

LICENSES: ALL

SORTED BY: CUSTOMER NAME

EFFECTIVE DATES: 12/01/2015 TO 12/31/2015

LICENSE CODES: Exclude: INS OUT

EXPIRATION DATES: 0/00/0000 TO 99/99/9999

CLASSES: All

COMMENT: NONE SELECTED

STATUS: PENDING, ACTIVE

PAY STATUS: ALL

CITY LIMITS: INSIDE, OUTSIDE

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
006355	HEALTH PRA	ABBOTT'S COUNS. & LIFE COA	ACTIVE	02	11/24/2015	
12/01/15-12/31/16		2330 SCENIC HWY 222		8049		
006362	USED	ANAJAYES AUTO BROKERS, LLC	ACTIVE	01	12/10/2015	
12/10/15-12/31/15		2330 SCENIC HWY 207		5520		
006360	BUS SV NEC	BENEFICIAL STAFFING SOLUTI	ACTIVE	03	12/09/2015	
12/09/15-12/31/16		2330 SCENIC HWY		7389		12/09/2015
006364	LAWN01	BUDGET LAWN CARE	ACTIVE	03-HO	12/14/2015	
12/14/15-12/31/16		1922 NORTH RD		782		
006297	BUS SV NEC	CAREGIVER SOLUTIONS	ACTIVE	03	9/08/2015	
12/01/15-12/31/15		2330 SCENIC HWY 304		7389		
006370	BUS SV NEC	COURAGEOUS HOPE, INC.	PENDING	08	12/18/2015	
12/18/15-12/31/16		2140 MCGEE RD C660A		7389		
006357	MISC R NEC	E AUTO PARTS	ACTIVE	01-HO	12/01/2015	
12/01/15-12/31/16		2671 FARMSTEAD CT		5999		
006366	TRN SV NEC	HFH TRANSPORTATION, LLC.	ACTIVE	01-HB	12/16/2015	
12/16/15-12/31/16		3001 FARMSTEAD CT		4789		
006363	ACCT	HIC ENTERPRISES, LLC.	ACTIVE	04	12/11/2015	
12/11/15-12/31/16		2330 SCENIC HWY 317		8721		
006369	HEALTH	MABLEHOUSE HOSPICE, LLC	ACTIVE	02	12/16/2015	
12/16/15-12/31/16		2140 MCGEE RD C-260		8000		12/16/2015
006379	NAIL	MEGA NAILS & SPA OF SNELL.	ACTIVE	03	12/30/2015	
12/30/15-12/31/15		1977 SCENIC HWY D		7232		1/01/2016
006344	EATDRINK	POLLO OPERATIONS, INC	ACTIVE	02	11/11/2015	
12/01/15-12/31/16		1635 SCENIC HWY		5810		12/30/2016

LICENSES: ALL  
 LICENSE CODES: Exclude: INS OUT  
 CLASSES: All  
 STATUS: PENDING, ACTIVE  
 CITY LIMITS: INSIDE, OUTSIDE

SORTED BY: CUSTOMER NAME

EFFECTIVE DATES: 12/01/2015 TO 12/31/2015  
 EXPIRATION DATES: 0/00/0000 TO 99/99/9999  
 COMMENT: NONE SELECTED  
 PAY STATUS: ALL

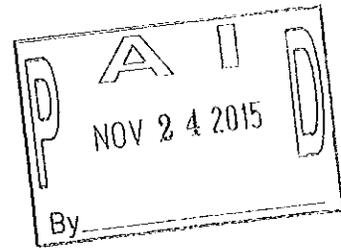
ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
006381	BUS SV NEC	PRUDENCE FINANCIAL SERV, L	ACTIVE	03	12/31/2015	
12/31/15-12/31/16		2330 SCENIC HWY 213		7389		12/31/2015
006358	CONCR	STEALTH CONCRETE CUTTING,	ACTIVE	02	12/02/2015	
12/02/15-12/31/15		3240 INDUSTRIAL WAY		1770		
006336	BUS SV NEC	TENDER LOVING COMPANIONS,	ACTIVE	03	11/09/2015	
12/01/15-12/31/15		2398 LENORA CHURCH RD 207		7389		11/09/2015
006378	LEGAL	TINUKE FAWOLE LAW, LLC.	ACTIVE	04	12/28/2015	
12/28/15-12/31/16		2395 SCENIC HWY		8100		
006368	BUS SV NEC	TRUXXI CAB INC	ACTIVE	03	12/16/2015	
12/16/15-12/31/16		2330 SCENIC HWY		7389		12/16/2015
006380	MISC RET	TWENTY FOURTH STREET	ACTIVE	01	12/31/2015	
12/31/15-12/31/16		3392 NEWTONS CREST CIR		5900		12/31/2016

REPORT TOTALS: 18 LICENSES



*30755*

**CITY OF SNELLVILLE**  
DEPARTMENT OF PLANNING AND DEVELOPMENT  
2342 OAK ROAD, 2<sup>ND</sup> FLOOR  
SNELLVILLE, GA 30078-2361  
(770) 985-3513 ~ FAX (770) 985-3551  
[www.snellville.org](http://www.snellville.org)



FOR CITY USE ONLY SIC CODE <u>8049</u> CLASS <u>2</u> ZONING DISTRICT _____ USE PERMITTED _____ APPROVED BY: <u>[Signature]</u>	<b>OCCUPATIONAL TAX APPLICATION</b> (FOR BUSINESS LICENSE)  LICENSE # <u>6355</u>	FOR CITY USE ONLY DATE RECEIVED <u>11/24/15</u> PAID _____ FÉES DUE <u>42.50</u>
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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

BUSINESS NAME <u>Abbott's Counseling and Life Care Solutions</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
FED. ID NO. <u>46-3469136</u>	DATE BUSINESS ESTABLISHED: <u>8/21/11</u>	IN CARE OF <u>Jan Abbott</u>	
APPLICANT NAME <u>Jan Abbott</u>		MAILING STREET ADDRESS <u>Same</u>	
LOCAL STREET ADDRESS <u>2330 Scenic Hwy Ste 222</u>		MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville, GA 30078</u>		CITY, STATE, ZIP	

**LOCAL PHONE NUMBERS**

BUSINESS (678) 252-2114  
 FAX (678) 252-2117  
 RESIDENCE (678) 880-0540  
 CELLULAR ( ) Same  
 EMAIL acsc@comcast.net

**TYPE OF OWNERSHIP** (CHECK ONE) SOLE PROP  PARTNERSHIP \_\_\_\_\_ CORP \_\_\_\_\_ LLC \_\_\_\_\_  
 LIST NAMES AND ADDRESSES OF OWNER (IF DIFFERENT THAN APPLICANT) AND/OR LOCAL MANAGER

TYPE OF BUSINESS: Counseling     CHECK HERE IF BUSINESS IS IN RESIDENCE

**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.

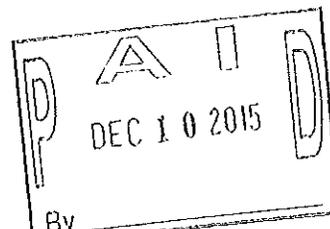
Jan Abbott    [Signature]    11/24/15  
 APPLICANT NAME (PLEASE PRINT)    SIGNATURE    DATE

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



BOTSS

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



FOR CITY USE ONLY
DATE RCVD
SIC CODE 5200 CLASS 1
ZONING DISTRICT
USE PERMITTED
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL # 6362
DATE PAID
FEES DUE 90.00

COMPLETE ALL SECTIONS. OCCUPATIONAL TAX WILL BE BASED UPON INFORMATION SUPPLIED ON THIS APPLICATION.

APPLICATION FOR: [X] NEW BUSINESS [ ] RENEWAL [ ] CHANGE IN OWNERSHIP [ ] ADDRESS CHANGE

CORPORATE NAME ANAJAYES Auto Brokers
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME
APPLICANT NAME
FED. ID NO. / SSN 47-5599701 DATE BUSINESS ESTABLISHED: 1
IN CARE OF
BUSINESS OWNER NAME Andrea Richards
MAILING STREET ADDRESS
LOCAL STREET ADDRESS 2330 Scenic Hwy Suite 207
MAILING P.O. BOX
CITY, STATE, ZIP Snellville Ga 30078
CITY, STATE, ZIP

LOCAL PHONE NUMBERS

BUSINESS (770) 559 9916
FAX
RESIDENCE
CELLULAR (617) 594 9438
EMAIL anajayees@yahoo.com

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

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

TYPE OF BUSINESS: Used Car Auto Dealer (Brokers) [ ] CHECK HERE IF BUSINESS IS IN RESIDENCE

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

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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
Embalmers
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.

Edward Richards
APPLICANT NAME (PLEASE PRINT)

[Signature]
SIGNATURE

12/10/15
DATE

PLEASE BE ADVISED - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED



No BUS

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

RECEIVED
DEC 9 2015

PAID DEC 9 2015

FOR CITY USE ONLY
SIC CODE 1389 CLASS 3
ZONING DISTRICT OP
USE PERMITTED
APPROVED BY: CPW
OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE)
LICENSE # 6360
DATE RECEIVED
PAID
FEES DUE 45

COMPLETE ALL SECTIONS. OCCUPATIONAL TAX WILL BE BASED UPON INFORMATION SUPPLIED ON THIS APPLICATION.

APPLICATION FOR: [X] NEW BUSINESS [ ] RENEWAL [ ] CHANGE IN OWNERSHIP [ ] ADDRESS CHANGE

BUSINESS NAME: Beneficial Staffing Solutions
FEED ID NO.: 001350363
DATE BUSINESS ESTABLISHED:
APPLICANT NAME: Odette Steward
LOCAL STREET ADDRESS: 2330 Scenic Highway
CITY, STATE, ZIP: Snellville, Ga. 30078
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
IN CARE OF
MAILING STREET ADDRESS
MAILING P.O. BOX
CITY, STATE, ZIP

LOCAL PHONE NUMBERS

BUSINESS (404)
FAX
RESIDENCE
CELLULAR (770) 799-5858
EMAIL

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROP [X] PARTNERSHIP [ ] CORP [ ] LLC [ ]

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

Co-owner Shakya Steward-Davis

IF CORPORATION, GIVE STATE AND DATE

TYPE OF BUSINESS: Recruiting + Staffing agency
medical staffing
[ ] CHECK HERE IF BUSINESS IS IN RESIDENCE

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

18,000

PROFESSIONAL PRACTITIONERS

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

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

NUMBER OF EMPLOYEES ASSOCIATED WITH BUSINESS (EXCLUDING BUSINESS OWNER) 2

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

Odette Steward
APPLICANT NAME (PLEASE PRINT)

Signature

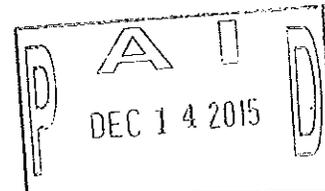
12-8-15
DATE

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



No Bots

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 782 CLASS 3
ZONING DISTRICT
USE PERMITTED
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL # 6364
DATE PAID
FEES DUE 45.00

COMPLETE ALL SECTIONS. OCCUPATIONAL TAX WILL BE BASED UPON INFORMATION SUPPLIED ON THIS APPLICATION.

APPLICATION FOR: [X] NEW BUSINESS [ ] RENEWAL [ ] CHANGE IN OWNERSHIP [ ] ADDRESS CHANGE

CORPORATE NAME
BUSINESS NAME Budget Inncare
FED. ID. NO. / SSN 178103
DATE BUSINESS ESTABLISHED:
BUSINESS OWNER NAME Brandon Tackett
LOCAL STREET ADDRESS 1922 North rd
CITY, STATE, ZIP Snellville, GA, 30078
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
APPLICANT NAME
IN CARE OF
MAILING STREET ADDRESS
MAILING P.O. BOX
CITY, STATE, ZIP

LOCAL PHONE NUMBERS

BUSINESS ( )
FAX ( )
RESIDENCE ( )
CELLULAR (770) 764-4165
EMAIL btackett@gmail.com

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROP [X] 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: Law Care [X] CHECK HERE IF BUSINESS IS IN RESIDENCE

GROSS RECEIPTS (This information is strictly confidential)

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\$ (PROJECTED MONTHLY GROSS RECEIPTS)
FOR CITY USE ONLY

PROFESSIONAL PRACTITIONERS

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

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

NUMBER OF EMPLOYEES ASSOCIATED WITH BUSINESS (EXCLUDING BUSINESS OWNER) 0

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

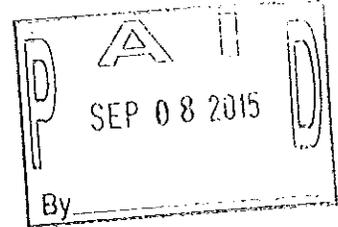
Brandon Tackett
APPLICANT NAME (PLEASE PRINT)
[Signature]
SIGNATURE
12/11/15
DATE

PLEASE BE ADVISED - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED



NAICS  
621319  
BOTSS

**CITY OF SNELLVILLE**  
DEPARTMENT OF PLANNING AND DEVELOPMENT  
2342 OAK ROAD, 2<sup>ND</sup> FLOOR  
SNELLVILLE, GA 30078-2361  
(770) 985-3513 ~ FAX (770) 985-3551  
www.ci.snellville.ga.us



FOR CITY USE ONLY

SIC CODE 7854 CLASS 3

ZONING DISTRICT \_\_\_\_\_

USE PERMITTED \_\_\_\_\_

APPROVED BY: [Signature]

**OCCUPATIONAL TAX APPLICATION**  
(FOR BUSINESS LICENSE)

LICENSE # 62017

FOR CITY USE ONLY

DATE RECEIVED \_\_\_\_\_

PAID \$30.00 / year

FEE DUE \_\_\_\_\_

*S/W Renewal  
Scenic office  
300 sq foot office  
3+ students  
OK*

COMPLETE ALL SECTIONS. OCCUPATIONAL TAX WILL BE BASED UPON INFORMATION SUPPLIED ON THIS APPLICATION.

APPLICATION FOR:  NEW BUSINESS  RENEWAL  CHANGE IN OWNERSHIP  ADDRESS CHANGE

BUSINESS NAME <u>CAREGIVER SOLUTIONS</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
FED. ID NO. <u>320052352</u>	DATE BUSINESS ESTABLISHED: <u>2002</u>	IN CARE OF	
APPLICANT NAME <u>Kimberly Thornton</u>		MAILING STREET ADDRESS	
LOCAL STREET ADDRESS <u>2330 Scenic Highway #304</u>		MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville, GA 30078</u>		CITY, STATE, ZIP	

**LOCAL PHONE NUMBERS**

BUSINESS (770) 686-3615

FAX (770) 686-3617

RESIDENCE \_\_\_\_\_

CELLULAR (678) 392-9624

EMAIL Caregiversolutions@yahoo.com

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

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

TYPE OF BUSINESS: Training Healthcare CNA  CHECK HERE IF BUSINESS IS IN RESIDENCE

**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 BEGINS OPERATION IN THE PRECEDING YEAR, RECEIPTS MUST BE PRORATED TO FULL YEAR (12 MONTHS).

\$ \_\_\_\_\_ (PROJECTED MONTHLY GROSS RECEIPTS)

FOR CITY USE ONLY

**PROFESSIONAL PRACTITIONERS**

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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) 0

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

Kimberly Thornton  
APPLICANT NAME (PLEASE PRINT)

Kimberly Shantz  
SIGNATURE

9/4/16  
DATE

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



**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

*Non Profit*

FOR CITY USE ONLY DATE RCVD <u>12/18/2015</u> SIC CODE <u>7200</u> CLASS <u>3</u> ZONING DISTRICT _____ USE PERMITTED _____	<b>OCCUPATIONAL TAX APPLICATION</b> (FOR BUSINESS LICENSE) BL # <u>6370</u>	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 <u>Courageous Hope Inc</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME <u>Courageous Hope Inc</u>	APPLICANT NAME <u>Rachel Bellamy</u>
FED. ID NO. / SSN <u>27-1787085</u>	DATE BUSINESS ESTABLISHED: <u>2/18/2010</u>
BUSINESS OWNER NAME <u>Rachel Bellamy</u>	MAILING STREET ADDRESS <u>2140 McGee Rd Suite C-1660A</u>
LOCAL STREET ADDRESS <u>2140 McGee Rd Suite C-1660A</u>	MAILING P.O. BOX <u>N/A</u>
CITY, STATE, ZIP <u>Snellville GA 30078</u>	CITY, STATE, ZIP <u>Snellville GA 30078</u>

**LOCAL PHONE NUMBERS**  
 BUSINESS (91) \_\_\_\_\_  
 FAX ( ) \_\_\_\_\_  
 RESIDENCE ( ) \_\_\_\_\_  
 CELLULAR (919) 455 7117 \_\_\_\_\_  
 EMAIL bellamy.marie@gmail.com \_\_\_\_\_

**TYPE OF OWNERSHIP (CHECK ONE)**    SOLE PROP \_\_\_\_\_    PARTNERSHIP \_\_\_\_\_    CORP \_\_\_\_\_    LLC  \_\_\_\_\_  
 LIST NAMES AND ADDRESSES OF OWNER (IF DIFFERENT THAN APPLICANT) AND/OR LOCAL MANAGER \_\_\_\_\_

**TYPE OF BUSINESS:** Non profit - Vocational / Educational Training (Staffing placement and training)     CHECK HERE IF BUSINESS IS IN RESIDENCE

**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**

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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) 2

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

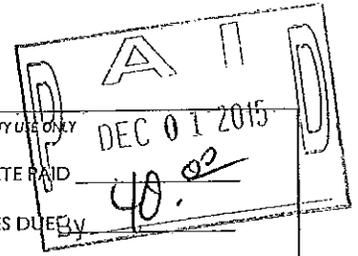
Rachel Bellamy APPLICANT NAME (PLEASE PRINT)    [Signature] SIGNATURE    12/18/2015 DATE

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



BOTSS

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 2999 CLASS 110
ZONING DISTRICT
USE PERMITTED
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL # 6357
FOR CITY USE ONLY
DATE PAID
FEES DUE BY

COMPLETE ALL SECTIONS. OCCUPATIONAL TAX WILL BE BASED UPON INFORMATION SUPPLIED ON THIS APPLICATION.

APPLICATION FOR: [X] NEW BUSINESS [ ] RENEWAL [ ] CHANGE IN OWNERSHIP [ ] ADDRESS CHANGE

CORPORATE NAME
BUSINESS NAME E Auto Parts
FED. ID NO. / SSN 47-5632264 DATE BUSINESS ESTABLISHED: 11/19/15
BUSINESS OWNER NAME Eldric Griffin
LOCAL STREET ADDRESS 2671 Farmstead ct
CITY, STATE, ZIP Grayson Ga, 30017
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
APPLICANT NAME
IN CARE OF
MAILING STREET ADDRESS
MAILING P.O. BOX
CITY, STATE, ZIP

LOCAL PHONE NUMBERS

BUSINESS (900) 463-1003
FAX
RESIDENCE
CELLULAR (786) 203-9580
EMAIL

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROP [X] 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: Parts locator/Sales office only
CHECK HERE IF BUSINESS IS IN RESIDENCE [X]

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 RECEIPTS MUST BE PRORATED TO FULL YEAR (12 MONTHS).

FOR CITY USE ONLY
\$ (PROJECTED MONTHLY GROSS RECEIPTS)

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) 0

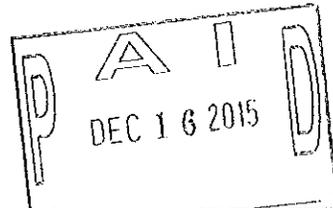
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND CONTAINS NO FRAUDULENT INFORMATION.

Eldric Griffin (Applicant Name), Eldric Griffin (Signature), 12/1/15 (Date)



BOTSS

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 <u>4289</u> CLASS <u>LAB</u> ZONING DISTRICT USE PERMITTED <u>MA</u>	<b>OCCUPATIONAL TAX APPLICATION</b> (FOR BUSINESS LICENSE) BL # <u>63360</u>	By <u>                    </u> FOR CITY USE ONLY DATE PAID FEES DUE <u>75.00</u>
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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 NAME <u>HFH Transportation</u>	APPLICANT NAME		
FED ID NO. / EIN <u>47-3997029</u>	DATE BUSINESS ESTABLISHED:	IN CARE OF	
BUSINESS OWNER NAME <u>Heartwall Francis</u>	MAILING STREET ADDRESS		
LOCAL STREET ADDRESS <u>3001 Framstead Ct</u>	MAILING P.O. BOX		
CITY, STATE, ZIP <u>Grayson, Ga 30017</u>	CITY, STATE, ZIP		

**LOCAL PHONE NUMBERS**

BUSINESS ( )  
FAX ( )  
RESIDENCE ( )  
CELLULAR (347) 268-6041  
EMAIL Francisheartwall18@gmail.com

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROP  PARTNERSHIP  CORP  LLC   
LIST NAMES AND ADDRESSES OF OWNER (IF DIFFERENT THAN APPLICANT) AND/OR LOCAL MANAGER

TYPE OF BUSINESS: HFH Transportation Services     CHECK HERE IF BUSINESS IS IN RESIDENCE  
Long Distance

**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, 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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Architects                     | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Podiatrist                    |
| <input type="checkbox"/> Chiropractor                   | <input type="checkbox"/> Land Surveyor       | <input type="checkbox"/> Practitioner of Physiotherapy |
| <input type="checkbox"/> Dentist                        | <input type="checkbox"/> Lawyer              | <input type="checkbox"/> Psychologist                  |
| <input type="checkbox"/> Embalmer                       | <input type="checkbox"/> Optometrist         | <input type="checkbox"/> Public Accountant             |
| <input type="checkbox"/> Engineers (Civil, Mech., Etc.) | <input type="checkbox"/> Osteopath           | <input type="checkbox"/> Therapists/Counselors         |
| <input type="checkbox"/> Funeral Director               | <input type="checkbox"/> Physician           | <input type="checkbox"/> Veterinarian                  |

NUMBER OF EMPLOYEES ASSOCIATED WITH BUSINESS (EXCLUDING BUSINESS OWNER) 1

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

Heartwall Francis  
APPLICANT NAME (PLEASE PRINT)

[Signature]  
SIGNATURE

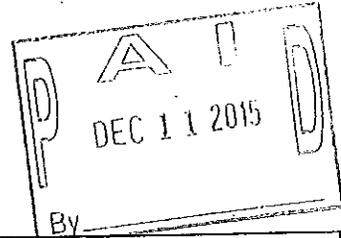
12/14/15  
DATE

PLEASE BE ADVISED - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED



BOTSS

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



FOR CITY USE ONLY
SIC CODE 4 CLASS 870
ZONING DISTRICT
USE PERMITTED
APPROVED BY: mtempa

OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
LICENSE # 6363

FOR CITY USE ONLY
DATE RECEIVED 12/11/15
PAID
FEES DUE 47.50

COMPLETE ALL SECTIONS. OCCUPATIONAL TAX WILL BE BASED UPON INFORMATION SUPPLIED ON THIS APPLICATION.

APPLICATION FOR: [X] NEW BUSINESS [ ] RENEWAL [ ] CHANGE IN OWNERSHIP [ ] ADDRESS CHANGE

BUSINESS NAME: HTC Enterprises, LLC
MAILING ADDRESS:
FED. ID NO. 47-1708379
DATE BUSINESS ESTABLISHED:
APPLICANT NAME: Cleasr Hogan
LOCAL STREET ADDRESS: 2330 S.enic. H. gway, Ste. 317
CITY, STATE, ZIP: Snellville, GA 30078

LOCAL PHONE NUMBERS

BUSINESS (770) 674-2866
FAX (770) 674-2867
RESIDENCE
CELLULAR (770) 861-9414
EMAIL: Chogan@Snellville.com

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROP PARTNERSHIP CORP LLC [X]
LIST NAMES AND ADDRESSES OF OWNER (IF DIFFERENT THAN APPLICANT) AND/OR LOCAL MANAGER

TYPE OF BUSINESS: Accounting-Tax Services [ ] CHECK HERE IF BUSINESS IS IN RESIDENCE

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 BUS...

\$ (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, etc.

NUMBER OF EMPLOYEES ASSOCIATED WITH BUSINESS (EXCLUDING BUSINESS OWNER) 0

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

Cleasr Hogan (APPLICANT NAME), Cleasr Hogan (SIGNATURE), 12/11/15 (DATE)



621610

RECEIVED

CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD, 2ND FLOOR
SNELLVILLE, GA 30078-2361
(770) 285-3513 FAX (770) 985-3551

PAID DEC 15 2015

FOR CITY USE ONLY
DATE RCYD
SIC CODE CLASS
ZONING DISTRICT
USE PERMITTED CBW
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL # 6369
DATE PAID
FEES DUE 155

COMPLETE ALL SECTIONS. OCCUPATIONAL TAX WILL BE BASED UPON INFORMATION SUPPLIED ON THIS APPLICATION.

APPLICATION FOR: [X] NEW BUSINESS [ ] RENEWAL [ ] CHANGE IN OWNERSHIP [ ] ADDRESS CHANGE

CORPORATE NAME Mablehouse Hospice LLC
BUSINESS NAME Mablehouse Hospice
FED. ID NO. / SSN 47 285 0542
DATE BUSINESS ESTABLISHED:
BUSINESS OWNER NAME Anita Jones-Gates
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
APPLICANT NAME Anita Jones-Gates
IN CARE OF
MAILING STREET ADDRESS 6405 The Trail
MAILING P.O. BOX
CITY, STATE, ZIP Snellville, GA 30078 Stone Mtn, GA 30087

LOCAL PHONE NUMBERS

BUSINESS (678) 638-1088
FAX (678) 367-0427
RESIDENCE
CELLULAR (770) 875-5519
EMAIL anita.jones-gates@mablehospice.com

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROP PARTNERSHIP CORP LLC [X]

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

TYPE OF BUSINESS: Home Hospice Care Office [ ] CHECK HERE IF BUSINESS IS IN RESIDENCE
Provider

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 MUST BE PRORATED TO FULL YEAR (12 MONTHS).

(PROJECTED MONTHLY GROSS RECEIPTS)

FOR CITY USE ONLY

PROFESSIONAL PRACTITIONERS

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

NUMBER OF EMPLOYEES ASSOCIATED WITH BUSINESS (EXCLUDING BUSINESS OWNER) 7 (incl. owner)

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

Anita Jones-Gates
APPLICANT

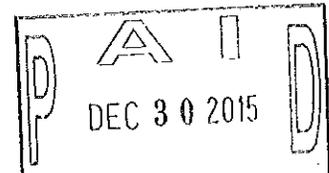
Anita Jones-Gates
SIGNATURE

12/15/15
DATE

PLEASE BE ADVISED - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED



**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](http://www.snellville.org)



FOR CITY USE ONLY DATE RCVD _____ SIC CODE <u>2337</u> CLASS <u>3</u> ZONING DISTRICT _____ USE PERMITTED _____	<b>OCCUPATIONAL TAX APPLICATION</b> (FOR BUSINESS LICENSE) BL # <u>6379</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE \$ <u>330.00</u>
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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 <u>MEGA NAILS &amp; SPA OF SNELLVILLE LLC</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS OR TRADE NAME (DBA) <u>MEGA NAILS &amp; SPA</u>		APPLICANT NAME <u>MICHELLE NGUYEN</u>	
FED. ID NO. / SSN <u>81-0721969</u>	DATE BUSINESS ESTABLISHED: <u>12/01/2015</u>	IN CARE OF	
BUSINESS OWNER NAME		MAILING STREET ADDRESS	
LOCAL STREET ADDRESS <u>1977 SCENIC HWY N., SUITE D</u>		MAILING P.O. BOX	
CITY, STATE, ZIP <u>SNELLVILLE, GA 30078</u>		CITY, STATE, ZIP	

**LOCAL PHONE NUMBERS**

BUSINESS (770) 299-8888  
 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  
MAI BACH THI NGUYEN - 1406 ACADIAN DR #1, HOUMA, LA 70363  
HUYNH VAN PHAN - 2458 SWAN LAKE DR, GRAYSON, GA 30017  
MICHELLE NGUYEN - 591 MARBLE SPRINGS RD, LILBURN, GA 30047  
 IF CORPORATION, GIVE STATE AND DATE GA DECEMBER 1, 2015

TYPE OF BUSINESS: NAIL SALON  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 MUST BE PRORATED TO FULL YEAR (12 MONTHS).

_____ (PROJECTED MONTHLY GROSS RECEIPTS)	FOR CITY USE ONLY
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**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) 8

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

MICHELLE NGUYEN  
 APPLICANT NAME (PLEASE PRINT)

MicHELLE NGUYEN  
 SIGNATURE

12/30/15  
 DATE

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

30840



568  
722110  
applied for sales  
& use

**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

3102015-08684  
PAID NOV 11 2015

FOR CITY USE ONLY DATE RCVD _____ SIC CODE <u>5810</u> CLASS <u>Z</u> ZONING DISTRICT <u>06</u> USE PERMITTED <u>applied</u>	<b>OCCUPATIONAL TAX APPLICATION</b> (FOR BUSINESS LICENSE) BL # <u>Applied For 6344</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>2530</u>
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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 <u>Pollo Operations, Inc.</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS OR TRADE NAME (DBA) <u>Pollo Tropical</u>		APPLICANT NAME <u>Pollo Operations, Inc.</u>	
FED. ID NO. / SSN <u>65-0446289</u>	DATE BUSINESS ESTABLISHED: <u>08/26/1993</u>	IN CARE OF <u>Ms. Lisette Zamora</u>	
BUSINESS OWNER NAME <u>Pollo Operations, Inc.</u>		MAILING STREET ADDRESS <u>7300 North Kendall Drive, Suite 800</u>	
LOCAL ADDRESS <u>1635 Scenic Highway</u>		MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville, GA 30078</u>		CITY, STATE, ZIP <u>Miami, FL 33156</u>	

**LOCAL PHONE NUMBERS**

BUSINESS ( ) TBD 7736  
 ( ) 1129  
 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  
Pollo Operations, Inc. 7300 North Kendall Drive, Suite 800, Miami, FL 33156

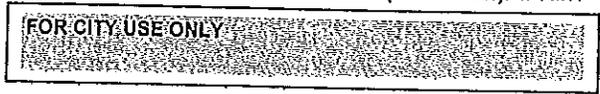
IF CORPORATION, GIVE STATE AND DATE Florida; 08/26/1993

TYPE OF BUSINESS: Restaurant  CHECK HERE IF HOME BASED BUSINESS N/A

**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)



**PROFESSIONAL PRACTITIONERS** N/A

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) 60

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

Pollo Operations, Inc.

Danny Meisenheimer  
APPLICANT NAME (PLEASE PRINT)

[Signature]  
SIGNATURE

9 Oct 2015  
DATE

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



S.A.V.E. Verified  
No Botss

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

PAID DEC 31 2015

FOR CITY USE ONLY DATE RCVD _____ SIC CODE _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED <u>OMW</u>	<b>OCCUPATIONAL TAX APPLICATION</b> (FOR BUSINESS LICENSE) BL # <u>6381</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>45</u>
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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 <u>PRUDENCE FINANCIAL SER.</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME <u>PRUDENCE FINANCIAL SERVICES, LLC</u>	APPLICANT NAME <u>RAHIM KHOJA</u>
FED. ID NO. / SSN <u>46-1294384</u>	DATE BUSINESS ESTABLISHED: _____ IN CARE OF _____
BUSINESS OWNER NAME <u>RAHIM KHOJA/SABINA KHOJA</u>	MAILING STREET ADDRESS <u>964 CEDAR CREST CT. SW</u>
LOCAL STREET ADDRESS <u>2330 SCENIC HWY</u>	MAILING P.O. BOX <u>KILBURN, GA 30047</u>
CITY, STATE, ZIP <u>SNELLVILLE, GA 30078</u>	CITY, STATE, ZIP _____

LOCAL PHONE NUMBERS

BUSINESS (770) 559-9909  
FAX 678 928-9568  
RESIDENCE 770 864-1866  
CELLULAR 706 877-0505  
EMAIL rahim/khoja.prudence@gmail.com

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP \_\_\_\_\_ LLC  
LIST NAMES AND ADDRESSES OF OWNER (IF DIFFERENT THAN APPLICANT) AND/OR LOCAL MANAGER

TYPE OF BUSINESS: INSURANCE/TAX FILING/OTHER FINANCIAL CONSULTING SERVICES  CHECK HERE IF BUSINESS IS IN RESIDENCE

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).

\$1,377.00 (PROJECTED MONTHLY GROSS RECEIPTS)

FOR CITY USE ONLY
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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) 0

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

RAHIM KHOJA  
APPLICANT NAME (PLEASE PRINT)

Khoja  
SIGNATURE

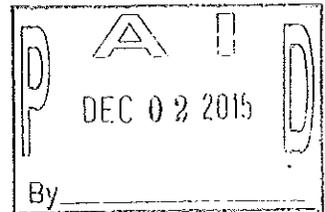
12/31/2015  
DATE

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



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BOTSS

**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](http://www.snellville.org)



FOR CITY USE ONLY SIC CODE <u>1770</u> CLASS <u>2</u> ZONING DISTRICT <u>LM</u> USE PERMITTED _____ APPROVED BY: <u>M Temple</u>	<b>OCCUPATIONAL TAX APPLICATION</b> (FOR BUSINESS LICENSE)  LICENSE # <u>0358</u>	FOR CITY USE ONLY DATE RECEIVED _____ PAID <input checked="" type="checkbox"/> _____ <del>RESTORE</del> <u>\$1030.00</u>
--	--	---

COMPLETE ALL SECTIONS. OCCUPATIONAL TAX WILL BE BASED UPON INFORMATION SUPPLIED ON THIS APPLICATION.

APPLICATION FOR:  NEW BUSINESS  RENEWAL  CHANGE IN OWNERSHIP  ADDRESS CHANGE

BUSINESS NAME <u>Stealth Concrete Cutting Inc.</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
FED. ID NO. <u>58-2441053</u>	DATE BUSINESS ESTABLISHED: <u>12-1999</u>	IN CARE OF	
APPLICANT NAME <u>Malcolm H Dye</u>		MAILING STREET ADDRESS	
LOCAL STREET ADDRESS <u>3240 Industrial way</u>		MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville Ga 30039</u>		CITY, STATE, ZIP	

**LOCAL PHONE NUMBERS**

BUSINESS (770) 554-6555  
FAX (770) 554-2040  
RESIDENCE \_\_\_\_\_  
CELLULAR (404) 345-7657  
EMAIL Mac@stealthconcretecutting.com

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP \_\_\_\_\_ ILC  \_\_\_\_\_

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

TYPE OF BUSINESS: Concrete Cutting  CHECK HERE IF BUSINESS IS IN RESIDENCE

**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).

\$ 4 (PROJECTED MONTHLY GROSS RECEIPTS)

FOR CITY USE ONLY
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**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) 12

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

Malcolm H Dye  
APPLICANT NAME (PLEASE PRINT)

SIGNATURE

8-10-2015  
DATE

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



# CONDITIONAL 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](http://www.snellville.org)

RECEIVED  
OCT 28 2015  
CITY OF SNELLVILLE

FOR CITY USE ONLY  
DATE RCVD \_\_\_\_\_  
SIC CODE \_\_\_\_\_ CLASS \_\_\_\_\_  
ZONING DISTRICT \_\_\_\_\_  
USE PERMITTED ORW

**OCCUPATIONAL TAX APPLICATION**  
(FOR BUSINESS LICENSE)  
BL # 6336

FOR CITY USE ONLY & DEVELOPMENT  
DATE PAID \_\_\_\_\_  
FEES DUE 22.50 (half year)

COMPLETE ALL SECTIONS. OCCUPATIONAL TAX WILL BE BASED UPON INFORMATION SUPPLIED ON THIS APPLICATION.

Cash

APPLICATION FOR:  NEW BUSINESS  RENEWAL  CHANGE IN OWNERSHIP  ADDRESS CHANGE

CORPORATE NAME <u>Loving Tender Companions LLC</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME <u>Tender Loving Companions LLC</u>		APPLICANT NAME <u>Jean L. Harris</u>	
FED ID NO / SSN <u>479345414</u>	DATE BUSINESS ESTABLISHED: <u>10/7/15</u>	IN CARE OF	
BUSINESS OWNER NAME <u>JEAN L. HARRIS</u>		MAILING STREET ADDRESS <u>1201 1st James Place</u>	
LOCAL STREET ADDRESS <u>2398 Lenora Church Rd Ste 206</u>		MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville GA 30078</u>		CITY, STATE, ZIP <u>Loganville GA 30052</u>	

PAID NOV 09 2015

### LOCAL PHONE NUMBERS

BUSINESS ( ) \_\_\_\_\_  
FAX ( ) \_\_\_\_\_  
RESIDENCE ( ) \_\_\_\_\_  
CELLULAR (678) 256 4968  
EMAIL jeanleharris@gmail.com

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

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

same as Applicant

TYPE OF BUSINESS: Personal Care Provider  CHECK HERE IF BUSINESS IS IN RESIDENCE

### 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

N/A

NUMBER OF EMPLOYEES ASSOCIATED WITH BUSINESS (EXCLUDING BUSINESS OWNER) 0

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

JEAN LEE HARRIS  
APPLICANT NAME (PLEASE PRINT)

[Signature]  
SIGNATURE

10/28/15  
DATE

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



**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.snellvillega.com

PAID  
 DEC 28 2015  
 By M Temple

FOR CITY USE ONLY DATE RCVD _____ SIC CODE <u>8100</u> CLASS <u>4</u> ZONING DISTRICT _____ USE PERMITTED _____	<b>OCCUPATIONAL TAX APPLICATION</b> (FOR BUSINESS LICENSE) BL # <u>6378</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>47.50</u>
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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 <u>Afinuke O. Fawole, Esq.</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME <u>Tinuke Fawole Law, LLC</u>	APPLICANT NAME
FED. ID NO. / SSN <u>81-0702445</u>	IN CARE OF <u>Same</u>
DATE BUSINESS ESTABLISHED <u>11-18-2015</u>	MAILING STREET ADDRESS
BUSINESS OWNER NAME <u>Afinuke O. Fawole</u>	MAILING P.O. BOX
LOCAL STREET ADDRESS <u>2395 Scenic Hwy S</u>	CITY, STATE, ZIP
CITY, STATE, ZIP <u>Snellville, GA 30078</u>	

**LOCAL PHONE NUMBERS**

BUSINESS (770) 289-4440  
 FAX \_\_\_\_\_  
 RESIDENCE \_\_\_\_\_  
 CELLULAR \_\_\_\_\_

TYPE OF OWNERSHIP (CHECK ONE)    SOLE PROP     PARTNERSHIP \_\_\_\_\_    CORP \_\_\_\_\_    LLC   
 LIST NAMES AND ADDRESSES OF OWNER (IF DIFFERENT THAN APPLICANT) AND/OR LOCAL MANAGER

EMAIL tinukefawole30@gmail.com

IF CORPORATION, GIVE STATE AND DATE \_\_\_\_\_

TYPE OF BUSINESS: Law office     CHECK HERE IF BUSINESS IS IN RESIDENCE

**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 BUS. \_\_\_\_\_ PRORATED TO FULL YEAR (12 MONTHS).

\$ \_\_\_\_\_ (PROJECTED MONTHLY GROSS RECEIPTS)

FOR CITY USE ONLY

**PROFESSIONAL PRACTITIONERS**

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\_\_\_\_\_ 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) 0

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

Afinuke O. Fawole  
 APPLICANT NAME (PLEASE PRINT)

A Fawole  
 SIGNATURE

12/28/2015  
 DATE

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



# 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](http://www.snellville.org)

RECEIVED  
DEC 16 2015  
CITY OF SNELLVILLE  
PLANNING & DEVELOPMENT

PAID DEC 15 2015

FOR CITY USE ONLY DATE RCVD _____ SIC CODE _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED _____	<b>OCCUPATIONAL TAX APPLICATION</b> (FOR BUSINESS LICENSE) BL # <u>6368</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>45</u>
--	---	--

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 <u>TRUXXI CAB INC</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME <u>TRUXXI</u>	APPLICANT NAME
FED. ID NO. / SSN <u>81-0698836</u>	DATE BUSINESS ESTABLISHED: <u>10.1.2015</u>
BUSINESS OWNER NAME <u>Darius R. Glasscho</u>	IN CARE OF
LOCAL STREET ADDRESS <u>2330 Scenic Hwy</u>	MAILING STREET ADDRESS
CITY, STATE, ZIP <u>Snellville, Ga. 30078</u>	MAILING P.O. BOX
	CITY, STATE, ZIP

**LOCAL PHONE NUMBERS**  
 BUSINESS (855) 4-TRUXXI  
 FAX \_\_\_\_\_  
 RESIDENCE \_\_\_\_\_  
 CELLULAR (770) 733-7003  
 EMAIL Rahng@Truxxi.com

**TYPE OF OWNERSHIP** (CHECK ONE)    SOLE PROP \_\_\_\_\_    PARTNERSHIP \_\_\_\_\_    CORP \_\_\_\_\_    LLC  \_\_\_\_\_  
 LIST NAMES AND ADDRESSES OF OWNER (IF DIFFERENT THAN APPLICANT) AND/OR LOCAL MANAGER  
Darius R. Glasscho 913 Daylight Cir. Lville Ga 3004  
Balkeesah Abdul-Ahad 3680 Heatherwood Ct. Marietta Ga 30066  
Cheryl Redmond-Pullins 143 Eason Way Mableton, Ga.  
 IF CORPORATION, GIVE STATE AND DATE \_\_\_\_\_

TYPE OF BUSINESS: Delivery and Transportation     CHECK HERE IF BUSINESS IS IN RESIDENCE

**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, RECEIPTS MUST BE PRORATED TO FULL YEAR (12 MONTHS).

\$ \_\_\_\_\_ (PROJECTED MONTHLY GROSS RECEIPTS)

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## PROFESSIONAL PRACTITIONERS

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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.

Rahng  
APPLICANT NAME (PLEASE PRINT)

Darius R. Glasscho  
SIGNATURE

12-16-15  
DATE

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



BotSS  
454340

**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](http://www.snellville.org)

RECEIVED

DEC 31 2015

CITY OF SNELLVILLE

FOR CITY USE ONLY DATE RCVD _____ SIC CODE <u>Sale</u> CLASS <u>1</u> ZONING DISTRICT _____ USE PERMITTED <u>CPW</u>	<b>OCCUPATIONAL TAX APPLICATION</b> (FOR BUSINESS LICENSE)  BL # <u>6380</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>40</u>
--	---	--

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 _____	<b>MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)</b>
BUSINESS NAME <u>Twenty-Fourth Street</u>	APPLICANT NAME <u>Tyler Lafourche</u>
FED. ID NO. / SSN <u>81-0794214</u> DATE BUSINESS ESTABLISHED: <u>5/20/2015</u>	IN CARE OF _____
BUSINESS OWNER NAME <u>Tyler Lafourche</u>	MAILING STREET ADDRESS _____
LOCAL STREET ADDRESS <u>3392 Newtons crest Cir.</u>	MAILING P.O. BOX _____
CITY, STATE, ZIP <u>snellville, GA, 30078</u>	CITY, STATE, ZIP _____

**LOCAL PHONE NUMBERS**

BUSINESS ( ) \_\_\_\_\_  
FAX ( ) \_\_\_\_\_  
RESIDENCE ( ) \_\_\_\_\_  
CELLULAR (404) 437 1952  
EMAIL tyler the fourche@gmail.com

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

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

TYPE OF BUSINESS: Home Occupation, Direct Sales, Free lance, music production, Retail.     CHECK HERE IF BUSINESS IS IN RESIDENCE  
Aware that home cannot become a store only occasional customers can come by.

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**

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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) 0

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

Tyler Lafourche    Tyler Lafourche    12/11/15  
APPLICANT NAME (PLEASE PRINT)    SIGNATURE    DATE

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