



## CITY OF FOREST PARK

Department of Planning and Community Development  
785 Forest Parkway  
Forest Park, Georgia 30297  
(404) 366-4720  
www.forestparkga.gov

### Renewal Checklist for Business Occupation Tax Certificate

**Documents listed below are REQUIRED (if applicable):**

- Completed Application
- Verifying Status Affidavit
- Private Employer Affidavit
- Current/Valid State, County, or Professional License(s)/Permit(s)
- Acceptable Secure and Verifiable Document (e.g., Identification Card, Employment Authorization Document)
- List of All Officers (**If applicable**)

**One of the following financial documents listed below:**

- Federal Tax Return
- Profit & Loss Statement from CPA or Business (***must have entity's letterhead***)
- Letter from CPA or Internal Accountant (***must have entity's letterhead***)

**Important Information Regarding Annual Renewal of License:**

**Ordinance Sec. 3-3-19(a):** Each such occupation tax shall be for the calendar year based upon gross receipts from the previous year and in successive years unless otherwise provided. The occupation tax levied herein shall be payable October 1<sup>st</sup> of each year and shall, if not paid by November 15<sup>th</sup> of each year, be subject to a ten (10) percent penalty for delinquency. An administrative fee will accrue at the rate of one and a half (1.5) percent per month on the entire unpaid balance of any delinquent taxes.

Please notify us of any changes with your business. All changes should be submitted in writing. If you move your business, you must complete a Business Change Request Form and pass the fire and building inspections at the new location before getting a license issued.

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.

All city taxes (real and 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.

**\*Please verify ALL SECTIONS ARE COMPLETE. Any missing information will constitute an incomplete application\***



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**OFFICE ONLY USE:**

Date Received: \_\_\_\_\_  
 Zoning Verification: \_\_\_\_\_

Please complete ALL sections.

**I. Business Information:**

Entity Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Structure:  Sole Proprietor       Limited Liability Co       Corporation       Partnership

Federal Employer I.D. # \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sales & Use Tax Id #: \_\_\_\_\_ E-Verify #: \_\_\_\_\_

Gross revenue for the year: \$ \_\_\_\_\_ Number of employees: \_\_\_\_\_

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

\_\_\_\_\_

Is this business home-based?     Yes     No      Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Activities: \_\_\_\_\_

**II. Applicant: (All officers/owners must be listed on a separate paper including their title and contact information.)**

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

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**III. Fees:**

- Ordinance Sec. 3-3-6(a)(5) and Resolution 16-19:** Does this business generate revenue at the business address?  
 Yes     No

If not, this business will pay a flat fee of \$125 for no gross receipts plus, the per employee and \$75 administrative fees according to the fee schedule.

# of Employees	Rate
0-2	\$0 + \$30 per in excess of 0
3-9	\$60 + \$15 per in excess of 2
10-99	\$165 + \$12 per in excess of 9
100-499	\$1,299 + \$8 per in excess of 99
500 and over	\$5,459 + \$7 per in excess of 499



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2. **Ordinance Sec. 3-3-16:** Certain **Practitioners of Professions** may elect to pay **\$400 per practitioner** in lieu of paying a tax on gross receipts. If you are eligible, and if you and all members of your firm elect to pay the flat per practitioner tax this year, check below and you will be charged accordingly. The election set forth in this section shall be made on an annual basis and must be done by October 1 of each year. If no election is made, the tax shall be levied as if subsection (b)(1) above were elected.

\_\_\_\_\_ I elect to pay a flat tax in lieu of reporting gross receipts and paying a tax based on gross receipts.

\_\_\_\_\_ (# of Practitioners) \* \$400 = \$\_\_\_\_\_ Total

3. **Ordinance Sec. 3-3-28:** Is this establishment an insurance company located within the city limits?  Yes  No  
If so, there is a flat fee of \$25 that is due on April 1<sup>st</sup>. Please remit the payment to the City of Forest Park.

IV. **Exemptions: (Check any of the categories that apply and attach a copy of your IRS 501(c)3 Determination Letter, Veterans Exempt Certificate or Department of Transportation Common Motor Carrier Authority for Intrastate Transportation.)**

Non-Profit 501(c)3     Veteran     Common Motor Carrier

### V. Applicant Acknowledgement

I hereby make an application for a renewal of an Occupational Tax Certificate for the City of Forest Park. I do hereby swear and affirm the information provided herein is true, complete, and accurate, and understand that any action taken on this application. I understand that any inaccuracies may be considered just cause for invalidation of this application. I understand that The City of Forest Park reserves the right to enforce all ordinances regardless of payment of occupational tax and further that is my/our responsibility to conform with said ordinances in full. I hereby acknowledge that all requirements shall be adhered to.

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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



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### Affidavit Verifying Status for City Public Benefits Pursuant to O.C.G. A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a City of Forest Park, Georgia Occupational Tax Certificate, Alcohol License, or other benefit as referenced in O.C.G.A. § 50-36-1, I, the applicant, am stating the following with respect to my application for a city 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 secure and verifiable document provided with this affidavit can best be classified as: \_\_\_\_\_.

\*For Legal Permanent Residents, Qualified Aliens, or Non-Immigrants, verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) Program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Permanent Resident Card
3. Employment Authorization Card or Document
4. Refugee Travel Document

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.

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

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for City of Forest Park, Georgia Occupational Tax Certificate, Alcohol License, or other benefit required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check only one:**

A. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed more than ten (10) employees.

**\*If you select Section 1 (A), please fill out Section 2 and then execute below.**

B. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed less than ten (10) employees.

**\*If you select Section 1 (B), please skip Section 2, and execute below.**

**Section 2.**

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

To determine the number of employees for the purpose of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.