

LICENSES: ALL

SORTED BY: CUSTOMER NAME

EFFECTIVE DATES: 1/01/2016 TO 1/31/2016

LICENSE CODES: All

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
006389	TRN SV NEC	A BETTER CHOICE TRANSP., L 2330 SCENIC HWY 800	ACTIVE	01	1/11/2016	1/14/2016
006401	AUTO S NEC	ACE OF SPADES AUTO DETAILI 1741 INLET LAKE PL	ACTIVE	02-HO	1/22/2016	1/22/2016
006408	INS IN	AMERICAN NATIONAL 2330 SCENIC HWY	ACTIVE	10	1/29/2016	1/29/2016
006397	HOME FURN	AT HOME STORES, LLC 2420 WYSTERIA DR	PENDING	01	1/19/2016	*EST*
006404	MEDICAL DR	AURIA MEDICAL CLINICS, LLC 1700 TREE LANE RD 350	ACTIVE	02	1/27/2016	1/27/2016
006400	EMPLOY	C4H AGENCY, LLC. 2330 SCENIC HWY 219	ACTIVE	03	1/21/2016	1/21/2016
006407	JEWEL REP	CC WATCH & JEWELRY REPAIRS 2479 SNELLVILLE PLAZA	ACTIVE	03	1/28/2016	1/28/2016
006409	BUS SV NEC	CLARK SHANNO 1765 SKYLAND GLEN DR	ACTIVE	03	1/29/2016	1/29/2016
006385	LAWN01	CRAIG'S LANDSCAPING 3027 PARK LN	ACTIVE	03-HO	1/05/2016	1/05/2016
006393	BUS SV NEC	DONALD W. HARKLEROAD & ASS 1608 TREE LN	ACTIVE	03	1/12/2016	1/14/2016
006410	ACCT	DYOLL FINANCIAL SERVICE, I 2757 OAK MEADOW LN	ACTIVE	04	1/29/2016	1/29/2016
006405	MISC SP	H C C A CORP. 1880 TREE BROOKE LN	ACTIVE	02	1/27/2016	1790

Broner Agency

Not issued yet

Home Court Curb Appeal

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006392	PERS SVC	INVIGORATE LIFE, LLC. 2863 WILLIAMS PL	ACTIVE	03-HB 7299	1/12/2016	
006387	ELEC	L & I ELECTRIC, LLC 1573 STONEGATE WAY	ACTIVE	02-HO 1730	1/06/2016	1/06/2016
006384	TRN SV NEC	LET'S RIDESHARE, LLC 2386 CLOWER ST D-201	ACTIVE	01 4789	1/04/2016	1/04/2016
006386	MSC PR NEC	MENDING HEARTS WELLNESS, L 2330 SCENIC HWY 215	ACTIVE	03 7299	1/05/2016	1/05/2016
006411	PERS SVC	ORMSBY DOUGLAS HEALTHCARE, 2330 SCENIC HWY 114	ACTIVE	03 7299	1/29/2016	1/29/2016
006388	PAINT	PAINTERS AND PAINT 1105 STONY POINT	ACTIVE	02-HO 1720	1/08/2016	1/08/2016
006399	TAX RETURN	QUALIFIED SAVINGS PLANS, L 2140 MCGEE RD A2500	ACTIVE	03 7291	1/21/2016	1/21/2016
006391	AUTO HOME	RANDOM TECHNOLOGY, INC 1313 TEMPLE JOHNSON RD	ACTIVE	01-HO 5531	1/12/2016	1/12/2016
006394	PEST	ROACHES ROACH KILL 932 THORNY LANE	ACTIVE	03-HO 7342	1/12/2016	1/12/2016
006396	MEDICAL DR	ST. THERESA'S OBGYN, INC. 2311 HENRY CLOWER BLVD E	ACTIVE	02 8010	1/15/2016	1/15/2016
006383	MSC PR NEC	STYLES BY DNICE 2189 SCENIC HWY I	ACTIVE	03 7299	1/04/2016	1/04/2016
006353	TAX RETURN	TAX SERVICE OF AMERICA, IN 2912 MAIN ST W	ACTIVE	03 7291	1/01/2016	

Weightloss & Anti Aging

Riverbrook Counseling Center

Jackson Hewitt

LICENSES: ALL

SORTED BY: CUSTOMER NAME

EFFECTIVE DATES: 1/01/2016 TO 1/31/2016

LICENSE CODES: ALL

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
006398	FAMILY	TORRID, LLC. 1905 SCENIC HWY 130	ACTIVE	02	1/20/2016	5699

new ownership

REPORT TOTALS: 25 LICENSES

*EE A Framing - BL # 6342
2767 Abilene Trail*

*Grandassa Harris Insurance Agency BL#
2319 Scenic Hwy.*

*Pediatric Medical Group BL#6344
(inside eastside medical Hospital)
1700 Medical Way*

*Pleasant Paws BL# 6326
2325 main street Suite A & B*



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
 JAN - 5 REC'D

FOR CITY USE ONLY DATE RCVD <u>1/5/16</u> S/C CODE <u>700</u> CLASS <u>3</u> ZONING DISTRICT <u>res</u> USE PERMITTED <u>res pers</u>	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6386</u>	FOR CITY USE ONLY DATE PAID <u>1/5/16</u> FEES DUE <u>60.00</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>MendingHeartsWellness, LLC</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME <u>WeightLoss & Antozing Wellness</u>	APPLICANT NAME <u>ROXANNE PADMORE</u>
FED. ID # (EIN) <u>40-5390820</u>	DATE BUSINESS ESTABLISHED:
BUSINESS OWNER NAME <u>Roxanne Padmore</u>	IN CARE OF
LOCAL STREET ADDRESS <u>2330 Science Hwy Suite 215</u>	MAILING STREET ADDRESS <u>2300 Countrywalk #322</u>
CITY, STATE, ZIP <u>Snellville, GA 30078</u>	MAILING P.O. BOX
	CITY, STATE, ZIP <u>Snellville, GA 30039</u>

LOCAL PHONE NUMBERS

BUSINESS (770) 559
 FAX _____
 RESIDENCE _____
 CELLULAR (770) 906-2004
 EMAIL ddkdrox@jaboo.com@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
N/A

IF CORPORATION, GIVE STATE AND DATE _____

TYPE OF BUSINESS: Wellness-Consulting-Educational Purpose 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) 0

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

Roxanne Padmore
 APPLICANT NAME (PLEASE PRINT)

[Signature]
 SIGNATURE

1/5/16
 DATE

PLEASE BE ADVISED - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED



NAICS
623210
SAVE

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
FEB 01 2016
BY: _____

FOR CITY USE ONLY
DATE RCVD _____
SIC CODE 7299 CLASS 3
ZONING DISTRICT _____
USE PERMITTED _____

OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE)

BL # 60411

FOR CITY USE ONLY
DATE PAID _____
FEES DUE 60

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

APPLICATION FOR: NEW BUSINESS RENEWAL CHANGE IN OWNERSHIP ADDRESS CHANGE

Ormsby Douglas Healthcare LLC

CORPORATE NAME <u>Ormsby Ormsby Douglas LLC</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME <u>Riverbrook Counseling Center</u>		APPLICANT NAME <u>Susan Picart</u>	
FED. ID NO. / SSN	DATE BUSINESS ESTABLISHED: <u>Jan. 2015</u>	IN CARE OF	
BUSINESS OWNER NAME <u>Susan Picart</u>		MAILING STREET ADDRESS <u>235 2483 Heritage Vlg. Ste. #16-325</u>	
LOCAL STREET ADDRESS <u>2330 Scenic Hwy S Ste. #114</u>		MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville, GA 30078</u>		CITY, STATE, ZIP <u>Snellville, GA 30078</u>	

LOCAL PHONE NUMBERS

BUSINESS (770) 559-9908
FAX (404) 720-9600
RESIDENCE _____
CELLULAR (770) 743-0004
EMAIL susanpicart@riverbrookcounseling.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
Robert Picart

TYPE OF BUSINESS: Counseling / Mental Health 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).

0 (PROJECTED MONTHLY GROSS RECEIPTS)

FOR CITY USE ONLY

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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.

EASE 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 | <input checked="" type="checkbox"/> 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.

Susan Picart

APPLICANT NAME (PLEASE PRINT)

SIGNATURE

DATE

1-29-16

PLEASE BE ADVISED -- INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

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NAICS 448120 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

5225
01

JAN 19 REC'D
JAN 10 REC'D

FOR CITY USE ONLY
 DATE RCVD _____
 SIC CODE 5699 CLASS 2
 ZONING DISTRICT _____
 USE PERMITTED _____

OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE)

BL # 0398 By _____

FOR CITY USE ONLY
 DATE PAID _____
 FEES DUE \$1020.00

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>TORRID LLC</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS OR TRADE NAME (DBA) <u>TORRID #5225</u>		APPLICANT NAME <u>Brenda Morris</u>	
FED. ID NO. / SSN <u>47-3648005</u>	DATE BUSINESS ESTABLISHED: <u>5/2/2015</u>	IN CARE OF	
BUSINESS OWNER NAME		MAILING STREET ADDRESS <u>18501 EAST San Jose Ave.</u>	
LOCAL STREET ADDRESS <u>1905 Snell Hwy. #130</u>		MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville, GA 30078</u>		CITY, STATE, ZIP <u>City of Industry CA 91749</u>	

LOCAL PHONE NUMBERS

BUSINESS (770) 979-4230
 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 Lhernandez@wtopic.com IF CORPORATION, GIVE STATE AND DATE _____

TYPE OF BUSINESS: Retail sales on Women Apparel & Accessories. 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).

REJECTED MONTHLY GROSS RECEIPTS)

FOR CITY USE ONLY

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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) 10

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

Brenda Morris
 APPLICANT NAME (PLEASE PRINT)

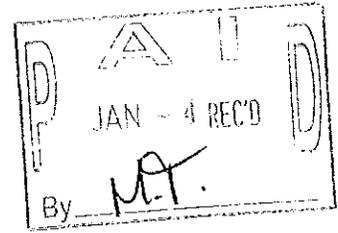
[Signature]
 SIGNATURE

1/4/16
 DATE

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



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



FOR CITY USE ONLY DATE RCVD <u>1/4/16</u> SIC CODE <u>2999</u> CLASS <u>3</u> ZONING DISTRICT <u>bc</u> USE PERMITTED _____	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6383</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>45.00</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>Styles by DNice</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME <u>Same</u>	APPLICANT NAME <u>Dorian Hammond</u>
FED. ID NO. / SSN <u>-9790</u>	DATE BUSINESS ESTABLISHED: <u>November 2014</u>
BUSINESS OWNER NAME <u>Dorian Hammond</u>	MAILING STREET ADDRESS <u>Same</u>
LOCAL STREET ADDRESS <u>2189 Suite I Hwy 124 Snellville GA</u>	MAILING P.O. BOX
CITY, STATE, ZIP <u>Snellville GA, 30078</u>	CITY, STATE, ZIP

LOCAL PHONE NUMBERS

BUSINESS (404) 567-9057
 FAX _____
 RESIDENCE _____
 CELLULAR _____
 EMAIL Dorian.Hammond@gnrcal.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: Barber Shop - Chair Rental CHECK HERE IF BUSINESS IS IN RESIDENCE
A-I Kutz

GROSS RECEIPTS (This information is strictly confidential)

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\$ _____ (PROJECTED MONTHLY GROSS RECEIPTS)

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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.

Dorian Hammond
 APPLICANT NAME (PLEASE PRINT)

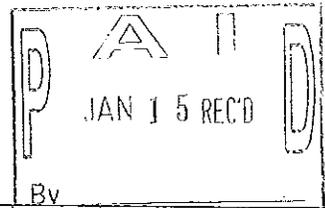
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 SIGNATURE

1/4/16
 DATE



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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.ci.snellville.ga.us



FOR CITY USE ONLY
DATE RCVD 5/10
SIC CODE CLASS 2
ZONING DISTRICT
USE PERMITTED
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL # 6396
DATE PAID
FEES DUE 30.00

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 ST. THERESA'S ORGY INC
BUSINESS NAME ST. THERESA'S ORGY
APPLICANT NAME ANTHONY ANYAKWO
FED. ID NO. / SSN 46-3240302
DATE BUSINESS ESTABLISHED MAY-28-2013
IN CARE OF
BUSINESS OWNER NAME ANTHONY ANYAKWO
MAILING STREET ADDRESS 2611 HYPERT DR
LOCAL STREET ADDRESS 2311 HENRY CLOWER BLVD
MAILING P.O. BOX
CITY, STATE, ZIP SNELLVILLE, GA 30078
CITY, STATE, ZIP SNELLVILLE, GA 30039

LOCAL PHONE NUMBERS

BUSINESS (770) 543-5531
FAX (770) 543-9031
RESIDENCE
CELLULAR (678) 967-3774
EMAIL STTHERESASORGY@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

IF CORPORATION, GIVE STATE AND DATE GEORGIA 2013

TYPE OF BUSINESS: MEDICAL [] CHECK HERE IF BUSINESS IS IN RESIDENCE

GROSS RECEIPTS (This information is strictly confidential)

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\$ (PROJECTED MONTHLY GROSS RECEIPTS)

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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) 3

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

ANTHONY ANYAKWO
APPLICANT NAME (PLEASE PRINT)

Signature
SIGNATURE

1-15-2016
DATE

PLEASE BE ADVISED - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED



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

PAID JAN 12 2016
Cash

FOR CITY USE ONLY
DATE RCVD 1/3/16
SIC CODE 1342 CLASS
ZONING DISTRICT
USE PERMITTED
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL # 6394
DATE 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

CORPORATE NAME
BUSINESS NAME Roaches Roach Kill
FED. ID NO. / SSN 40331-7453
DATE BUSINESS ESTABLISHED: 4-24-2015
BUSINESS OWNER NAME Wesley Lowery
LOCAL STREET ADDRESS 932 Thorny Ln
CITY, STATE, ZIP Grayson, GA 30017
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
APPLICANT NAME Wesley Lowery
IN CARE OF
MAILING STREET ADDRESS Same
MAILING P.O. BOX
CITY, STATE, ZIP

LOCAL PHONE NUMBERS

BUSINESS (404) 504-7232
FAX
RESIDENCE
CELLULAR
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
Wesley Lowery
932 Thorny Ln
Grayson, GA 30017
IF CORPORATION, GIVE STATE AND DATE

TYPE OF BUSINESS: Pest Control [] 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)

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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
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) 0

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

Wesley Lowery
APPLICANT NAME (PLEASE PRINT)

[Signature]
SIGNATURE

1-12-2016
DATE

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



BTSS
336310

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 JAN 21 2016
12

FOR CITY USE ONLY DATE RCVD _____ SIC CODE <u>5331</u> CLASS <u>I-Ho</u> ZONING DISTRICT _____ USE PERMITTED <u>CPW</u>	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6391</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>230.</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>Random Technology, Inc.</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME <u>Same</u>	APPLICANT NAME	
FED. ID. NO. / SSN <u>58-2162574</u>	DATE BUSINESS ESTABLISHED: <u>1994</u>	IN CARE OF
BUSINESS OWNER NAME <u>Kathy Emanuel</u>	MAILING STREET ADDRESS <u>Same</u>	
LOCAL STREET ADDRESS <u>1313 Temple Johnson Rd.</u>	MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville, GA 30052</u>	CITY, STATE, ZIP	

LOCAL PHONE NUMBERS

BUSINESS (678) 344-1593
FAX (678) 344-1591
RESIDENCE (770) 979-5581
CELLULAR (770) 262-0650
EMAIL KAE10@bellsouth.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

IF CORPORATION, GIVE STATE AND DATE

TYPE OF BUSINESS: Catalytic Converter & Car electronics - sales 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) 0

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

Random Technology
Kathy Emanuel, President
APPLICANT NAME (PLEASE PRINT) SIGNATURE

1/12/16
DATE



CITY OF SNELLVILLE
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 2342 OAK ROAD, 2ND FLOOR
 SNELLVILLE, GA 30078-2361
 (770) 985-3513 ~ FAX (770) 985-3551
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PAID
 JAN 21 2016
 BY: _____

FOR CITY USE ONLY DATE RCYD _____ SIC CODE <u>291</u> CLASS <u>3</u> ZONING DISTRICT _____ USE PERMITTED _____	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6399</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>\$45.00</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 QUALIFIED SAVINGS PLANS		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME QUALIFIED SAVINGS PLANS		APPLICANT NAME CLAUDE L. JOHNSON	
FED. ID NO. / SSN 27-3672713	DATE BUSINESS ESTABLISHED: 08/01/2011	IN CARE OF	
BUSINESS OWNER NAME CLAUDE JOHNSON		MAILING STREET ADDRESS 2140 MCGEE RD STE A-2500	
LOCAL STREET ADDRESS 2140 MCGEE RD STE A-2500		MAILING P.O. BOX	
CITY, STATE, ZIP SNELLVILLE,		CITY, STATE, ZIP GA 30078	

LOCAL PHONE NUMBERS

BUSINESS (678) 638-2083
 FAX (888) 420-0820
 RESIDENCE _____
 CELLULAR (678) 862-2405
 EMAIL CLAUDE@QSPLANS.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

IF CORPORATION, GIVE STATE AND DATE

TYPE OF BUSINESS: INCOME TAX PREPARATION 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) _____

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

CLAUDE JOHNSON
 APPLICANT NAME (PLEASE PRINT)

Claude Johnson
 SIGNATURE

1-21-16
 DATE

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



NAICS
812910
BOTSS
WA

CITY OF SNELLVILLE

DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD, 2ND FLOOR
SNELLVILLE, GA 30078-2361
(770) 985-3513 ~ FAX (770) 985-3551
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JAN - 7 RECD

FOR CITY USE ONLY DATE RCVD _____ SIC CODE <u>752</u> CLASS <u>3</u> ZONING DISTRICT _____ USE PERMITTED <u>m.g.</u>	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6326</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>45.00</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>Pleasant Paws, LLC</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME <u>Pleasant Paws</u>	APPLICANT NAME <u>Richard Diegel</u>
FED. ID. NO. / SSN <u>47-4764740</u>	IN CARE OF <u>Pleasant Paws LLC</u>
DATE BUSINESS ESTABLISHED: <u>10/24/15</u>	MAILING STREET ADDRESS <u>2247 Bethany Church Rd.</u>
BUSINESS OWNER NAME <u>Richard Diegel, Sarah Diegel</u>	MAILING P.O. BOX
LOCAL STREET ADDRESS <u>2325 Hwy 28 Suite A & B</u>	CITY, STATE, ZIP <u>Monroe, GA. 30655</u>
CITY, STATE, ZIP <u>Snellville GA. 30078</u>	

LOCAL PHONE NUMBERS

BUSINESS (770) 686-3834
FAX _____
RESIDENCE _____
CELLULAR (678) 687-1775
EMAIL rsd.iegel@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
Richard Diegel
Sarah Diegel

IF CORPORATION, GIVE STATE AND DATE GA. 10/24/15

TYPE OF BUSINESS: Dog Daycare, boarding, Training, Grooming 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) 0

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

Richard Diegel
APPLICANT NAME (PLEASE PRINT)

[Signature]
SIGNATURE

10/26/15
DATE

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



CITY OF SNELLVILLE
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 2342 OAK ROAD, 2ND FLOOR
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Ref # 6349

PAID JAN 07 2018

FOR CITY USE ONLY DATE RCVD _____ SIC CODE _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED _____	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6349</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>88</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 Pediatrix Medical Group of Georgia, P.C.		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS OR TRADE NAME (DBA) Pediatrix Medical Group, Inc.		APPLICANT NAME Linda Prado	
FED. ID NO. / SSN 65-0592449	DATE BUSINESS ESTABLISHED:	IN CARE OF Facilities Development	
BUSINESS OWNER NAME Eastside Medical Center		MAILING STREET ADDRESS 1301 Concord Terrace, Sunrise, FL 33323	
LOCAL STREET ADDRESS 1700 Medical Way		MAILING P.O. BOX	
CITY, STATE, ZIP Snellville, GA 30078		CITY, STATE, ZIP	

LOCAL PHONE NUMBERS

BUSINESS (770-) 979-0200
 FAX (954) 838-9961
 RESIDENCE _____
 CELLULAR _____
 EMAIL Marcia_cantor@mednax.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

IF CORPORATION, GIVE STATE AND DATE: Florida, 11-10-2015

TYPE OF BUSINESS: OB Hospitalist 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

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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) 5 E-Verify 650271219

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

Linda Prado-Director, Facilities Development
 APPLICANT NAME (PLEASE PRINT)

Linda Prado
 SIGNATURE

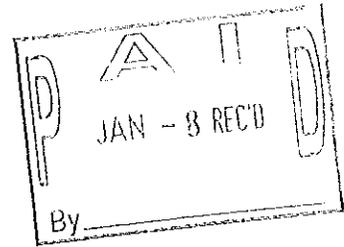
11/11/2015
 DATE

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



Notes
238320

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>7200</u> CLASS <u>2</u> ZONING DISTRICT _____ USE PERMITTED <u>NA</u>	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6288</u>	FOR CITY USE ONLY DATE PAID _____ FEES 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

CORPORATE NAME	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS OR TRADE NAME (DBA) <u>Painters and Paint</u>	APPLICANT NAME <u>Michael Rinaldo Hollins, Sr</u>
FED. ID NO. / SSN <u>81-0835834</u> DATE BUSINESS ESTABLISHED: <u>12-16-2015</u>	IN CARE OF
BUSINESS OWNER NAME <u>Michael Rinaldo Hollins, Sr</u>	MAILING STREET ADDRESS
LOCAL STREET ADDRESS <u>1105 Stony Point</u>	MAILING P.O. BOX <u>P.O. Box 1084</u>
CITY, STATE, ZIP <u>Grayson, GA 30017</u>	CITY, STATE, ZIP <u>Grayson, GA 30017</u>

LOCAL PHONE NUMBERS

BUSINESS (404) 246-7945
FAX _____
RESIDENCE _____
CELLULAR (404) 246-7945
EMAIL mikehollins@hotmail.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: Painting Services 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

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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.

Michael R. Hollins Michael R. Hollins 1-7-2016
APPLICANT NAME (PLEASE PRINT) SIGNATURE DATE



RECEIVED

JAN 4 2015

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

PAID JAN 05 2016

FOR CITY USE ONLY
DATE RCYD
SIC CODE CLASS
ZONING DISTRICT
USE PERMITTED
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL # 10384
DATE PAID
FEES DUE 40

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 Let's Rideshare, LLC
FED. ID NO. / SSN 46-4297194
DATE BUSINESS ESTABLISHED: 11-26-13
BUSINESS OWNER NAME Cheri Ramsey
LOCAL STREET ADDRESS 2386 Clower Street Suite D-201
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 (678) 344-1500
FAX
RESIDENCE
CELLULAR (678) 230-6915
EMAIL cheri@letsrideshare.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: Web based Rideshare Matching [] 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.

EASE 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)

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

Cheri Ramsey
APPLICANT NAME (PLEASE PRINT)

Cheri Ramsey
SIGNATURE

1/4/16
DATE

PLEASE BE ADVISED - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED



NO DATES

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

JAN 6 2015

FOR CITY USE ONLY
DATE RCVD
SIC CODE CLASS 2410
ZONING DISTRICT
USE PERMITTED CBW
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL. # 6387
DATE PAID
FEES DUE 42.50

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

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

CORPORATE NAME
BUSINESS NAME L & I Electric, LLC
FED. ID NO. / SSN 26-1743861 DATE BUSINESS ESTABLISHED: 10/2008
BUSINESS OWNER NAME Lee Cleveland
LOCAL STREET ADDRESS 1573 Stonegate Way
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 () 678-608-6475
FAX ()
RESIDENCE ()
CELLULAR ()
EMAIL leemc@landielectric.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: Electrical Contractor [X] 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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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.

Lee M. Cleveland
APPLICANT NAME (PLEASE PRINT)

Lee M. Cleveland
SIGNATURE

1/6/2016
DATE

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

Start Date: 01/02/2016

Located Inside Walmart

\$60.00



20153

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>7291</u> CLASS <u>3</u> ZONING DISTRICT _____ USE PERMITTED _____	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6353</u>	FOR CITY USE ONLY DATE PAID <u>11/10/15</u> 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>Tax Services of America, Inc.</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS OR TRADE NAME (DBA) <u>Jackson Hewitt Tax Service</u>		APPLICANT NAME <u>Chris Von Essen, VP of Field Services</u>	
FED. ID NO. / SSN <u>22-3677427</u>	DATE BUSINESS ESTABLISHED: <u>01/02/2016</u>	IN CARE OF <u>Jackson Hewitt Tax Service</u>	
BUSINESS OWNER NAME <u>Tax Services of America, Inc.</u>		MAILING STREET ADDRESS	
LOCAL STREET ADDRESS <u>3 Sylvan Way, Suite #3</u>		MAILING P.O. BOX <u>P.O. Box 941290</u>	
CITY, STATE, ZIP <u>Parsippany, NJ 07054</u>		CITY, STATE, ZIP <u>Maitland, FL 32794</u>	

LOCAL PHONE NUMBERS

BUSINESS (407) 691-0004
FAX (407) 691-0005
RESIDENCE _____
CELLULAR (404) 782-1986
EMAIL Jh.Blic@gulfstreamtaxgroup.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
Chris Von Essen, VP of Field Services 3 Sylvan Way, Suite #3, Parsippany, NJ 07054
Shara Abrams, SVP of Operations 3 Sylvan Way, Suite #3, Parsippany, NJ 07054
Richard Peroe, VP of Operations 3 Sylvan Way, Suite #3, Parsippany, NJ 07054
IF CORPORATION, GIVE STATE AND DATE DE 09/17/1999

TYPE OF BUSINESS: Tax Return Preparation Service Located Inside Walmart 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) 3

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

Chris Von Essen, VP of Field Services
APPLICANT NAME (PLEASE PRINT)

Chris Von Essen
SIGNATURE

11/10/15
DATE

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

#53072



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.org

PAID
 JAN 27 2016
 BY: *MS*

FOR CITY USE ONLY DATE RCVD _____ SIC CODE <u>1790</u> CLASS <u>2</u> ZONING DISTRICT _____ USE PERMITTED <u>MS</u>	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>0405</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>\$167.50</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		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME <u>HCCA</u>		APPLICANT NAME	
FED. ID NO. / SSN <u>81-1075528</u>	DATE BUSINESS ESTABLISHED: <u>01/13/16</u>	IN CARE OF	
BUSINESS OWNER NAME <u>TREVOR MOORE</u>		MAILING STREET ADDRESS	
LOCAL STREET ADDRESS <u>1880 Tree Brooke Lane</u>		MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville GA 30078</u>		CITY, STATE, ZIP	

LOCAL PHONE NUMBERS

BUSINESS () _____
 FAX () _____
 RESIDENCE () _____
 CELLULAR (404) 944-0746
 EMAIL tommoore108@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: Construction/remodeling CHECK HERE IF BUSINESS IS IN RESIDENCE
LANDSCAPE MANAGEMENT

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 ^{YEAR} 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.

TREVOR MOORE [Signature] 01/27/16
 APPLICANT NAME (PLEASE PRINT) SIGNATURE DATE

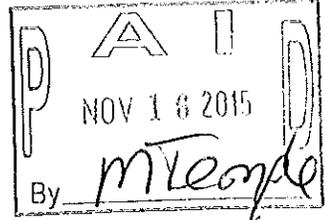
+++++ PLEASE BE ADVISED -- INCOMPLETE APPLICATIONS CANNOT BE PROCESSED +++++



524210
BOTSS

Effective 1-1-2016

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>4401</u> CLASS <u>10</u> ZONING DISTRICT _____ USE PERMITTED <u>MTeague</u>	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6347</u>	FOR CITY USE ONLY DATE PAID <u>7/5/15</u> <u>MTeague</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>Grandassa Harris Agency Inc</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME		APPLICANT NAME <u>Grandassa Harris</u>	
FED. ID NO. / SSN <u>47-5282847</u>	DATE BUSINESS ESTABLISHED <u>11/2/15</u>	IN CARE OF	
BUSINESS OWNER NAME <u>Grandassa Harris</u>		MAILING STREET ADDRESS <u>4291 Royal Mustang Way</u>	
LOCAL STREET ADDRESS <u>2319 Scenic Hwy</u>		MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville, GA 30078</u>		CITY, STATE, ZIP <u>Snellville, GA 30039</u>	

LOCAL PHONE NUMBERS

BUSINESS () _____
 FAX () _____
 RESIDENCE (770) 696-9524
 CELLULAR (678) 607-5108
 EMAIL gharris1@amfam.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 _____

IF CORPORATION, GIVE STATE AND DATE _____

TYPE OF BUSINESS: Insurance Agency 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.

Grandassa Harris APPLICANT NAME (PLEASE PRINT) Grandassa Harris SIGNATURE 11/12/15 DATE

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



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

Expires 2016

FOR CITY USE ONLY
DATE RCVD
SIC CODE CLASS
ZONING DISTRICT
USE PERMITTED
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL # 6342
DATE PAID
FEES DUE 63.78

PAID NOV 09 2015

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: E&A CONTRACTORS, INC.
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME: E&A CONTRACTORS, INC.
APPLICANT NAME
FED. ID NO. / SSN: 61-172-7740
DATE BUSINESS ESTABLISHED: 11/2/14
IN CARE OF
BUSINESS OWNER NAME: Elvia Morales
MAILING STREET ADDRESS
LOCAL STREET ADDRESS: 2767 Abilene Trl.
MAILING P.O. BOX
CITY, STATE, ZIP: Snellville, GA 30078
CITY, STATE, ZIP

LOCAL PHONE NUMBERS

BUSINESS ()
FAX ()
RESIDENCE ()
CELLULAR (404) 569-6347
EMAIL

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

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

Alejandro Rivera

IF CORPORATION, GIVE STATE AND DATE

TYPE OF BUSINESS: FRAMING - Home 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 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
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) 8

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

Elvia Morales
APPLICANT NAME (PLEASE PRINT)

Elvia Morales
SIGNATURE

11/09/15
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

PAID
JAN 29 2016
BY: _____

FOR CITY USE ONLY DATE RCVD _____ SIC CODE <u>5722</u> CLASS <u>4</u> ZONING DISTRICT _____ USE PERMITTED _____	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6410</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>\$165.00</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>Dyoll Financial Service, Inc.</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME <u>Dyoll Financial Service, Inc.</u>	APPLICANT NAME
FED. ID NO. / EIN <u>47-1455950</u>	DATE BUSINESS ESTABLISHED
BUSINESS OWNER NAME <u>D. Lloyd Jackson</u>	IN CARE OF
LOCAL STREET ADDRESS <u>2757 Oak Meadow Lane</u>	MAILING STREET ADDRESS
CITY, STATE, ZIP <u>Snellville, GA 30078</u>	MAILING P.O. BOX <u>P.O. Box 1604</u>
	CITY, STATE, ZIP <u>Snellville, GA 30078</u>

LOCAL PHONE NUMBERS

BUSINESS (770) 685-2600
FAX (470) 223-3586
RESIDENCE (770) 979-5917
CELLULAR ()
EMAIL scaramouche777@pmx.ga.gov

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: Tax Preparation & Accounting 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) 0

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

D. Lloyd Jackson
APPLICANT NAME (PLEASE PRINT)

[Signature]
SIGNATURE

1/29/16
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

PAID JAN 12 2016

FOR CITY USE ONLY DATE RCVD _____ SIC CODE _____ CLASS _____ ZONING DISTRICT <u>0-1</u> USE PERMITTED _____	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6393</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>1200</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>DONALD W. HARKLER ROAD & ASSOC., INC</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS OR TRADE NAME (DBA) <u>HARKLER ROAD & ASSOC., INC.</u>	APPLICANT NAME
FED. ID NO. / SSN <u>58-1102243</u>	DATE BUSINESS ESTABLISHED: <u>4-1-1971</u>
BUSINESS OWNER NAME <u>DONALD W. HARKLER ROAD</u>	IN CARE OF
LOCAL STREET ADDRESS <u>1100'S TREE LANE BLDG A SUITE 100</u>	MAILING STREET ADDRESS
CITY, STATE, ZIP <u>SNELLVILLE GA 30078</u>	MAILING P.O. BOX
	CITY, STATE, ZIP

LOCAL PHONE NUMBERS

BUSINESS (7) 982-1996
 FAX (7) 982-1998
 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 DONALD@HARKLERROAD.COM IF CORPORATION, GIVE STATE AND DATE GEORGIA - 4/1/1971

TYPE OF BUSINESS: LAND SURVEYING - CIVIL ENGINEERS 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

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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 | <u>1</u> Land Surveyor | _____ Practitioner of Physiotherapy |
| _____ Dentist | _____ Lawyer | _____ Psychologist |
| _____ Embalmer | _____ Optometrist | _____ Public Accountant |
| <u>1</u> Engineers (Civil, Mech., Etc.) | _____ Osteopath | _____ Therapists/Counselors |
| _____ Funeral Director | _____ Physician | _____ Veterinarian |

NUMBER OF EMPLOYEES ASSOCIATED WITH BUSINESS (EXCLUDING BUSINESS OWNER) 6

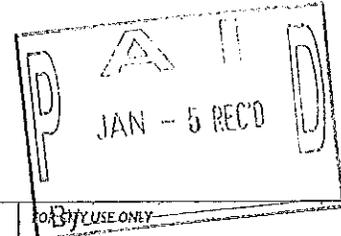
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND CONTAINS NO FRAUDULENT INFORMATION.

DONALD W. HARKLER ROAD, JR. [Signature] 1-12-16
 APPLICANT NAME (PLEASE PRINT) SIGNATURE DATE



No BOTTLES

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
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL # 6385
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: Craig's Landscaping
FED. ID NO. / SSN
DATE BUSINESS ESTABLISHED: 1/5/16
BUSINESS OWNER NAME: Craig England + Lindsay Nelson
LOCAL STREET ADDRESS: 3027 Park Ln
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 (678) 761-9914
FAX
RESIDENCE (678) 557-0312
CELLULAR
EMAIL

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

LIST NAMES AND ADDRESSES OF OWNER (IF DIFFERENT THAN APPLICANT) AND/OR LOCAL MANAGER
IF CORPORATION, GIVE STATE AND DATE

TYPE OF BUSINESS: Landscaping [X] 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
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)

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

Lindsay Nelson
APPLICANT NAME (PLEASE PRINT)

[Signature]
SIGNATURE

1/5/15
DATE

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



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
JAN 29 2016
BY:

FOR CITY USE ONLY
DATE RCVD
SIC CODE CLASS 3
ZONING DISTRICT
USE PERMITTED
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL # 6409
DATE PAID
FEES DUE 45.00

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
BUSINESS NAME Shannon Clark Plus One Virtual Solutions (DBA)
FED. ID NO. / SSN -1317 DATE BUSINESS ESTABLISHED: January 2010
BUSINESS OWNER NAME Shannon Clark
LOCAL STREET ADDRESS 1765 Skylark Glen Drive
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 (678) 770-8443
CELLULAR (770) 823-9017
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: Virtual Assistance - Administrative Support to online businesses
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, 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) 0

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

Shannon Clark
APPLICANT NAME (PLEASE PRINT)

[Signature]
SIGNATURE

1-29-16
DATE

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



NAICS 811490 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
JAN 28 2016
BY: _____

FOR CITY USE ONLY DATE RCVD _____ SIC CODE <u>2601</u> CLASS <u>3</u> ZONING DISTRICT _____ USE PERMITTED _____ <i>MA</i>	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6407</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>90.00</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>CC WATCH & JEWELRY REPAIRS</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME <u>CC WATCH & JEWELRY REPAIRS</u>	APPLICANT NAME <u>Sophany Tuon</u>	
FED. ID NO. / SSN <u>47-5265800</u>	DATE BUSINESS ESTABLISHED: <u>10/13/15</u>	IN CARE OF _____
BUSINESS OWNER NAME <u>SOPHANY TUON</u>	MAILING STREET ADDRESS <u>2479 Snellville plaza</u>	
LOCAL STREET ADDRESS <u>2479 Snellville Plaza</u>	MAILING P.O. BOX _____	
CITY, STATE, ZIP <u>Snellville, GA 30078</u>	CITY, STATE, ZIP <u>Snellville, GA 30078</u>	

LOCAL PHONE NUMBERS

BUSINESS () _____
 FAX () _____
 RESIDENCE () _____
 CELLULAR (404) 988-0410
 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: Watch & Jewelry Repairs 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) 1

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

Sophany Tuon
APPLICANT NAME (PLEASE PRINT)

Sophany Tuon
SIGNATURE

01/28/16
DATE

PLEASE BE ADVISED - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED



NAICS 561320 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 JAN 2, 2016

FOR CITY USE ONLY DATE RCVD SIC CODE 7201 CLASS 3 ZONING DISTRICT USE PERMITTED MT

OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # 6400

FOR CITY USE ONLY DATE PAID FEES DUE \$46.00

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

Form with fields for CORPORATE NAME (C4H Agency, LLC), MAILING ADDRESS, BUSINESS NAME, APPLICANT NAME, FED. ID NO./SSN (81-0990176), DATE BUSINESS ESTABLISHED, BUSINESS OWNER NAME (Seneca Jackson), LOCAL STREET ADDRESS (2330 Scenic Highway #219), CITY, STATE, ZIP (Snellville, GA 30078)

LOCAL PHONE NUMBERS

BUSINESS (770) 674-2841 FAX (770) 674-2846 RESIDENCE CELLULAR EMAIL c4hale@c4hagency.org

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 3544 Broxton Lane Snellville GA 30039

TYPE OF BUSINESS: 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).

\$ [] DJECTED 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) Seneca Jackson

SIGNATURE

DATE 1/21/2016

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

PAID
JAN 28 2016
BY: _____

No BotSS

FOR CITY USE ONLY DATE RCVD _____ SIC CODE <u>6401</u> CLASS <u>10</u> ZONING DISTRICT _____ USE PERMITTED <u>CONV</u>	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6408</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>75</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>American National</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME <u>Broner Agency LLC</u>	APPLICANT NAME	
FED. ID NO. / SSN <u>45-2061616</u>	DATE BUSINESS ESTABLISHED: <u>MAY 2011</u>	IN CARE OF
BUSINESS OWNER NAME <u>Randy Broner</u>	MAILING STREET ADDRESS	
LOCAL STREET ADDRESS <u>2330 Scenic Hwy S. Ste 107</u>	MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville GA. 30078</u>	CITY, STATE, ZIP	

LOCAL PHONE NUMBERS

BUSINESS (770) 807 0298
 FAX (866) 479 8403
 RESIDENCE _____
 CELLULAR (678) 576 4039
 EMAIL Randy.Broner@American-National.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 Agent 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) 0

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

Randy Broner
APPLICANT NAME (PLEASE PRINT)

[Signature]
SIGNATURE

1/28/16
DATE

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



No Boss
Sherry
with
Dr. Salts
S.A. Verified

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.ci.snellville.ga.us

PAYED
JAN 26 2016
BY: _____

FOR CITY USE ONLY DATE RCVD _____ SIC CODE _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED <u>Other</u>	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>6404</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE <u>80.</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>Aurica Medical Clinics</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME <u>The same</u>	APPLICANT NAME <u>Ali Araghi</u>
FED. ID NO. / SSN <u>47-5478715</u>	DATE BUSINESS ESTABLISHED: <u>10-30-2015</u>
BUSINESS OWNER NAME <u>Ali Araghi</u>	IN CARE OF <u>Ali Araghi</u>
LOCAL STREET ADDRESS <u>1700 Tree Lane NW Suite 350</u>	MAILING STREET ADDRESS <u>431 Ranger Pass Ave</u>
CITY, STATE, ZIP <u>Snellville, GA 30078</u>	MAILING P.O. BOX
	CITY, STATE, ZIP <u>Alpharetta, GA 30005</u>

LOCAL PHONE NUMBERS

BUSINESS (770) 978-3578
FAX (770) 978-6630
RESIDENCE (770) 807-0144
CELLULAR (770) 978-6630
EMAIL araghi.ali@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

N/A

IF CORPORATION, GIVE STATE AND DATE

TYPE OF BUSINESS: Medical practice CHECK HERE IF BUSINESS IS IN RESIDENCE
general pulmonary - sleep

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) _____

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

Ali Araghi
APPLICANT NAME (PLEASE PRINT)

Ali Araghi
SIGNATURE

1/27/2016
DATE

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



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

PAID
JAN 22 2016

FOR CITY USE ONLY
DATE RCYD
SIC CODE CLASS
ZONING DISTRICT
USE PERMITTED CBAW
OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)
BL # 6401
DATE PAID
FEES DUE 42.50

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

CORPORATE NAME
BUSINESS NAME Ace of Spades Auto detailing
FED. ID NO. / SSN 47-4744556 DATE BUSINESS ESTABLISHED 01/22/16
BUSINESS OWNER NAME Jose Luis Arroyo
LOCAL STREET ADDRESS 1741 INLET LAKE PL.
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 684
CITY, STATE, ZIP Snellville, GA 30078

LOCAL PHONE NUMBERS
BUSINESS ()
FAX ()
RESIDENCE ()
CELLULAR (404) 637-6484
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: Auto detailing - Home Office [X] 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
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

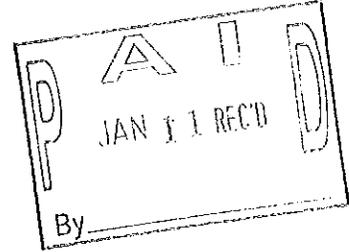
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND CONTAINS NO FRAUDULENT INFORMATION.

Jose Luis Arroyo
APPLICANT NAME (PLEASE PRINT)
Signature: Jose Luis Arroyo
DATE: 01/22/16

PLEASE BE ADVISED -- INCOMPLETE APPLICATIONS CANNOT BE PROCESSED



Cond. Status - removed 1/14/16
~~Conditional~~
~~Has State DOT UCR #~~



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 SIC CODE <u>4999</u> CLASS <u>1</u> ZONING DISTRICT _____ USE PERMITTED <u>NO</u> APPROVED BY: _____	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) LICENSE # <u>6389</u>	FOR CITY USE ONLY DATE RECEIVED _____ PAID _____ FEES DUE <u>\$40.00</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>A Better Choice Transportation, LLC</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) IN CARE OF _____ MAILING STREET ADDRESS _____ MAILING P.O. BOX _____ CITY, STATE, ZIP _____
FED. ID. NO. <u>47-5634117</u>	DATE BUSINESS ESTABLISHED: _____
APPLICANT NAME _____	LOCAL STREET ADDRESS <u>2330 Scenic Highway #800</u> CITY, STATE, ZIP <u>Snellville, GA 30078</u>

LOCAL PHONE NUMBERS

BUSINESS (770) 559-9905
 FAX (470) 375-5542
 RESIDENCE (770) 374-9600
 CELLULAR (404) 246-6719
 EMAIL anthonyh98@hotmail.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
Harold Anthony II
Glynis Foster

TYPE OF BUSINESS: Transportation Non Emergency 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) _____

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

Harold Anthony II [Signature] 1-11-16
 APPLICANT NAME (PLEASE PRINT) SIGNATURE DATE

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