

CITY OF FOREST PARK, GEORGIA

745 FOREST PARKWAY, FOREST PARK, GA 30297

DEPARTMENT OF FINANCE

PHONE (404) 366-4720 FAX: 404-608-2344

TAX-EXEMPT

ORGANIZATION APPLICATION

NON-PROFIT, CHURCHES, SCHOOLS, ETC.

TAX EXEMPT INFORMATION- This Page must be completed in full and application fees paid in full in order to process.

PLEASE COMPLETE ALL INFORMATION

Organization Corporate Name _____

Organization/ DBA _____

Location Address _____ Suite/ Unit _____

City _____ State _____ Zip Code _____

Organization Telephone _____ Email _____ Fax _____

Mailing Address _____ Suite/Unit _____

City _____ State _____ Zip Code _____

* Provide the name of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.

TAX- EXEMPT INFORMATION: (DOCUMENTS REQUIRED)

Type of Tax-Exempt Ownership: _____

Corporate Address _____ Suite/ Unit _____

Contact Name _____ Contact Telephone _____

Federal ID (FEIN) _____ SSN# _____

Is this a home-based occupation? Yes No _____ Number of Employees _____

NAICS Code _____ (OFFICE USE ONLY)

ADDITIONAL INFORMATION:

Registered Agent Information (If Applies) _____

Registered Agent's Name _____

Address _____ Suite/ Unit _____

City _____ State _____ Zip Code _____

Printed Name of Applicant _____ Date _____

I hereby under penalty of perjury that the information provided herein is to the best of my knowledge and belief, a true and complete statement.

Signature of Applicant _____ Date _____

Signature of Authorized Employee _____

Office Space Only:

Comments _____

Account No. _____