



OCCUPATIONAL/BUSINESS TAX APPLICATION CHECKLIST

COMMERCIAL BUSINESS LICENSE

... It is highly recommended, Before you sign a lease please complete Step 1.

THE FOLLOWING STEPS MUST BE COMPLETED BEFORE SUBMITTING YOUR APPLICATION

- Step 1.** Zoning Approval - Planning, Building & Zoning Office (404)608-2300
- Step 2.** Clayton Co. Water Authority Inspection - Grease Trap (*Food Service Businesses*) (if applicable)
- Step 3.** GA Department of Agriculture or Clayton Co Health/Food Permit or approved Inspection Report for eating establishments and/or restaurants (if applicable)

- Step 4.** **SUBMITTING YOUR APPLICATION**

In order for your application to be processed; the following documents are required and must accompany the Occupational/Business Tax Application. Fire and Building Inspections are completed after application has been submitted.

Fire Marshal's Office (404)608-2374 Planning, Building, and Zoning Office (404) 608-2300

- *New Business Tax Application (*included in packet*)
- *Affidavit verifying Status Form /Private Employer E-Verify Form (*included in packet*)
- *Sanitation Application (*included in packet*)
- *M.A.R.C. Form (*included in packet*)
- *Professional Practitioner Form (*if applicable*) (*included in packet*)
- *Government Issued Driver's License or photo
- *501 C (3) Letter Non-Profit Status Businesses, (*if applicable*)
- *Residency Card front and back for all non-citizens (*if applicable*)
- *Sales and Use Tax Number for retail businesses
- *Copy of Warranty Deed or Purchase Agreement or Lease Agreement (*signed by all parties*)*
- *\$75.00 Application Fee (non refundable) **no personal checks**
- *Copy of current State License from Georgia Secretary of State, Georgia Department of Community Health, or any other Regulatory license or permit
- *Secretary of State Certificate of Organization Articles (*if applicable*) *include a list of names and addresses of all officers*

****PLEASE NOTE****

Sanitation Service is required for Commercial Businesses

Notify Clayton County Tax Assessors Office to submit an annual business inventory return



Department of Finance
 745 Forest Parkway Forest Park, GA 30297
 Phone: (404)366-4720 Fax: (404)608-2344
 www.forestparkga.gov

NEW APPLICATION FOR COMMERCIAL OCCUPATIONAL/BUSINESS TAX CERTIFICATE

Business License are valid for one calendar year, January 1 through December 31, and must be renewed by October 1st of each year. Failure to renew on/or before November 15th, will result in a 10% penalty. Ord. Sec. 3-3-18.

Ownership: Sole Proprietor Limited Liability Company Corporation Partnership Non-Profit Other

ESTIMATED GROSS RECEIPTS FOR THE YEAR OR REMAINDER OF YEAR: \$ _____ NUMBER OF EMPLOYEES: _____

E-Verify#: _____ FEIN#: _____ SSN#(Owner): _____ GA SALES TAX ID#: _____

***Corporations and Partnerships must provide the Names of all Officers and Partners, their Titles, Mailing Addresses, and SSN# on a separate sheet of paper.**

Have you registered your Trade Name? (optional) Yes No (Trade Names are registered through Clayton County Clerk of Superior Court)

Will your Business operate as an Adult Entertainment Establishment or offer and form of Adult Entertainment? Yes No

Will your Business operate as a Night Club or Late-Night Entertainment? Yes No

Is this Business required by the State of Georgia to have a Professional License, a Clayton County Health/Food Permit or Approved Inspection Report, or any other Regulatory Approval Documentation? Yes No (Copy is required)

Detailed Description of Business: _____

Corporation Name: _____

D/B/A (doing business as): _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____ Business Email: _____

Owner 1: _____ Phone: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner 2: _____ Phone: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number: _____

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 all fees with SEPARATE CHECKS! All delinquent businesses are 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 do not receive a renewal notice, remember that it is YOUR responsibility to pay your fee by November 15 of the following 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 30 days of the business owner being notified by the department of finance. For purposes of determining the demand date or the notification date, the date shall be 3 days after the mailing date, excluding, Saturdays, Sundays, and holidays. Please notify us of any changes with your business. All changes should be submitted in writing. Applicants must comply with all applicable state regulations of the proposed business activity.

IMPORTANT INFORMATION FOR APPLCANTS/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. 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 www.egovlink.com/forestpark/action.asp.
- 5) All trash receptacles will be provided by the city.
- 6) A licenses contractor must obtain all applicable permits prior to any new construction, renovation, demolition, or signage.

Signature of Owner 1/Agent: _____ Signature of Owner 2/Agent: _____

Date Submitted: _____



Affidavit Verifying Status for City of Forest Park Business License Application

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States Citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ 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 also 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 provided with this affidavit can best be classified as: _____.

Private Employer of Compliance Pursuant to O.C.G.A. § 36-60-6 (d)

- (A) **More than 10:** 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 10 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
- (B) **Less than 10:** 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 10 or fewer employees and 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 § 36-60-6. user identification number and date of authorization are as follows:

More Than 10 Employees

Less Than 10 Employees

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully make a false fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation O.C.G.A. 16-10-20, and face criminal penalties as allowed by such statute.

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME

Executed on _____, day of _____, 20 ____ (city), _____ State _____

(Notary Signature/Seal)

My Commission Expires



Department of Finance - Business License Division
 745 Forest Parkway Forest Park, GA 30297
 Phone: (404)366-4720 Fax: (404)608-2344

APPLICATION FOR COMMERCIAL SANITATION

****Please fill out this form completely****

***In accordance with City Ordinance 5-2-2-(11)**

1. BUSINESS INFORMATION:

(a) Date Applied: ___/___/___ Telephone #: _____

(b) BUSINESS/CORPORATION/ORGANIZATION NAME: _____

(b) DBA name: _____

(c) Business Location: _____

Address(Suite/Unit#) (NO P.O. BOX OR VIRTUAL OFFICE)

City	State	Zip Code	Business Phone
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(d) Mailing Address: _____

Address(Suite/Unit#)

City	State	Zip Code	Business Phone
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(e) Type of Business: _____

2. BUSINESS OWNER INFORMATION

(a) FULL NAME: _____ Title: _____

(b) Mailing Address: _____

Address(Suite/Unit#)

City	State	Zip Code	Business Phone
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Email: _____ Other: _____

Signature _____ Date: ___/___/___

Account Changes Request

Type of Changes:

Date: ___/___/___

- Name
- Service Change
- Discontinue Service

Reason for Request: _____

OFFICE USE ONLY

Acct #: _____ ENTERED IN COMPUTER: ___/___/___



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PROFESSIONAL PRACTITIONER

Have you ever obtained a Professional Business License in the City of Forest Park? Yes___ No___

I, _____, hereby register my
 First Name Middle Initial Last Name

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

PRINCIPAL OFFICE NAME AND LOCATION

(a) Firm/Company Name: _____

d/b/a _____

(c) Business Location: _____
 Address(Suite/Unit#) (NO P.O. BOX OR VIRTUAL OFFICE)

 City State Zip Code Business Phone

(d) Mailing Address: _____
 Address (Suite/Unit#)

 City State Zip Code Business Phone

(e) Telephone: _____ (f) Fax Number: _____

Under penalty of 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.

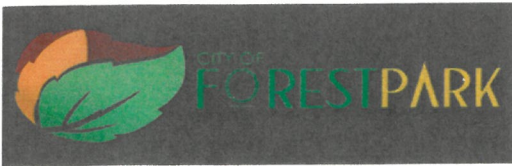
Signature _____ Date: _____

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

OFFICE USE ONLY

Acct #: _____ Date: ____/____/____

Amount Due: _____ Approved by: _____



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M.A.R.C.
Merchant Awareness Reduces Crime

Please print, read, and fill out this form completely.

Date: _____ **Type of Business:** _____

Business Name: _____

Business Address: _____

Email address (if available): _____

Business Phone#: _____ **Alternate#:** _____ **Fax#:** _____

Owner's Name: _____ **Owner's Home Phone#:** _____

Owner's Home Address: _____

Alarm Type(s) (*circle all that apply*): Burglar Fire Panic Hold-up Other: _____

Alarm Company: _____ **Phone#:** _____

Do you have any security concerns? If so, please explain:

Have you noticed any problems in the area of your business? If so, what are they:

What can we the police do to help maintain a safe working environment?

Emergency contact person: _____ Phone#: _____ Cell#: _____

Back-up person: _____ Phone#: _____ Cell#: _____

Back-up person: _____ Phone#: _____ Cell#: _____

OFFICE USE ONLY

CITY HALL: Please route this completed form to the police department upon license approval.

COMMUNICATIONS USE ONLY:

Keyword: _____

Rolodex date: _____

CAD Date: _____