



CITY OF FOREST PARK

DEPARTMENT OF OCCUPATIONAL TAX DIVISION

745 FOREST PARKWAY

FOREST PARK, GEORGIA 30297

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

EMAIL: tbyrd@forestparkga.org

PROFESSIONAL PRACTITIONER REGISTRATION INFORMATION

Have you ever obtained a Professional Business License in the City of Forest Park? Yes _____ No _____

I _____, Hereby register my profession as
Last Name First Name Middle Initial

_____ ; and further certify that I am duly licensed by the
State of Georgia.

PRINCIPAL OFFICE NAME AND LOCATION

Firm/ Company Name: _____

Street Address: _____ Suite: _____

City/State/Zip Code: _____

Telephone Number: _____ Facsimile Number: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

Under penalty law, I hereby certify and declare that the above information to the best of my knowledge and belief is true and complete. I agree to notify the Office of Occupational Tax should any of the information change.

Signature of Applicant: _____ Date: _____

1. New applicants must attach a copy of their State of Georgia license before application can be processed.

FOR OFFICE USE ONLY:

ACCOUNT NUMBER: _____ AMOUNT DUE: _____ APPROVED BY: _____ DATE: _____