONING _____

SANIT. SET-UP _____

(Signature of Sanitation Clerk)

(Date Service Starts)

TAX EXEMPT

DOCUMENTS REQUIRED: ___ CLAYTON COUNTY FOOD PERMIT ___ STATE LICENSE CERTIFICATE ___ OTHER (SPECIFY) _____

Approved By: _____ Date: _____