



The City of Snellville
Department of Planning & Development
2342 Oak Road
Snellville, GA 30078
www.snellville.org

(770) 985-3513
(770) 985-3514
FAX (770) 985-3551

OCCUPATIONAL TAX APPLICATION CHECKLIST

(BUSINESS LICENSE)

- ✓ **Verify that the business address** is in the municipal City limits of Snellville. Four different zip codes (30078, 30017, 30039, and 30052) have Snellville mailing addresses; however, not all addresses in these zip codes are located within the City limits. Please call our office to check the address before proceeding with this application;
- ✓ **Verify that the business address is properly zoned** to allow the proposed use of the property. If the property is not properly zoned, a Rezoning Amendment, Land Use Plan Amendment, and/or Conditional Use Permit must be approved by the Mayor and Council prior to the issuance of a business license;
- ✓ **Obtain a Building Permit from the City of Snellville** if any interior/exterior improvements, additions, or alterations will be made to the business building or site. Please call our office or visit our website for a building permit application packet. Upon final inspection and approval by the City inspector, a Certificate of Occupancy will be issued by the City of Snellville;
- ✓ **Obtain a Safety inspection.** If a commercial business location has been unoccupied and needs electrical or gas service, a Safety Inspection (\$25) must be requested and successfully passed before electrical and/or gas service can be restored to the business location. Please contact our office to schedule the Safety inspection;
- ✓ **Obtain a Fire Marshal Certificate of Occupancy** from the Gwinnett County Fire Marshal's Office (770-518-4980) (not required for Home Business Applicants). Please refer to the "Obtaining a Permit/Inspection within a City Limits" form for additional information and procedures for inspection and Certificate of Occupancy;
- ✓ **Obtain a Food Service Permit** from the Gwinnett County Health Department if your business will be serving or preparing food. Please call the health department at (770) 963-5132 for additional information;
- ✓ **Obtain approval from the Gwinnett County Water Resources Department** for restaurant, car wash, and other water intensive uses for grease trap and backflow prevention requirements. Please call (678) 376-6800 for additional information;
- ✓ **Obtain approval from the Georgia Department of Agriculture** for food storage establishments (grocery and convenience stores) and fuel (gas) stations and provide a copy of the inspection results and permit. Please call (404) 656-3627 for additional information;
- ✓ **Complete the following applications** and forms in their entirety and allow five business days for processing and approval:
 - Occupational Tax (Business License) Application;
 - U.S. Citizen / Qualified Alien Affidavit (requires notarized signature);
 - Registered Agent form (requires notarized signature);
 - Georgia Sales and Use Tax Affidavit;
 - Snellville Police Department Alarm Registration Form (not required for Home Business Applicants);
 - Solid Waste Affidavit & Disclosure Form and visit the Snellville Public Works Department for sanitation account and service (not required for Home Business Applicants); and
 - Home Business Applicants must be able to comply with and complete either the Home Business Standards or the Home Occupations Standards Form;
- ✓ **Upon receiving the completed and signed Occupational Tax Application and supplemental forms**, the application will be accepted and fees collected. Please allow five (5) business days for processing and approval;
- ✓ **All signage** including temporary banners must be permitted by the City of Snellville Department of Planning & Development. Please call our office or go to our website for sign permit applications.



CITY OF SNELLVILLE

DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD, 2ND FLOOR
SNELLVILLE, GA 30078-2361
(770) 985-3513 ~ FAX (770) 985-3551
www.snellville.org

FOR CITY USE ONLY DATE RCVD _____ SIC CODE _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED _____	<h2 style="margin: 0;">OCCUPATIONAL TAX APPLICATION</h2> <p style="margin: 0;">(FOR BUSINESS LICENSE)</p> <p style="margin: 0;">BL # _____</p>	FOR CITY USE ONLY DATE PAID _____ FEES DUE _____
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COMPLETE ALL SECTIONS. OCCUPATIONAL TAX WILL BE BASED UPON INFORMATION SUPPLIED ON THIS APPLICATION.

APPLICATION FOR: NEW BUSINESS RENEWAL CHANGE IN OWNERSHIP ADDRESS CHANGE

CORPORATE NAME	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS OR TRADE NAME (DBA)	APPLICANT NAME
FED. ID NO. / SSN	DATE BUSINESS ESTABLISHED:
BUSINESS OWNER NAME	IN CARE OF
LOCAL STREET ADDRESS	MAILING STREET ADDRESS
CITY, STATE, ZIP	MAILING P.O. BOX
	CITY, STATE, ZIP

LOCAL PHONE NUMBERS

BUSINESS () _____

FAX () _____

RESIDENCE () _____

CELLULAR () _____

EMAIL _____

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROP _____ PARTNERSHIP _____ CORP _____ LLC _____

LIST NAMES AND ADDRESSES OF OWNER (IF DIFFERENT THAN APPLICANT) AND/OR LOCAL MANAGER

_____ IF CORPORATION, GIVE STATE AND DATE _____

TYPE OF BUSINESS: _____ **CHECK HERE IF HOME BASED BUSINESS**

GROSS RECEIPTS (This information is strictly confidential)

IF BUSINESS CONDUCTED FOR ONLY A PART OF THE PRECEDING YEAR, PART YEAR RECEIPTS MUST BE PRORATED TO FULL YEAR (12 MONTHS). IF NEW BUSINESS, GROSS RECEIPTS MUST BE PRORATED TO FULL YEAR (12 MONTHS).

\$ _____ (PROJECTED MONTHLY GROSS RECEIPTS)

FOR CITY USE ONLY

PROFESSIONAL PRACTITIONERS

Certain PROFESSIONAL PRACTITIONERS may elect to pay \$300 per practitioner in lieu of reporting and 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.

_____ I ELECT TO PAY A FLAT TAX IN LIEU OF REPORTING GROSS RECEIPTS AND PAYING A TAX BASED ON GROSS RECEIPTS.

PLEASE INDICATE THE NUMBER OF PRACTITIONERS NEXT TO THE APPROPRIATE TYPE OF PROFESSIONAL

_____ Architects	_____ Landscape Architect	_____ Podiatrist
_____ Chiropractor	_____ Land Surveyor	_____ Practitioner of Physiotherapy
_____ Dentist	_____ Lawyer	_____ Psychologist
_____ Embalmer	_____ Optometrist	_____ Public Accountant
_____ Engineers (Civil, Mech., Etc.)	_____ Osteopath	_____ Therapists/Counselors
_____ Funeral Director	_____ Physician	_____ Veterinarian

NUMBER OF EMPLOYEES ASSOCIATED WITH BUSINESS (EXCLUDING BUSINESS OWNER) _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND CONTAINS NO FRAUDULENT INFORMATION.

APPLICANT NAME (PLEASE PRINT) _____

SIGNATURE _____

DATE _____

+++++++ PLEASE BE ADVISED -- INCOMPLETE APPLICATIONS CANNOT BE PROCESSED ++++++



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GEORGIA SALES & USE TAX AFFIDAVIT

IN ACCORDANCE WITH O.C.G.A § 48-13-20.1, CITIES AND COUNTIES MAY COLLECT AND SUBMIT CERTAIN INFORMATION TO ENABLE THE GEORGIA DEPARTMENT OF REVENUE (877-423-6711) TO ENSURE THAT BUSINESSES ARE PROPERLY COMPLIANT WITH STATE AND LOCAL SALES TAX LAWS.

THE CITY OF SNELVILLE, GEORGIA LEVIES AN OCCUPATION TAX OR REGULATORY FEE UNDER O.C.G.A § 48-13-1 ET SEQ., AND PASSED RESOLUTION 2011-04 ON FEB 28, 2011 TO PARTNER WITH THE GEORGIA DEPARTMENT OF REVENUE IN AN EFFORT TO ENSURE PROPER PAYMENT OF SALES AND USE TAX.

ANY PERSON WHO PERFORMS ANY BUSINESS, OCCUPATION OR PROFESSION SUBJECT TO AN OCCUPATION TAX OR REGULATORY FEE UNDER O.C.G.A. § 48-13-1 ET SEQ., IS REQUIRED TO PROVIDE THE CITY OF SNELVILLE THE FOLLOWING INFORMATION WHEN PAYING SUCH OCCUPATION TAX OR REGULATORY FEE:

BUSINESS INFORMATION

Legal Name of the Business: _____

Does Business have a Trade Name or D/B/A: No Yes (Name): _____

Business Mailing Address: _____
Street Address or PO Box City State Zip

Business Physical Address: _____
Street Address Suite

Sales and Use Tax ID Number Assigned by the Georgia Department of Revenue: _____
(Do not provide Federal Taxpayer ID Number (FEIN))

Check here if Georgia law does not require a Sales and Use Tax identification number for the business.

North American Industry Classification Code (NAICS): _____ (leave blank if not known)

ACKNOWLEDGEMENT

I hereby understand and acknowledge that pursuant to O.C.G.A. § 48-13-20.1 the City of Snellville, Georgia may collect certain information which will be provided to the Georgia Department of Revenue to ensure that businesses are properly compliant with State and local sales and use tax laws and that if any person refuses or fails to provide the required information, the City of Snellville will notify the Georgia Department of Revenue. For questions, please contact the Georgia Department of Revenue at 877-423-6711 or website www.etax.dor.ga.gov.

Acknowledged By: _____ Date: _____

Print Name: _____ Title: _____

Entered into Incode: _____

Entered into GADOR: _____

Business Start Date: _____



O.C.G.A § 50-36-1(e)(2)

U. S. CITIZEN / QUALIFIED ALIEN AFFIDAVIT
(THIS FORM REQUIRED BY THE STATE OF GEORGIA)

As a result of recent law change, The City of Snellville, Georgia is required to obtain from each person applying for a particular public benefit (including new and renewal licenses) a signed and sworn affidavit verifying his or her lawful presence in the United States that is accompanied by a copy of at least one "secure and verifiable document." By executing this affidavit under oath, as an applicant for: (circle one) Occupation Tax Certificate or Alcohol Beverage License for (business name)

_____ as referenced in O.C.G.A. § 50-36-1, from The City of Snellville, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit (check one of the following):

- a. I am a United States citizen 18 years of age or older. Submit a legible front and back copy of your current secure and verifiable document(s) such as driver's license, passport, or other document as indicated on back page.
b. I am a legal permanent resident of the United States 18 years of age or older.
c. I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older 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: _____ (Required).

Submit a legible front and back copy of one of the following secure and verifiable document(s):

- U.S. Permanent Resident Card (I-551), or
Valid Foreign Passport with I-94, or
Temporary Resident Alien Card (I-688), or
Employment Authorization Card (I-766 or I-688B), or
Employment Authorization Document (I-688B), or
Refugee Travel Document (I-571)

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. Furthermore, the undersigned applicant hereby verifies that applicant has provided at least one secure and verifiable document, as defined by O.C.G.A. § 50-36-2 with this affidavit.

SWORN TO AND SUBSCRIBED,

Signature of Applicant

Print Name

Before me this ___ day of _____, 20__;

AFFIX SEAL HERE

Notary Public

My Com. Expires

Secure and Verifiable Documents
Under O.C.G.A. § 50-36-2

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residence or immigration status.

- _____ United States passport or passport card
- _____ United States military identification card
- _____ Driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, The Commonwealth of the Northern Marianas Islands, The United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- _____ Identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, The Commonwealth of the Northern Marianas Islands, The United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- _____ Tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- _____ United States Permanent Resident Card or Alien Registration Receipt Card (I-551)
- _____ Employment Authorization Document that contains a photograph of the bearer ((I-766)
- _____ Passport issued by a foreign government
- _____ Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- _____ Free and Secure Trade (FAST) card
- _____ NEXUS card
- _____ Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- _____ Driver's license issued by a Canadian government authority
- _____ Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- _____ Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- _____ Other document or form of identification for proof or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular public benefit.



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 Department of Planning & Development
 2342 Oak Road, 2nd Floor
 Snellville, GA 30078

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REGISTERED AGENT CONSENT FORM

(FOR COMMERCIAL BUSINESS LOCATIONS ONLY)

 Business Trade Name (dba)

 Location Address

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Code of Ordinances of the City of Snellville. I understand the basic purpose is to have and continuously maintain in Gwinnett County a Registered Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served.

I understand that the Registered Agent must be a resident of Gwinnett County.

 Signature of Agent (Must be signed in presence of Notary Public)

 Registered Agent Name (Print)

 Registered Agent Home Address (Print)

 Registered Agent Telephone Number

I HEREBY CERTIFY THAT _____ IS PERSONALLY KNOWN, OR VERIFIED BY ME, THAT THE APPLICANT SIGNED THIS APPLICATION AFTER STATING TO ME HIS OR HER PERSONAL KNOWLEDGE AND UNDERSTANDING OF ALL STATEMENTS AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT THE STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

THIS _____ DAY OF _____, 20____.

*AFFIX
 SEAL HERE*

 NOTARY PUBLIC



Public Works Department

City of Snellville
2491 Marigold Road
Snellville, Georgia 30078
www.snellville.org

(770) 985-3527
(770) 985-3540
FAX (770) 985-3542

SOLID WASTE AFFIDAVIT & DISCLOSURE FORM

IN ACCORDANCE WITH CHAPTER 46 OF THE SNELVILLE CODE OF ORDINANCES, ALL REFUSE AND RECYCLABLES SHALL ONLY BE COLLECTED, CONVEYED AND DISPOSED OF BY THE FRANCHISEE.

THEREFORE, ALL APPLICANTS FOR A CITY OF SNELVILLE BUSINESS LICENSE ARE REQUIRED TO CONTACT THE CITY OF SNELVILLE PUBLIC WORKS DEPARTMENT TO ARRANGE FOR SANITATION SERVICES,

Name of Business: _____

Business Location (Address): _____ Suite: _____

Is Business Location in a Shopping Center: No Yes (Name): _____

If your sanitation service is provided by your landlord, please provide...

- Landlord Name _____ Phone _____
- Landlord Signature/Date _____
- Sanitation Account number _____

I hereby understand and acknowledge that the City of Snellville Code of Ordinances and Franchisee Agreement requires that all solid waste be collected, conveyed and disposed of by the Franchisee and that an account for solid waste collection and disposal must be obtained and kept current through the City of Snellville Public Works Department.

Signature of Applicant: _____ Date: _____

Print Name: _____ Title: _____

For City Use Only

Approved By (Public Works):

Date

Account No.

Approved By (Planning & Development):

Date

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

This form is required by the State of Georgia. Please have it notarized and return it with your completed renewal application.

Number of Employees _____

More than ten (10) employees, check this box.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten (10) 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 user identification number and date of authorization are as follows:

Federal Work Authorization Number _____ Date of Authorization _____
.....

Exempt-Less than ten (10) employees, check this box.

Exempt from O.C.G.A. §36-60-6 -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 fewer than eleven (11) and therefore, 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. § 13-10-90.

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

Executed on _____, _____, 20____ in _____, (city) _____ (state)

Signature of Authorized Officer or Agent _____

Printed name and Title of Authorized Officer or Agent _____

Subscribed and sworn to me this _____ DAY OF _____, 20____

NOTARY PUBLIC
MY COMMISSION EXPIRES _____

(SEAL)



EMERGENCY DECAL / SECURITY ALARM PERMIT APPLICATION

City of Snellville Police Department | 2315 Wisteria Drive | Snellville, GA 30078
PHONE (770) 985-3555 | FAX (770) 985-3579 | <http://www.snellville.org>
Please type or print clearly. All sections must be completed. Incomplete applications will be returned.

CHECK ALL THAT APPLY: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL			
Business Name or Homeowner Name:		Telephone Number at Alarm Location:	
Address and Suite or Apt#:			
City, State and Zip Code:			
Mailing / Billing Address (If different from above):			
Applicant (Please Print):		Applicant Home Phone:	Applicant Cell or e-mail Address:
Applicant Signature (Required):		Any Dangerous or Special Conditions Present at the Alarm Site:	
IF Applicable: Rental Agent / Management Co. Information:			
Name:		Phone Number:	
Address, City, State and Zip Code:			
ALARM SYSTEM INFORMATION (CHECK THE APPROPRIATE BOXES)			
<input type="checkbox"/> There is NO alarm system at this location.	<input type="checkbox"/> I have given written operating instructions for the alarm system, including written guidelines on how to avoid false alarms.		
<input type="checkbox"/> I have received training from the alarm company in the proper use of my alarm system, including training in how to avoid false alarms.	<input type="checkbox"/> I understand that law enforcement response may be based on factors Such as availability of Police Units, Priority calls, Weather conditions, Emergency conditions, Staffing levels, etc.		
Alarm Monitoring Company Name: <small>Required for all Alarm Systems Except Those not monitored.</small>		Phone Number:	
Address, City, State and Zip Code:			
RESPONSIBLE PARTY INFORMATION			
If you are NOT available, one of the following persons must respond to the alarm within 30 minutes of a police request.			
Contact #1	Home Phone:	Work Phone:	Cell Phone:
Contact #2	Home Phone:	Work Phone:	Cell Phone:
Contact #3	Home Phone:	Work Phone:	Cell Phone:
DECAL INFORMATION			
<input type="checkbox"/> I HAVE A DECAL ON MY BUSINESS / HOME	THE NUMBER IS:		
<input type="checkbox"/> PLEASE MAIL A DECAL FOR MY BUSINESS / HOME (Required) Replacement DECALS are \$15 each.	New Decal No.		

City Ordinance Agreement
By initialing this box, I have received a copy of the City Ordinance section 22-31 through 22-40.

Mail to: City of Snellville Police Department
Attn: Alarm Administrator
2315 Wisteria Drive
Snellville, GA 30078

Attention new commercial business owners. Please obtain a Certificate of Occupancy from the Gwinnett County Fire Marshal for a Tenant Change . Make sure the power is on before the inspection. If there is no power, contact the City of Snellville Planning Department and request a Safety Inspection.



Gwinnett County Department of Planning & Development **Fire Plan Review**

One Justice Square
446 West Crogan St. Suite 150 Lawrenceville, GA 30046
www.gwinnettfiremarshal.com
Inspection Request: (678) 518-6277, Office: (678) 518-6000, Fax: (678) 518-6144

Obtaining a Permit/Inspection within a City Limits

For your convenience this is a walk in process. Tenant spaces with no new work or change of occupancy type do not require plans if the space had a prior Certificate of Occupancy. Larger complex projects may require the plans to be dropped off.

- **Sign** in for Fire Plan Review at suite 150 to see a reviewer to create a new case for your business. Inform the receptionist that you are permitting a project within a city jurisdiction.
- Bring correct address, parcel, suite number and total square footage for your space. Verify if **the** space has an existing fire sprinkler, fire alarm or fire suppression system. Determine zoning compliance with the local city jurisdiction prior to visiting our office.
- If your business is a storage or industrial occupancy you are required to submit a Storage and Industrial Occupancy Commodity Affidavit at the time of permitting. This form can be downloaded at the following link:
<http://www.gwinnettcounty.com/portal/gwinnett/Departments/PlanningandDevelopment/PlanReviewSections/FirePlanReview>
- Fees are due at the time of permitting. The current fee schedule can be viewed at the above link. We accept cash, check with proper identification and credit cards.
- After the permit has been issued an inspection can be scheduled. The new Certificate of Occupancy will be issued after a successful fire inspection.

“SERVICE EXCELLENCE”