



City of Forest Park  
Residential Rental Dwelling Unit Inspection  
& Maintenance Program  
785 Forest Parkway, Forest Park, GA 30297  
Phone: (404) 366-4720  
[www.forestparkga.gov](http://www.forestparkga.gov)

### Dwelling Information

Please check off the applicable type of dwelling:  Single Family  Duplex Units: \_\_\_\_\_  
 Apartment Complex Units: \_\_\_\_\_  Townhome  Condominium  Hotel/Motel Units: \_\_\_\_\_

Dwelling Address: \_\_\_\_\_  
(Street Number and Address, include Apartment/Unit #)

\_\_\_\_\_  
City State Zip Code

Parcel ID/Map Code: \_\_\_\_\_ Annual Revenue: \_\_\_\_\_

### Owner Information

Full Name: \_\_\_\_\_

Social Security or Individual Tax Identification Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Residence Address: \_\_\_\_\_  
(Street Number and Address, include Apartment/Unit #)

\_\_\_\_\_  
(City) (State) (Zip Code)

Mailing Address (if different from Residence): \_\_\_\_\_  
(Street Number and Address, include Apartment/Unit #)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_



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**Property Management Company**

(If Applicable)

Name: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_

(Street Number and Address, include Apartment/Unit #)

(City)

(State)

(Zip Code)

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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). The business tax division will mail you a renewal application in September of each year. If 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.** All city taxes (real & personal), sanitation fees and any other assessments must be paid before payment of license will be accepted. All delinquent businesses are subject to fines imposed by the city. 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_