

LICENSES: ALL

SORTED BY: LICENSE NUMBER

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

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

May 2020

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
007710	BUS SV NEC	SHADED OF GRAY WELLNESS CT	ACTIVE	03	5/06/2020	
	5/06/20-12/31/20	2330 SCENIC HWY 314		7389		5/06/2020
007711	RES BLD	BROWN & CO BUILDERS, INC.	ACTIVE	01	5/06/2020	
	5/06/20-12/31/20	2148 MAIN ST		1520		5/08/2020
007712	MIS BUS SV	WAY'S ROADSIDE SERVICE	ACTIVE	03	5/06/2020	
	5/06/20-12/31/20	1998 FABERSHAM DR		7380		5/06/2020
007713	MISC RET	BEND THA TRENDZ SHOP, LLC.	ACTIVE	01-HO	5/06/2020	
	5/06/20-12/31/20	3316 CLASSIC DR		5900		5/06/2020
007716	HEALTH	KERRY WINCHELL, LPC.	ACTIVE	02	5/13/2020	
	5/13/20-12/31/20	2330 SCENIC HWY		8049		5/26/2020
007717	MEDICAL DR	NORTHSIDE HOSPITAL, INC.	PENDING	02	5/13/2020	*EST*
	5/13/20-12/31/20	1800 TREE LANE 300		8010		5/13/2020
007719	MISC SP	MARC JONES CONSTRUCTION LL	ACTIVE	02	5/13/2020	
	5/13/20-12/31/20	221471 MCH ROAD		1790		5/13/2020
007720	ADJ COLL	PCC INNOVATIVE SOLUTIONS,	ACTIVE	03	5/14/2020	
	5/14/20-12/31/20	2092 SCENIC HWY 106		7322		5/14/2020
007721	MISC R NEC	WHOLE LIFE ESSENTIALS INC	PENDING	01	5/15/2020	*EST*
	5/15/20-12/31/20	1142 ATHENS HWY 110		5999		5/22/2020
007722	MEMBER	WINDER MARTIAL ARTS, LLC.	ACTIVE	05	5/15/2020	
	5/15/20-12/31/20	2110 FOUNTAIN SQUARE B		7997		5/18/2020

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

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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
007726	SPC TR NEC	VELEZ PRESSURE WASHING	ACTIVE	02	5/18/2020	
	5/18/20-12/31/20	2140 MCGEE RD 140 G		1799		5/19/2020

10

007728	TRN SV NEC	RHT & COMPANY, LLC	PENDING	01	5/21/2020	*EST*
	5/21/20-12/31/20	2330 SCENIC HWY 217		4789		5/22/2020

007729	MASSAGE	MAKE TIME FOR YOU MASSAGE	PENDING	MASSAGE	5/26/2020	
	5/26/20-12/31/20	2330 SCENIC HWY 204		*****		5/26/2020

007730	PERS SVC	MAKE TIME FOR YOU MASSAGE	PENDING	03	5/26/2020	*EST*
	5/26/20-12/31/20	2330 SCENIC HWY 204		7299M		5/26/2020

007731	BEAUTY	ELECTRIC BEAUTY & BARBER	PENDING	03	5/27/2020	*EST*
	5/27/20-12/31/20	1630 SCENIC HWY 13		7230		5/27/2020

007733	SEWING	MSY ONE STOP LLC	PENDING	01	5/28/2020	*EST*
	5/28/20-12/31/20	2481 HWY 78		5949		5/28/2020

007734	AUTO R NEC	YFM AUTOMOTIVE LLC	PENDING	02	5/28/2020	*EST*
	5/28/20-12/31/20	2277 HENRY CLOWER BLVD		7539		5/28/2020

007735	BEAUTY	SIMPLY GORGEOUS SALON STUD	PENDING	03	5/28/2020	*EST*
	5/28/20-12/31/20	1630 SCENIC HWY 13		7230		5/28/2020

REPORT TOTALS: 23 LICENSES

BKey Hair, Inc.
NV Holdings, LLC
US Team Automobiles, LLC.



441120

Lease ✓

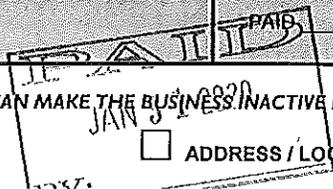
CITY OF SNELLVILLE
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 2342 OAK ROAD
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FOR CITY USE ONLY DATE RCVD _____ SIC _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED _____	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION BL # <u>17656</u>	FOR CITY USE ONLY FEES DUE _____
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IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE



CORPORATE NAME-	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME (D/B/A) <u>HS TEAM AUTOMOBILES LLC</u>	APPLICANT NAME-
FED. ID NO. <u>84-4516724</u> DATE BUSINESS ESTABLISHED: <u>1/22/2020</u>	IN CARE OF
OWNER NAME(S) <u>JETON AZIRI</u>	MAILING STREET ADDRESS
LOCAL STREET ADDRESS <u>2151 FOUNTAIN DRIVE SUITE 301A</u>	MAILING P.O. BOX
CITY, STATE, ZIP <u>SNELLVILLE, GA 30078</u>	CITY, STATE, ZIP

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC

TYPE OF BUSINESS <u>CAR DEALERSHIP</u>	NUMBER OF EMPLOYEES <u>1</u>
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LOCAL PHONE NUMBERS

BUSINESS () 770-558-6129 CONTACT NAME JETON AZIRI
 FAX () 770-558-6130 CELLULAR () 678-876-7324
 E-MAIL SYRIGA81@GMAIL.COM CORPORATE () 770-558-6129

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS _____

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

- | | | | |
|--------------------|-------------------------------|--------------------------------|----------------------------------|
| _____ Architects | _____ Engineers (civil, etc.) | _____ Lawyer (Attorney at Law) | _____ Psychologist/Physiotherapy |
| _____ Chiropractor | _____ Funeral Director | _____ Optometrist | _____ Public Accountant |
| _____ Dentist | _____ Landscape Architect | _____ Osteopath | _____ Veterinarian |
| _____ Embalmer | _____ Land Surveyor | _____ Physician | |

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ _____ *Project for 12 months*
 ASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: April 1st THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

JETON AZIRI JETON AZIRI / OWNER 1/30/2020
 APPLICANT NAME (PLEASE PRINT) SIGNATURE AND TITLE OF APPLICANT DATE



CITY OF SNELLVILLE

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- BOTSS _____
- S.A.V.E _____
- Sanitation _____
- Fire Marshal _____
- Health Dept _____
- Gas Trap _____

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

OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION

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FOR CITY USE ONLY
FEES DUE _____
PAID _____

IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME- NV Holdings LLC		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME (D/BA) NV Holdings		APPLICANT NAME-	
FED. ID NO.- 83-4025822	DATE BUSINESS ESTABLISHED: 03/15/2019	IN CARE OF	
OWNER NAME(S)- Nicholas Vafai; Abbas Vafai		MAILING STREET ADDRESS	
LOCAL STREET ADDRESS- 2326 WISTERIA DR, STE 220		MAILING P.O. BOX	
CITY, STATE, ZIP- SNELLVILLE, GA 30078		CITY, STATE, ZIP	

PAID
MAY 11 2020
BY: *CV*

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ LLC

TYPE OF BUSINESS Manufacturing *(?) remanded 4-21-20* NUMBER OF EMPLOYEES 2

LOCAL PHONE NUMBERS

BUSINESS (678) 863-5979
FAX () _____
E-MAIL nicholas.vafai@gmail.com

CONTACT NAME Nicholas Vafai
CELLULAR (678) 863-5979
CORPORATE () _____

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS 0

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

- | | | | |
|--------------------|-------------------------------|--------------------------------|----------------------------------|
| _____ Architects | _____ Engineers (civil, etc.) | _____ Lawyer (Attorney at Law) | _____ Psychologist/Physiotherapy |
| _____ Chiropractor | _____ Funeral Director | _____ Optometrist | _____ Public Accountant |
| _____ Dentist | _____ Landscape Architect | _____ Osteopath | _____ Veterinarian |
| _____ Embalmer | _____ Land Surveyor | _____ Physician | |

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ _____ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: Jan. 1st THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

Nicholas Vafai
APPLICANT NAME (PLEASE PRINT)

Nicholas Vafai Owner
SIGNATURE AND TITLE OF APPLICANT

03/24/2020
DATE



CITY OF SNELLVILLE

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IPBA
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FOR CITY USE ONLY DATE RCVD _____ SIC _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED <u>CPA</u>	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION BL # <u>7660</u>	FOR CITY USE ONLY FEES DUE <u>10</u> PAID _____
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IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME- <u>BKey Hair Inc.</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME (D/B/A) <u>BKey Hair Inc. Salon</u>	APPLICANT NAME-
FED. ID NO. <u>81 342 3074</u> DATE BUSINESS ESTABLISHED: <u>1/19/20</u>	IN CARE OF
OWNER NAME(S)- <u>Brittani Key</u>	MAILING STREET ADDRESS
LOCAL STREET ADDRESS- <u>2151 Fountain Dr Suite 205</u>	MAILING P.O. BOX
CITY, STATE, ZIP - <u>Snellville, GA 30078</u>	CITY, STATE, ZIP

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION LLC _____

TYPE OF BUSINESS Office / Personal Salon Services NUMBER OF EMPLOYEES 1

LOCAL PHONE NUMBERS
 BUSINESS (678) 782-8211
 FAX () _____
 E-MAIL brittani@bkeyhair.com

CONTACT NAME Brittani Key
 CELLULAR (678) 614-4615
 CORPORATE () _____

PROFESSIONAL PRACTITIONERS
NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS _____

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

_____ Architects	_____ Engineers (civil, etc.)	_____ Lawyer (Attorney at Law)	_____ Psychologist/Physiotherapy
_____ Chiropractor	_____ Funeral Director	_____ Optometrist	_____ Public Accountant
_____ Dentist	_____ Landscape Architect	_____ Osteopath	_____ Veterinarian
_____ Embalmer	_____ Land Surveyor	_____ Physician	

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ _____ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: _____ THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

Brittani Key APPLICANT NAME (PLEASE PRINT) [Signature] SIGNATURE AND TITLE OF APPLICANT 2/4/20 DATE



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MAY 28 2020
 BY: _____

FOR CITY USE ONLY DATE RCVD _____ SIC <u>7230</u> CLASS <u>3</u> ZONING DISTRICT _____ USE PERMITTED _____	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION BL # <u>7735</u>	FOR CITY USE ONLY FEES DUE _____ PAID _____
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IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME- _____ BUSINESS NAME (D/B/A) <u>Simply Gorgeous Salon Studio</u> FED. ID NO. _____ DATE BUSINESS ESTABLISHED: _____ OWNER NAME(S) <u>Stephanie Renee Myles</u> LOCAL STREET ADDRESS <u>1630 Scenic Hwy. #119</u> CITY, STATE, ZIP - <u>Snellville, GA 30078</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) _____ APPLICANT NAME- <u>Stephanie Renee Myles</u> IN CARE OF <u>Simply Gorgeous Salon Studio</u> MAILING STREET ADDRESS <u>1400 Leisure Lake Dr.</u> MAILING P.O. BOX _____ CITY, STATE, ZIP <u>Lawrenceville, GA 30044</u>
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TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR PARTNERSHIP _____ CORPORATION _____ LLC _____

TYPE OF BUSINESS Salon (hair) Studio **NUMBER OF EMPLOYEES** 0

LOCAL PHONE NUMBERS
 BUSINESS (404) 964-6814 CONTACT NAME Stephanie Myles
 FAX () CELLULAR (404) 964-22814
 E-MAIL SimplyGorgeousSalons@gmail.com CORPORATE ()

PROFESSIONAL PRACTITIONERS
NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS 1

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION
- | | | | |
|---------------------------------------|--------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Architects | <input type="checkbox"/> Engineers (civil, etc.) | <input type="checkbox"/> Lawyer (Attorney at Law) | <input type="checkbox"/> Psychologist/Physiotherapy |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Public Accountant |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Osteopath | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Embalmer | <input type="checkbox"/> Land Surveyor | <input type="checkbox"/> Physician | |

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ 0 (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: 1/24/2020 THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

<u>Stephanie Myles</u> APPLICANT NAME (PLEASE PRINT)	<u>Stephanie Myles</u> SIGNATURE AND TITLE OF APPLICANT	<u>05/28/2020</u> DATE
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CITY OF SNELLVILLE

DEPARTMENT OF PLANNING AND DEVELOPMENT

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Name Change only

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FOR CITY USE ONLY DATE RCVD: _____ SIC: <u>1539</u> CLASS: <u>2</u> ZONING DISTRICT: _____ USE PERMITTED: <u>RAW</u>	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION BL # <u>7734</u>	FOR CITY USE ONLY FEES DUE: _____ PAID: _____
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APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME - <u>YFM Automotive LLC</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME (D/BA) <u>Your Favorite Mechanic</u>		APPLICANT NAME -	
FED. ID NO. - <u>83-4598761</u>	DATE BUSINESS ESTABLISHED:	IN CARE OF	
OWNER NAME(S) - <u>Gregory Paul Cochran Sr</u>		MAILING STREET ADDRESS	
LOCAL STREET ADDRESS - <u>2277 Henry Clower Blvd</u>		MAILING P.O. BOX	
CITY, STATE, ZIP - <u>Snellville, GA 30078</u>		CITY, STATE, ZIP	

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ LLC

TYPE OF BUSINESS Automotive Service NUMBER OF EMPLOYEES 3

LOCAL PHONE NUMBERS

BUSINESS (770) 985-6363

FAX (770) 985-0268

E-MAIL service@yourfavoritemechanic.com

CONTACT NAME Gregory Paul Cochran Sr

CELLULAR (678) 227-2067

CORPORATE (770) 985-6363

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS _____

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

- | | | | |
|--------------------|-------------------------------|--------------------------------|----------------------------------|
| _____ Architects | _____ Engineers (civil, etc.) | _____ Lawyer (Attorney at Law) | _____ Psychologist/Physiotherapy |
| _____ Chiropractor | _____ Funeral Director | _____ Optometrist | _____ Public Accountant |
| _____ Dentist | _____ Landscape Architect | _____ Osteopath | _____ Veterinarian |
| _____ Embalmer | _____ Land Surveyor | _____ Physician | |

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\$ _____ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: 1/1/2020 THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code Section 54-176.

Gregory Paul Cochran Sr
APPLICANT NAME (PLEASE PRINT)

[Signature]
SIGNATURE AND TITLE OF APPLICANT

2/26/2020
DATE



CITY OF SNELLVILLE
 DEPARTMENT OF PLANNING AND DEVELOPMENT
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 MAY 28 2020

FOR CITY USE ONLY DATE RCVD: <u>5/28/20</u> SIC: <u>5411</u> CLASS: <u>1</u> ZONING DISTRICT: _____ USE PERMITTED: <u>AMW</u>	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION BL # <u>7733</u>	FOR CITY USE ONLY FEES DUE: _____ PAID: _____
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IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME: <u>MSY ONE STOP LLC</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME (D/B/A): <u>One Stop Alteration & Shoe Repair</u>	APPLICANT NAME: _____
FED. ID NO.: <u>85-0644998</u> DATE BUSINESS ESTABLISHED: _____	IN CARE OF _____
OWNER NAME(S): <u>Myung S Yoo</u>	MAILING STREET ADDRESS _____
LOCAL STREET ADDRESS: <u>2481 Highway 78</u>	MAILING P.O. BOX _____
CITY, STATE, ZIP: <u>Snellville, GA 30078</u>	CITY, STATE, ZIP _____

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ LLC

TYPE OF BUSINESS _____ **NUMBER OF EMPLOYEES** 2

LOCAL PHONE NUMBERS

BUSINESS (470) 375-8475
 FAX (470) 375-8514
 E-MAIL rachelkang128@gmail.com

CONTACT NAME Myung S Yoo
 CELLULAR (470) 509-1099
 CORPORATE () _____

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS _____

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

_____ Architects	_____ Engineers (civil, etc.)	_____ Lawyer (Attorney at Law)	_____ Psychologist/Physiotherapy
_____ Chiropractor	_____ Funeral Director	_____ Optometrist	_____ Public Accountant
_____ Dentist	_____ Landscape Architect	_____ Osteopath	_____ Veterinarian
_____ Embalmer	_____ Land Surveyor	_____ Physician	

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ _____ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: April 5 THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

Myung S Yoo
 APPLICANT NAME (PLEASE PRINT)

Myung S Yoo
 SIGNATURE AND TITLE OF APPLICANT

5/20/2020
 DATE



CITY OF SNELLVILLE
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 2342 OAK ROAD
 SNELLVILLE, GA 30078
 (770) 985-3514 ~ FAX (770) 985-3551
 www.snellville.org

E-Verify
 BOTSS _____
 S.A.V.E _____
 Sanitation _____
 Fire Marshal _____
 Health Dept _____
 Grease Trap _____

IP ATTACHED
 BL: MAY 27 2020

FOR CITY USE ONLY DATE RCVD _____ SIC <u>7230</u> CLASS _____ ZONING DISTRICT _____ USE PERMITTED BY <u>OK CHW</u>	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION BL # <u>7731</u>	FOR CITY USE ONLY FEES DUE _____ PAID _____
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IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME _____	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) _____
BUSINESS NAME (D/BA) <u>ELECTRIC BEAUTY & BARBER</u>	APPLICANT NAME- <u>SARA MARIE SHEFCHIK</u>
FED. ID NO. <u>85-1144100</u> DATE BUSINESS ESTABLISHED: _____	IN CARE OF _____
OWNER NAME(S)- <u>SARA MARIE SHEFCHIK</u>	MAILING STREET ADDRESS <u>3430 MELL PL</u>
LOCAL STREET ADDRESS- <u>1630 SCENIC HIGHWAY N STE 122</u>	MAILING P.O. BOX _____
CITY, STATE, ZIP - <u>SNELLVILLE, GA 30078</u>	CITY, STATE, ZIP <u>CLARKSTON, GA 30084</u>

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR PARTNERSHIP _____ CORPORATION _____ LLC _____

TYPE OF BUSINESS <u>SALON</u>	NUMBER OF EMPLOYEES <u>1</u>
-------------------------------	------------------------------

LOCAL PHONE NUMBERS

BUSINESS () _____
 FAX () _____
 E-MAIL _____

CONTACT NAME SARA MARIE SHEFCHIK
 CELLULAR () 404 219 6119
 CORPORATE () _____

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS _____

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

_____ Architects	_____ Engineers (civil, etc.)	_____ Lawyer (Attorney at Law)	_____ Psychologist/Physiotherapy
_____ Chiropractor	_____ Funeral Director	_____ Optometrist	_____ Public Accountant
_____ Dentist	_____ Landscape Architect	_____ Osteopath	_____ Veterinarian
_____ Embalmer	_____ Land Surveyor	_____ Physician	

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ _____ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: 06/01 THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

SARA MARIE SHEFCHIK
 APPLICANT NAME (PLEASE PRINT)

[Signature]
 SIGNATURE AND TITLE OF APPLICANT

5-27-20
 DATE



CITY OF SNELLVILLE
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 2342 OAK ROAD
 SNELLVILLE, GA 30078
 (770) 985-3514 ~ FAX (770) 985-3551
 www.snellville.org

E-Verify
 BOTSS _____
 S.A.V.E _____
 Sanitation _____
 Fire Marshal _____
 Health Dept _____
 Grease Trap _____

MAY 26 2020

FOR CITY USE ONLY DATE RCVD _____ SIC _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED <u>01</u>	OCCUPATIONAL TAX BY COMMERCIAL BUSINESS APPLICATION	FOR CITY USE ONLY FEES DUE _____ PAID _____
BL # <u>7730</u>		

IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

2
17
304

CORPORATE NAME _____	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) _____
BUSINESS NAME (D/BA) <u>Make Time For You Massage</u>	APPLICANT NAME _____
FED. ID NO. <u>82 3171804</u> DATE BUSINESS ESTABLISHED: _____	IN CARE OF _____
OWNER NAME(S) <u>Danita Jefferson</u>	MAILING STREET ADDRESS _____
LOCAL STREET ADDRESS <u>2338 Scenic Hwy S. Ste 204</u>	MAILING P.O. BOX _____
CITY, STATE, ZIP <u>Snellville GA 30078</u>	CITY, STATE, ZIP _____

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR PARTNERSHIP _____ CORPORATION _____ LLC _____

TYPE OF BUSINESS Massage **NUMBER OF EMPLOYEES** 1

LOCAL PHONE NUMBERS

BUSINESS (678) 824-7005
 FAX (770) 985-9870
 E-MAIL danitajefferson1mp@yahoo.com

CONTACT NAME Danita Jefferson
 CELLULAR (404) 490-5420
 CORPORATE () _____

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS 1

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

- | | | | |
|--------------------|-------------------------------|--------------------------------|----------------------------------|
| _____ Architects | _____ Engineers (civil, etc.) | _____ Lawyer (Attorney at Law) | _____ Psychologist/Physiotherapy |
| _____ Chiropractor | _____ Funeral Director | _____ Optometrist | _____ Public Accountant |
| _____ Dentist | _____ Landscape Architect | _____ Osteopath | _____ Veterinarian |
| _____ Embalmer | _____ Land Surveyor | _____ Physician | |

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ _____ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: _____ THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

Danita Jefferson Danita Jefferson 5-26-20
 APPLICANT NAME (PLEASE PRINT) SIGNATURE AND TITLE OF APPLICANT DATE



CITY OF SNELLVILLE
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 2342 OAK ROAD
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 (770) 985-3514 ~ FAX (770) 985-3551
 www.snellville.org

- E-Verify
- BOTSS
- S.A.V.E
- Sanitation
- Fire Marshal
- Health Dept
- Grease Trap

PAID
 MAY 22 2020

FOR CITY USE ONLY DATE RCVD _____ SIC _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED <u>CBW</u> <i>per Governor's order</i>	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION BL # <u>7728</u>	FOR CITY USE ONLY FEES DUE _____ PAID _____
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IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME: <u>Reliable Hands Transportation + Company</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME (D/BA)		APPLICANT NAME: <u>L. Faulkner</u>	
FED. ID NO.: <u>850568249</u>	DATE BUSINESS ESTABLISHED: <u>4/2020</u>	IN CARE OF <u>Reliable Hands Transportation + Company</u>	
OWNER NAME(S):		MAILING STREET ADDRESS: <u>2330 Seno Highway</u>	
LOCAL STREET ADDRESS:		MAILING P.O. BOX	
CITY, STATE, ZIP -		CITY, STATE, ZIP: <u>Snellville, GA 30078</u>	

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ LLC

TYPE OF BUSINESS Non Emergency Medical Transportation **NUMBER OF EMPLOYEES** 2

LOCAL PHONE NUMBERS	CONTACT NAME <u>L. Faulkner</u>
BUSINESS (770) <u>628-7551</u> / 800 <u>484-8284</u>	CELLULAR (770) <u>628-1551</u>
FAX (770) <u>628-1551</u>	CORPORATE ()
E-MAIL <u>L.Faulkner@reliablehands.com</u>	

PROFESSIONAL PRACTITIONERS
NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS N/A

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

- | | | | |
|--------------------|-------------------------------|--------------------------------|----------------------------------|
| _____ Architects | _____ Engineers (civil, etc.) | _____ Lawyer (Attorney at Law) | _____ Psychologist/Physiotherapy |
| _____ Chiropractor | _____ Funeral Director | _____ Optometrist | _____ Public Accountant |
| _____ Dentist | _____ Landscape Architect | _____ Osteopath | _____ Veterinarian |
| _____ Embalmer | _____ Land Surveyor | _____ Physician | |

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ 1 (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: _____ THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

<u>L. Faulkner</u> APPLICANT NAME (PLEASE PRINT)	 SIGNATURE AND TITLE OF APPLICANT	<u>5/19/2020</u> DATE
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CITY OF SNELLVILLE
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 2342 OAK ROAD
 SNELLVILLE, GA 30078
 (770) 985-3514 ~ FAX (770) 985-3551
 www.snellvillega.org

PAID
 MAY 18 2020
 E-Verify
 BOTSS _____
 S.A.V.E _____
 Sanitation _____
 Fire Marshal _____
 Health Dept _____
 Grease Trap _____

FOR CITY USE ONLY DATE RCVD _____ SIC 1794 CLASS <u>2</u> ZONING DISTRICT <u>B6</u> USE PERMITTED <u>CPW</u>	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION BL # <u>7726</u>	FOR CITY USE ONLY FEES DUE <u>✓</u> PAID _____
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IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME- _____	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) _____
BUSINESS NAME (D/BA) <u>VELEZ pressure washing</u>	APPLICANT NAME- <u>DARIO M. J. VELEZ.</u>
FED. ID NO. _____ DATE BUSINESS ESTABLISHED: _____	IN CARE OF _____
OWNER NAME(S)- <u>DARIO DE J. VELEZ.</u>	MAILING STREET ADDRESS <u>2738 Lake water way</u>
LOCAL STREET ADDRESS- <u>2140 KILLER RD.</u>	MAILING P.O. BOX _____
CITY, STATE, ZIP-- <u>snellville ga 30078</u>	CITY, STATE, ZIP <u>snellville ga 30029</u>

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR PARTNERSHIP _____ CORPORATION _____ LLC _____

TYPE OF BUSINESS pressure wash services **NUMBER OF EMPLOYEES** 1

LOCAL PHONE NUMBERS

BUSINESS (404) 786 7478
 FAX () _____
 E-MAIL dariovelez2@gmail.com

CONTACT NAME DARIO VELEZ.
 CELLULAR () 404 786 7478
 CORPORATE () _____

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS _____

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

- | | | | |
|--------------------|-------------------------------|--------------------------------|----------------------------------|
| _____ Architects | _____ Engineers (civil, etc.) | _____ Lawyer (Attorney at Law) | _____ Psychologist/Physiotherapy |
| _____ Chiropractor | _____ Funeral Director | _____ Optometrist | _____ Public Accountant |
| _____ Dentist | _____ Landscape Architect | _____ Osteopath | _____ Veterinarian |
| _____ Embalmer | _____ Land Surveyor | _____ Physician | |

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

(PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) _____

PERIOD COVERED: _____ THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

DARIO M. J. VELEZ V.
 APPLICANT NAME (PLEASE PRINT)

Dario M. J. Velez
 SIGNATURE AND TITLE OF APPLICANT

 DATE



MAY 18 2020

BY: CC CA

CITY OF SNELLVILLE

DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3514 ~ FAX (770) 985-3551
www.snellville.org

Need gross emailed 5/15/20
lease ✓
LLC ✓
I.D.V ✓
Payment ✓
Trash? ✓

- E-Verify _____
- BOTSS _____
- S.A.V.E _____
- Sanitation _____
- Fire Marshal _____
- Health Dept _____
- Grease Trap _____

FOR CITY USE ONLY
 DATE RCVD _____
 SIC _____ CLASS 5
 ZONING DISTRICT _____
 USE PERMITTED _____

OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION

BL # 7722

FOR CITY USE ONLY
 FEES DUE _____
 PAID _____

IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME: <u>Winder Martial Arts LLC</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME (D/B/A): <u>Winder Martial Arts LLC</u>	APPLICANT NAME: _____
FED. ID NO _____ DATE BUSINESS ESTABLISHED: <u>5/20/2000</u>	IN CARE OF _____
OWNER NAME(S): <u>Allison Riebau</u>	MAILING STREET ADDRESS _____
LOCAL STREET ADDRESS: <u>210 Fountain Square B Snellville</u>	MAILING P.O. BOX _____
CITY, STATE, ZIP: <u>Snellville GA 30078</u>	CITY, STATE, ZIP _____

TYPE OF OWNER: SHIP (CHECK ONE) SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ LLC

TYPE OF BUSINESS: Martial Arts NUMBER OF EMPLOYEES: 4

LOCAL PHONE NUMBERS
 BUSINESS (678) 971-3675
 FAX () _____
 E-MAIL levelupyouthsports@gmail.com

CONTACT NAME Allison Riebau
 CELLULAR (678) 740-7526
 CORPORATE (678) 971-3675

PROFESSIONAL PRACTITIONERS NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS _____

Certain PRACTITIONERS/PROFESSIONALS 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 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 PROFESSION
- | | | | |
|--------------------|-------------------------------|--------------------------------|----------------------------------|
| _____ Architects | _____ Engineers (civil, etc.) | _____ Lawyer (Attorney at Law) | _____ Psychologist/Physiotherapy |
| _____ Chiropractor | _____ Funeral Director | _____ Optometrist | _____ Public Accountant |
| _____ Dentist | _____ Landscape Architect | _____ Osteopath | _____ Veterinarian |
| _____ Embroider | _____ Land Surveyor | _____ Physician | |

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person submitting an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ _____ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: _____ THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

Allison Riebau
APPLICANT NAME (PLEASE PRINT)

Allison Riebau owner
SIGNATURE AND TITLE OF APPLICANT

5/11/20
DATE



CITY OF SNELLVILLE

DEPARTMENT OF PLANNING AND DEVELOPMENT

2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3514 ~ FAX (770) 985-3551
www.snellville.ga.gov

E-Verify	<input checked="" type="checkbox"/>
BOTSS	<input checked="" type="checkbox"/>
S.A.V.E	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/> thru lease
Fire Marshal	<input checked="" type="checkbox"/>
Health Dept	<input checked="" type="checkbox"/>
Grease Trap	<input checked="" type="checkbox"/>

PAID
MAY 22 2020

FOR CITY USE ONLY DATE RCVD <u>5/15/20</u> SIC <u>5999</u> CLASS <u>1</u> ZONING DISTRICT <u>B6</u> USE PERMITTED <u>CPW</u>	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION BL # <u>7721</u>	FOR CITY USE ONLY FEES DUE _____ PAID <u>70</u>
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IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME- <u>Whole Life Essentials Inc.</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME (D/B/A) <u>Purely CBD Inc.</u>	APPLICANT NAME- <u>Marilyn Jones</u>
FED. ID NO. _____ DATE BUSINESS ESTABLISHED: <u>10-4-2020</u>	IN CARE OF _____
OWNER NAME(S) <u>Marilyn Jones</u>	MAILING STREET ADDRESS _____
LOCAL STREET ADDRESS- <u>1142 Athens Highway Suite 110</u>	MAILING P.O. BOX _____
CITY, STATE, ZIP - <u>Grauson Georgia 30017</u>	CITY, STATE, ZIP _____

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION LLC _____

TYPE OF BUSINESS CBD Oil NUMBER OF EMPLOYEES 03

LOCAL PHONE NUMBERS

BUSINESS (470) 359-7129
FAX (470) 359-7129
E-MAIL grauson@thepurelycbd.com

CONTACT NAME Marilyn Jones
CELLULAR (816) 536-5778
CORPORATE () _____

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS 0

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

_____ Architects	_____ Engineers (civil, etc.)	_____ Lawyer (Attorney at Law)	_____ Psychologist/Physiotherapy
_____ Chiropractor	_____ Funeral Director	_____ Optometrist	_____ Public Accountant
_____ Dentist	_____ Landscape Architect	_____ Osteopath	_____ Veterinarian
_____ Embalmer	_____ Land Surveyor	_____ Physician	

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ _____ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: 10,000 THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

Marilyn Jones
APPLICANT NAME (PLEASE PRINT)

CEO-Owner
SIGNATURE AND TITLE OF APPLICANT

5-13-2020
DATE



CITY OF SNELLVILLE
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 2342 OAK ROAD
 SNELLVILLE, GA 30078
 (770) 985-3514 ~ FAX (770) 985-3551
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Needs Scanning

- E-Verify
- BOTSS
- S.A.V.E
- Sanitation
- Fire Marshal
- Health Dept
- Grease Trap

MAY 19 2020
 BY: *CR* CA

FOR CITY USE ONLY DATE RCVD _____ SIC _____ CLASS <u>3</u> ZONING DISTRICT _____ USE PERMITTED _____	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION BL # <u>1120</u>	FOR CITY USE ONLY FEES DUE <u>10.00</u> PAID <u>mailed license + receipt</u>
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IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME: <u>PCC Innovative Solutions, LLC</u> BUSINESS NAME (D/B/A) _____ FED. ID NO. <u>3</u> DATE BUSINESS ESTABLISHED: <u>3/15/15</u> OWNER NAME(S): <u>Dawn Poplawski</u> LOCAL STREET ADDRESS: <u>2092 scenic Hwy #106</u> CITY, STATE, ZIP: <u>Snellville, GA 30078</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) _____ APPLICANT NAME: <u>Dawn Poplawski</u> IN CARE OF: <u>PCC Innovative Solutions</u> MAILING STREET ADDRESS _____ MAILING P.O. BOX: <u>P.O. Box 1671</u> CITY, STATE, ZIP: <u>Snellville, GA 30078</u>
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TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ LLC

TYPE OF BUSINESS Commercial Collections **NUMBER OF EMPLOYEES** 1

LOCAL PHONE NUMBERS
 BUSINESS (770) 674-7041
 FAX () _____
 E-MAIL dpoplawski@pccis.com

CONTACT NAME Dawn Poplawski
 CELLULAR (770) 605-3033
 CORPORATE () _____

PROFESSIONAL PRACTITIONERS
 NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS N/A

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

<input type="checkbox"/> Architects	<input type="checkbox"/> Engineers (civil, etc.)	<input type="checkbox"/> Lawyer (Attorney at Law)	<input type="checkbox"/> Psychologist/Physiotherapy
<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Public Accountant
<input type="checkbox"/> Dentist	<input type="checkbox"/> Landscape Architect	<input type="checkbox"/> Osteopath	<input type="checkbox"/> Veterinarian
<input type="checkbox"/> Embalmer	<input type="checkbox"/> Land Surveyor	<input type="checkbox"/> Physician	

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ _____ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: 2019 THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

Dawn Poplawski
 APPLICANT NAME (PLEASE PRINT)

[Signature]
 SIGNATURE AND TITLE OF APPLICANT

5/14/2020
 DATE



RECEIVED

CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3514 ~ FAX (770) 985-3551
MAY 12 2020

- E-Verify
BOTSS
S.A.V.E
Sanitation
Fire Marshal
Health Dept
Grass Trap

PLANNING & DEVELOPMENT

FOR CITY USE ONLY
DATE RCVD
SIC CLASS
ZONING DISTRICT
USE PERMITTED
OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION
BL #
FEES DUE
PAID

IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

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

CORPORATE NAME: Northside Hospital Inc.
BUSINESS NAME (D-2A): Northside Center for Urogynecology
FED. ID NO.: 58-1954432
OWNER NAME(S): Northside Hospital Inc.
LOCAL STREET ADDRESS: 1800 Tree Ln, Ste 300
CITY, STATE, ZIP: Snellville, GA 30078
MAILING ADDRESS: 1000 Johnson Ferry Rd NE Attn: Accounting Dept. 915, Lillie Brown
APPLICANT NAME: Jorge Hernandez
Mailing P.O. Box
City, State, Zip: Atlanta, GA 30342

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR [] PARTNERSHIP [] CORPORATION [X] LLC []

TYPE OF BUSINESS: Physician Practice NUMBER OF EMPLOYEES: 3

LOCAL PHONE NUMBERS

BUSINESS (478) 325-1280 CONTACT NAME: Tony Charis
FAX (478) 701-9857 CELLULAR (770) 639-2433
E-MAIL: Tony.Charis@northside.com CORPORATE (404) 300-2211

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

- Architects, Engineers (civil, etc.), Lawyer (Attorney at Law), Psychologist/Physiotherapy
Chiropractor, Funeral Director, Optometrist, Public Accountant
Dentist, Landscape Architect, Osteopath, Veterinarian
Embalmer, Land Surveyor, Physician

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

NON-PROFIT

\$ 0 (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: THRU DEC. 31st

TAX-EXEMPT

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

Jorge Hernandez
APPLICANT NAME (PLEASE PRINT)

X [Signature]
SIGNATURE AND TITLE OF APPLICANT

4/30/20
DATE



RECEIVED
MAY 18 2020
BY: CR CA

CITY OF SNELLVILLE

DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3514 FAX (770) 985-3551
www.snellville.org

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MAY 11 2020

- E-Verify
- BOTSS
- S.A.V.E
- Sanitation
- Fire Marshal
- Health Dept
- Grease Trap

CITY OF SNELLVILLE

FOR CITY USE ONLY DATE RCVD SIC CLASS ZONING/DISTRICT USE PERMITTED	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION	PLANNING & DEVELOPMENT FOR CITY USE ONLY FEES DUE PAID
	BL# <u>Mile</u>	(enclosed) 5/18/20

IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS. CA

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME- Kerry Winchell, LPC LLC	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME (D/B/A) Kerry Winchell, LPC	APPLICANT NAME- Kerry-ann Winchell/Kerry Winchell, LPC
FED. ID N	DATE BUSINESS ESTABLISHED: 02/2011
OWNER NAME(S)- Kerry-ann Winchell	IN CARE OF
LOCAL STREET ADDRESS- 2330 Scenic Hwy S	MAILING STREET ADDRESS
CITY, STATE, ZIP- Snellville, Ga 30078	MAILING P.O. BOX PO Box 1154
	CITY, STATE, ZIP Snellville, Ga 30078

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC X

TYPE OF BUSINESS Counseling & Wellness **NUMBER OF EMPLOYEES** one

LOCAL PHONE NUMBERS

BUSINESS (404) 519 7842
FAX ()
E-MAIL gotthebestlife@gmail.com

CONTACT NAME Kerry Winchell
CELLULAR (404) 519.7842
CORPORATE ()

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS one

Certain PRACTITIONERS/ PROFESSIONALS 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 PROFESSION

- | | | | |
|---------------------------------------|--------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Architects | <input type="checkbox"/> Engineers (civil, etc.) | <input type="checkbox"/> Lawyer (Attorney at Law) | <input type="checkbox"/> Psychologist/Physiotherapy |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Public Accountant |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Osteopath | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Embalmer | <input type="checkbox"/> Land Surveyor | <input type="checkbox"/> Physician | <input checked="" type="checkbox"/> Licensed Prof Counselor (LPC) |

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ _____ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: 2019, Jan THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

Kerry-ann Winchell
APPLICANT NAME (PLEASE PRINT)

K. Winchell Owner/LPC
SIGNATURE AND TITLE OF APPLICANT

05.05.20
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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MAY 01 2020

CITY OF SNELLVILLE
 PLANNING & DEVELOPMENT

FOR CITY USE ONLY DATE RCVD _____ SIC CODE _____ CLASS <u>1</u> ZONING DISTRICT _____ USE PERMITTED _____	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL. # <u>7713</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>Bend The Trendz SHOP, LLC</u>		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME <u>SAME</u>		APPLICANT NAME	
FED. ID. NO. / SSN <u>84-5062352</u>	DATE BUSINESS ESTABLISHED: <u>3-10-2020</u>	IN CARE OF	
BUSINESS OWNER NAME <u>Carroll Scales</u>		MAILING STREET ADDRESS	
LOCAL STREET ADDRESS <u>3316 Classic Dr.</u>		MAILING P.O. BOX	
CITY, STATE, ZIP <u>Snellville, GA 30078</u>		CITY, STATE, ZIP	

LOCAL PHONE NUMBERS

BUSINESS () _____
 FAX () _____
 RESIDENCE () _____
 CELLULAR (770) 827-7215
 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

TYPE OF BUSINESS: online shopping

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.) | <u>1</u> _____ 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.

Carroll Scales

Carroll Scales

4-30-2020

APPLICANT NAME (PLEASE PRINT)

SIGNATURE

DATE

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

emailed blank - incomplete forms - 5/18/20 CA



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

Home Business

FOR CITY USE ONLY DATE RCVD _____ SIC CODE _____ CLASS <u>3</u> ZONING DISTRICT _____ USE PERMITTED _____	OCCUPATIONAL TAX APPLICATION (FOR BUSINESS LICENSE) BL # <u>7712</u>	FOR CITY USE ONLY DATE PAID _____ FEES DUE _____
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	--------------------------------------------------------

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

fees due

APPLICATION FOR: NEW BUSINESS RENEWAL CHANGE IN OWNERSHIP ADDRESS CHANGE

CORPORATE NAME		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
BUSINESS NAME <u>Way's Roadside Service</u>		APPLICANT NAME <u>Marcus Conrad Way</u>	
FED. ID NO. / SSN <u>85-0822094</u>	DATE BUSINESS ESTABLISHED: <u>2-1-2018</u>	IN CARE OF	
BUSINESS OWNER NAME <u>Marcus Conrad Way</u>		MAILING STREET ADDRESS <u>1998 Fabersham Dr.</u>	
LOCAL STREET ADDRESS <u>1998 Fabersham Dr.</u>		MAILING P.O. BOX <u>MAY 11 2020</u>	
CITY, STATE, ZIP <u>Snellville, Ga. 30078</u>		CITY, STATE, ZIP <u>CC CA</u>	

LOCAL PHONE NUMBERS

BUSINESS (404) 542-2566
 FAX ()
 RESIDENCE ()
 CELLULAR (404) 542-2566
 EMAIL mway1244@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: Automotive Roadside Assistance CHECK HERE IF BUSINESS IS IN RESIDENCE

See note --->

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.

Marcus Conrad Way
APPLICANT NAME (PLEASE PRINT)

Marcus C. Way
SIGNATURE

4-24-2020
DATE

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

Not Allowed in OP only BGV HSB



CITY OF SNELLVILLE RECEIVED
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2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3514 ~ FAX (770) 985-3551
www.snellville.org

E-Verify [check]
BOTSS [check]
S.A.V.E. [check]
Sanitation [check]
Fire Marshal [initials]
Health Dept [check]
Grease Trap [check]

APR 30 2020

CITY OF SNELLVILLE

PLANNING & DEVELOPMENT

OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION

FOR CITY USE ONLY
DATE RCVD
SIC CLASS
ZONING DISTRICT
USE PERMITTED

FEES DUE
PAID

BL # 7711

IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: [check] NEW BUSINESS [] CHANGE IN OWNERSHIP [] ADDRESS / LOCATION CHANGE

Table with 2 columns: Business Information (Corporate Name, Business Name, Fed. ID No., Owner Name, Local Street Address, City, State, Zip) and Mailing Information (Mailing Address, Applicant Name, In Care Of, Mailing Street Address, Mailing P.O. Box, City, State, Zip)

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR [] PARTNERSHIP [] CORPORATION [] LLC [check]

TYPE OF BUSINESS Construction - Residential NUMBER OF EMPLOYEES 1

LOCAL PHONE NUMBERS BUSINESS (770) 469-7990 CONTACT NAME Barry A Brown Sr
FAX () 888-214-6363 CELLULAR (678) 656-3462
E-MAIL Brownco1@bellsouth.net CORPORATE (770) 469-7990
OFFICE USE ONLY

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS

Certain PRACTITIONERS/ PROFESSIONALS 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.

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PLEASE INDICATE THE NUMBER OF PRACTITIONERS NEXT TO THE APPROPRIATE TYPE OF PROFESSION
Architects [] Engineers (civil, etc.) [] Lawyer (Attorney at Law) [] Psychologist/Physiotherapy []
Chiropractor [] Funeral Director [] Optometrist [] Public Accountant []
Dentist [] Landscape Architect [] Osteopath [] Veterinarian []
Embalmers [] Land Surveyor [] Physician []

GROSS RECEIPTS (Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

\$ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: JAN 1 THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.
Barry A. Brown Sr. APPLICANT NAME (PLEASE PRINT)
Barry A. Brown Sr. President. SIGNATURE AND TITLE OF APPLICANT
4-30-20 DATE



CITY OF SNELLVILLE
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 2342 OAK ROAD
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 CITY OF SNELLVILLE
 PLANNING & DEVELOPMENT

E-Verify
 BOTSS
 S.A.V.E
 Sanitation
 Fire Marshal
 Health Dept
 Waste Trap

FOR CITY USE ONLY DATE RCVD _____ SIC _____ CLASS <u>3</u> ZONING DISTRICT _____ USE PERMITTED _____	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION	USE ONLY FEES DUE _____ PAID _____
BL # <u>7710</u>		

IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME- <u>Shaded of Gray Wellness Center</u>	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) _____
BUSINESS NAME (D/BA) <u>Shaded of Gray Wellness Center</u>	APPLICANT NAME- <u>[Signature]</u>
FED. ID NO _____ DATE BUSINESS ESTABLISHED: <u>8/19/08</u>	IN CARE OF _____
OWNER NAME(S)- <u>Carlton Gray Jr.</u>	MAILING STREET ADDRESS _____
LOCAL STREET ADDRESS <u>2330 Scenic Hwy, Suite 314</u>	MAILING P.O. BOX _____
CITY, STATE, ZIP <u>Snellville GA 30078</u>	CITY, STATE, ZIP _____

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC

TYPE OF BUSINESS <u>Care & United Laundry Company</u>	NUMBER OF EMPLOYEES _____
-----------------------------------------------------------	---------------------------

LOCAL PHONE NUMBERS

BUSINESS (770) 699-9919
 FAX () 691-6095
 E-MAIL Contact@sogray.com

CONTACT NAME _____
 CELLULAR () _____
 CORPORATE () _____

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS: 1

Certain PRACTITIONERS/PROFESSIONALS 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 PROFESSION

- | | | | |
|--------------------|-------------------------------|--------------------------------|------------------------------------|
| _____ Architects | _____ Engineers (civil, etc.) | _____ Lawyer (Attorney at Law) | _____ 1 Psychologist/Physiotherapy |
| _____ Chiropractor | _____ Funeral Director | _____ Optometrist | _____ Public Accountant |
| _____ Dentist | _____ Landscape Architect | _____ Osteopath | _____ Veterinarian |
| _____ Embalmer | _____ Land Surveyor | _____ Physician | |

GROSS RECEIPTS (Sec. 54-176) Inspection of records; failure to submit. The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

(PLEASE FILL IN AMOUNT OF GROSS RECEIPTS)

PERIOD COVERED: Monthly THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code Section 54-176.

Carlton Gray Jr.
 APPLICANT NAME (PLEASE PRINT) [Signature] SIGNATURE AND TITLE OF APPLICANT _____ DATE 04/15/20