

Applicant's Signature

### **City of Snellville**

#### DEPARTMENT OF PLANNING AND DEVELOPMENT 2342 OAK ROAD, 2<sup>ND</sup> FLOOR SNELLVILLE, GA 30078

www.snellville.org

(770) 985-3513 (770) 985-3514

## **CONTRACTOR REGISTRATION**

# PLEASE ATTACHED A COPY OF YOUR CURRENT OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE) WITH THIS FORM

#### PLEASE MARK THE APPROPRIATE SPACE

GENERAL CONTRACTOR: ELECTRICAL:	H/VAC: PLUMBING:
COMPANY NAME:	PHONE:
ADDRESS:	EMAIL:
CITY/STATE/ZIP:	
APPLICANT'S NAME:	PHONE:
ADDRESS:	CELL:
CITY/STATE/ZIP:	
STATE CARD NO:	CLASSIFICATION:
OCCUPATION TAX CERTIFICATE NO:(Business License #)	EXP.DATE:
	fy that I am experienced in the classification above and amequirements and will abide by all the rules and regulations ment Department.

**Print Name**