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<td>SIMPLY GORGEOUS SALON STUD</td>
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REPORT TOTALS: 23 LICENSES

Brey Hair, Inc.
NV Holdings, LLC.
US Team Automobiles, LLC.
# OCCUPATIONAL TAX
## COMMERCIAL BUSINESS APPLICATION

**BL #** 7254

**FOR CITY USE ONLY**
- DATE RCVD
- SIC
- ZONING DISTRICT
- USE PERMITTED

**FOR CITY USE ONLY**
- FEES DUE
- E-Verify
- BOTSS
- S.A.V.E
- Sanitation
- Fire Marshal
- Health Dept
- Grease Trap

---

**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:**  
**84 TEAM AUTOMOBILES LLC**

**FED. ID NO.:** 84-4516724  
**DATE BUSINESS ESTABLISHED:** 1/22/2020

**OWNER NAME:**  
**JETON AZIRI**

**LOCAL STREET ADDRESS:**  
**2151 FOUNTAIN DRIVE SUITE 301A**

**CITY, STATE, ZIP:**  
**SNELVILLE, GA 30078**

---

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

**TYPE OF BUSINESS**  
**CAR DEALERSHIP**  
**NUMBER OF EMPLOYEES:** 1

---

**LOCAL PHONE NUMBERS**  
**BUSINESS ( )** 770-558-6129  
**FAX ( )** 770-558-6130  
**E-MAIL** 546165810@gmail.com

**CONTACT NAME**  
**JETON AZIRI**

**CELLULAR ( )** 678-876-7324  
**CORPORATE ( )** 770-558-6129

---

**PROFESSIONAL PRACTITIONERS**

**NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS**

- Certain PRACTITIONERS/PRACTITIONERS may elect to pay $300 per practititioner 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 this 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**  
- **Chiropractor**  
- **Dentist**  
- **Embalmers**  
- **Engineers (civil, etc.)**  
- **Funeral Director**  
- **Landscape Architect**  
- **Land Surveyor**  
- **Lawyer (Attorney at Law)**  
- **Optometrist**  
- **Osteopath**  
- **Physician**  
- **Psychologist/Physiotherapist**  
- **Public Accountant**  
- **Veterinarian**

---

**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.**

---

**APPLICANT NAME (PLEASE PRINT)**  
**JETON AZIRI**

**SIGNATURE AND TITLE OF APPLICANT**

---

**DATE**

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

CITY OF SNELLVILLE
PLANNING & DEVELOPMENT

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

OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION

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:  NV Holdings LLC
BUSINESS NAME (DBA):  NV Holdings
FED. ID NO.:  83-4025822
OWNER NAMED:  Nicholas Vafai; Abbas Vafai
LOCAL STREET ADDRESS:  2326 WISTERIA DR, STE 220
CITY, STATE, ZIP:  SNELLVILLE, GA 30078

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):

CORPORATION LLC X

TYPE OF BUSINESS  Manufacturing

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  Chiropractor  Dentist  Embalmer
Engineers (civil, etc.)  Funeral Director  Landscape Architect  Land Surveyor
Lawyer (Attorney at Law)  Optometrist  Osteopath  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  Nicholas Vafai  Owner
APPLICANT NAME (PLEASE PRINT)  SIGNATURE AND TITLE OF APPLICANT  03/24/2020
DATE
CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT
2242 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3514 ~ FAX (770) 985-3551
www.snellvillega.com

OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION
BL # 7660

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

<table>
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<th>CORPORATE NAME:</th>
<th>MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)</th>
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<tr>
<td>BKey Hair Inc.</td>
<td>applicant name: Brittna Key</td>
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<tr>
<td>BKey Hair Salon</td>
<td>IN CARE OF:</td>
</tr>
<tr>
<td>81 342 3074</td>
<td>Mailing Street Address:</td>
</tr>
<tr>
<td>FED. ID NO.</td>
<td>Mailing P.O. Box:</td>
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<tr>
<td>81 342 3074</td>
<td>CITY, STATE, ZIP:</td>
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TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☑ LLC

TYPE OF BUSINESS: ☐ Office ☐ Personal Services ☐ NUMBER OF EMPLOYEES: 1

LOCAL PHONE NUMBERS
BUSINESS (770) 782-8211
FAX ( )
E-MAIL brittna@bkeyhairinc.com

CONTACT NAME: Brittna Key
CELLULAR (678) 461-4618
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

<table>
<thead>
<tr>
<th>Architects</th>
<th>Engineers (civil, etc.)</th>
<th>Lawyer (Attorney at Law)</th>
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<td>Dentist</td>
<td>Optometrist</td>
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<td>Embalmer</td>
<td>Landscape Architect</td>
<td>Osteopath</td>
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<td></td>
<td>Land Surveyor</td>
<td>Physician</td>
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<td>Psychologist/Physiotherapy</td>
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<td>Public Accountant</td>
</tr>
<tr>
<td></td>
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<td>Veterinarian</td>
</tr>
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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.

Applicant Name (Please Print): Brittna Key
Signature and Title of Applicant: Source
Date: 2/4/20
CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 865-3514 ~ FAX (770) 865-3511
www.snelldev.org

OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION
BL. # 7735

MAY 28 2020

FOR CITY USE ONLY
DATE REC'D
1520 CLASS 3
ZONING DISTRICT
USE PERMITTED

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

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

CORPORATE NAME- Simply Gorgeous Salon Studio
BUSINESS NAME (DBA) Simply Gorgeous Salon Studio
APPLICANT NAME- Stephanie Renee Myles
FED. ID NO.- DATE BUSINESS ESTABLISHED:
OWNER NAME(S)- Stephanie Renee Myles
LOCAL STREET ADDRESS- 1830 Scenic Hwy, Ste 14
CITY, STATE, ZIP- Snellville, GA 30078
IN CASE OF CHANGE- Simply Gorgeous Salon Studio
MAILING STREET ADDRESS- 1780 Leisure Lake Dr.
MAILING P.O. BOX- CITY, STATE, ZIP- Lawrenceville, GA 30046

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

TYPE OF BUSINESS Salon (Hair) Studio NUMBER OF EMPLOYEES -

LOCAL PHONE NUMBERS
BUSINESS (404) 964-6814
FAX -
E-MAIL simplygorgeoussalonstudio@gmail.com

CONTACT NAME Stephanie Myles
CELLULAR (404) 964-6814
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.

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

Architects -
Chiropractor -
Dentist -
Embalmers -
Engineers (civil, etc.) -
Funeral Director -
Landscape Architect -
Land Surveyor -

Lawyer (Attorney at Law) -
Optometrist -
Osteopath -
Physician -
Psychologist/Physiotherapy -
Public Accountant -
Veterinarian -

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: 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.

APPLICANT NAME (PLEASE PRINT) Stephanie Myles
SIGNATURE AND TITLE OF APPLICANT

DATE 06/28/2020
**CITY OF SNELLVILLE**
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3514 — FAX (770) 985-3551
www.snellvillega.com

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**OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION**

**BL #: 7734**

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:** YFM Automotive LLC  
**BUSINESS NAME (DBA):** Your Favorite Mechanic  
**FED. ID NO.:** 83-4598761  
**DATE BUSINESS ESTABLISHED:**

**MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL 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/LLC

**TYPE OF BUSINESS** Automotive Service  
**NUMBER OF EMPLOYEES**

**LOCAL PHONE NUMBERS**

**BUSINESS** (770) 985-6363  
**FAX** (770) 985-6288  
**E-MAIL** service@yourfavoritemechan.com

**CONTACT NAME:** Gregory Paul Cochran Sr  
**CELLULAR:** (770) 227-2087  
**CORPORATE:** (770) 985-6363

**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

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<th>Number of Practitioners</th>
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<tr>
<td>1</td>
<td>Chiropractor</td>
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<td>Dentist</td>
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<td>Embalmer</td>
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<td>Engineer (civil, etc.)</td>
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<td>Funeral Director</td>
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<td>Land Surveyor</td>
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<td>Lawyer (Attorney at Law)</td>
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<td>Optometrist</td>
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<td>Veterinarian</td>
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<tr>
<td>1</td>
<td>Physician</td>
</tr>
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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.

**APPLICANT NAME (PLEASE PRINT):** Gregory Paul Cochran Sr  
**SIGNATURE AND TITLE OF APPLICANT:**

2/26/2020
CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 885-3514 ~ FAX (770) 885-3551

OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION
BL # 7733

MAY 28, 2020

FOR CITY USE ONLY

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

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: MSY ONE STOP LLC
BUSINESS NAME (DBA): One Stop Alteration & Shoe Repair
FED. ID NO.: 85-0649998
DATE BUSINESS ESTABLISHED: 
OWNER NAME(S): Myung S. Yoo
LOCAL STREET ADDRESS: 2481 Highway 78
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:

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

TYPE OF BUSINESS ☐ NUMBER OF EMPLOYEES 2

LOCAL PHONE NUMBERS
BUSINESS (470) 315-8415 FAX (470) 315-8514
E-MAIL: rachellekang18@gmail.com

CONTACT NAME: Myung S. Yoo
CELLULAR (410) 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, CHEK 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

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

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 5THRU 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) SIGNATURE AND TITLE OF APPLICANT 5/20/2020 DATE
CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 685-3514 ~ FAX (770) 985-3551
www.snellville.com

OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION

BL # 7731

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 (DBA) ELECTRIC BEAUTY 3 BARBER

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

APPLICANT NAME- SARA MARIE SHEFCHIK

IN CARE OF

OWNER NAME(S)- SARA MARIE SHEFCHIK

MAILING STREET ADDRESS 3430 MELL PL

LOCAL STREET ADDRESS- 1630 SCENIC HIGHWAY N STE 122

MAILING P.O. BOX

CITY, STATE, ZIP- SNELLVILLE, GA 30078 CLARKSTON, GA 30091

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

TYPE OF BUSINESS SALON

NUMBER OF EMPLOYEES 1

LOCAL PHONE NUMBERS

BUSINESS ( )

CONTACT NAME SARA MARIE SHEFCHIK

FAX ( )

CELLULAR ( ) 404 219 6119

EMAIL

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/Physiotherapist

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 the Occupational 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 AND TITLE OF APPLICANT

DATE 5.27.20
CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3514 ~ FAX (770) 985-3551

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

OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION
BL # 7130

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 (DBA): Make Time For You Massage
FED. ID NO.: 82-3173004
DATE BUSINESS ESTABLISHED:
OWNERS NAME:
Danita Jefferson
LOCAL STREET ADDRESS: 2330 S Sowinie Hwy S, Ste. 204
SNEILLVILLE GA 30078
CITY, STATE, ZIP:
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):
MAILING STREET ADDRESS:
MAILING P.O. BOX:
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: (770) 824-7005
FAX: (770) 985-9370
E-MAIL: danita.jefferson1mp@yahoo.com
CONTACT NAME: Danita Jefferson
CELLULAR: 404-490-3400
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
Chiropractor
Dentist
Embalmers
Engineers (civil, etc.)
Funeral Director
Landscape Architect
Land Surveyor

Lawyer (Attorney at Law)
Optometrist
Osteopath
Physician

Psychologist/Physiotherapy
Public Accountant
Veterinarian

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
APPLICANT NAME (PLEASE PRINT)

Danita Jefferson
SIGNATURE AND TITLE OF APPLICANT

5-26-20
DATE
**OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION**

**CITY OF SNEILLVILLE**
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNEILLVILLE, GA 30078
(770) 686-3514  FAX (770) 686-3551

**BL # 7128**

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:** Reliable Hands Transportation Company
**MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):**
- **IN CASE OF:** Reliable Hands Transportation Company
- **MAILING STREET ADDRESS:** 2330 Scenic Highway
- **MAILING P.O. BOX:**
- **CITY, STATE, ZIP:** Snellville, GA 30078

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

**TYPE OF BUSINESS:**
- [ ] Auto Repair
- [ ] Emergency Medical Transportation
- [ ] Number of Employees: 2

**LOCAL PHONE NUMBERS**
- **BUSINESS:** (770) 628-1334
- **FAX:** (770) 628-1331
- **E-MAIL:** L Faulkner@rhltransportation.com
- **CONTACT NAME:** L Faulkner
- **CELLULAR:** (770) 628-1331
- **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 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**

- [ ] Psychiatrist
- [ ] Chiropractor
- [ ] Veterinarian
- [ ] Embalmer
- [ ] Engineer (civil, etc.)
- [ ] Landscape Architect
- [ ] Osteopath
- [ ] Dentist
- [ ] Land Surveyor
- [ ] Physicist
- [ ] Lawyer (Attorney at Law)
- [ ] Psychologist/Physiotherapy
- [ ] Optometrist
- [ ] Public Accountant

**GROSS RECEIPTS** (Sec. 34-176)
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.

Applicant Name (Please Print): [Signature and Title of Applicant]  
Date: 5/19/2020
CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 865-3514 - FAX (770) 866-3551

FOR CITY USE ONLY
DATE RCVD

SIC
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USE PERMITTED

MAY 19 2020

BY:

FOR CITY USE ONLY
FEES DUE
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OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION
BL # 776

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: DARIO M. VELEZ

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
APPLICANT NAME: DARIO M. VELEZ

IN CASE OF
MAILING STREET ADDRESS 2428 LAKE WALK LN
MAILING P.O. BOX

CITY, STATE, ZIP SNELLVILLE GA 30078

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

TYPE OF BUSINESS PRESSURE WASHING VEHICLES

NUMBER OF EMPLOYEES

LOCAL PHONE NUMBERS
BUSINESS (TEL) 706-747-4749
FAX ( )
E-MAIL davio.velez.j @ cty.l.com

CONTACT NAME DARIO VELEZ

CELLULAR ( ) 404-746-7478
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

- Architect
- Chiropractor
- Dentist
- Embalmer
- Engineer (civil, etc.)
- Funeral Director
- Landscape Architect
- Land Surveyor

- Lawyer (attorney at law)
- Optometrist
- Osteopath
- Physician
- Psychologist/Physiatrist
- Public Accountant
- Veterinarian

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 OCCUPATIONAL 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. VELEZ

APPLICANT NAME (PLEASE PRINT)

SIGNATURE AND TITLE OF APPLICANT

DATE
**CITY OF SNELLVILLE**

**DEPARTMENT OF PLANNING AND DEVELOPMENT**

2342 OAK ROAD

SNEILLVILLE, GA 30079

(770) 876-3514 - FAX (770) 876-3551

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**OCCUPATIONAL TAX**

**COMMERCIAL BUSINESS APPLICATION**

**BL # 7722**

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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:** Winter Martial Arts LLC  
**MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):**

**BUSINESS NAME (DBA):** Winter Martial Arts LLC  
**APPLICANT NAME:**

**FED. ID NO:**  
**IN CASE OF:**

**OWNER NAME(S):** Allison Riebau  
**MAILING STREET ADDRESS:**

**LOCAL STREET ADDRESS:** 8110 Fountain Square  
**MAILING P.O. BOX:**

**CITY, STATE, ZIP:** Snellville, GA 30078  
**CITY, STATE, ZIP:**

---

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

---

**TYPE OF BUSINESS:** Martial Arts  
**NUMBER OF EMPLOYEES:** 4

---

**LOCAL PHONE NUMBERS**  
**BUSINESS:** (678) 971-3675  
**FAX:** (678) 971-3675  
**E-MAIL:** levelupwithsports@gmail.com

---

**CONTACT NAME:** Allison Riebau  
**CELLULAR:** (678) 746-7146  
**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 are a member 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**

<table>
<thead>
<tr>
<th>Architects</th>
<th>Engineers (civil, etc.)</th>
<th>Lawyer (Attorney at Law)</th>
<th>Psychologist/Physiotherapist</th>
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<tbody>
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<td>Chiroprac or</td>
<td>Funeral Director</td>
<td>Optometrist</td>
<td>Public Accountant</td>
</tr>
<tr>
<td>Dentist</td>
<td>Landscape Architect</td>
<td>Osteopath</td>
<td>Veterinarian</td>
</tr>
<tr>
<td>Embryologist</td>
<td>Land Surveyor</td>
<td>Physician</td>
<td></td>
</tr>
</tbody>
</table>

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**GROSS RECEIPTS** (§ 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:** THROUGH 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**  
**SIGNATURE AND TITLE OF APPLICANT**

**5/1/2020**  
**DATE**
# OCCUPATIONAL TAX
## COMMERCIAL BUSINESS APPLICATION

**BL #**: 772

**BY**: [Name]

**FOR CITY USE ONLY**

<table>
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<tr>
<th>DATE RECEIVED</th>
<th>FEE</th>
<th>DUE</th>
<th>PAID</th>
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<tbody>
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<td>5/8/2020</td>
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<td>10</td>
</tr>
</tbody>
</table>

**FOR CITY USE ONLY**

**DATE**: 5/8/2020

**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**: Whole Life Essentials Inc.

**BUSINESS NAME (DBA)**: Pureт CBD Inc.

**FED. ID NO.**: [Redacted]

**DATE BUSINESS ESTABLISHED**: 10-4-2020

**MAILING ADDRESS**:

- **MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)**:
  - **APPLICANT NAME**: Marilyn Jones
  - **MAILING STREET ADDRESS**: 1143 Athens Highway Suite 110
  - **CITY, STATE, ZIP**: Grason, Georgia 30017

**LOCAL PHONE NUMBERS**

- **BUSINESS**: 470-359-7129
- **FAX**: 470-359-7129
- **E-MAIL**: [Redacted]

**CONTACT NAME**: Marilyn Jones

**CELLULAR**: 816-536-5778

**CORPORATE**

**TYPE OF BUSINESS**: CBD Oil

**NUMBER OF EMPLOYEES**: 03

**PROFESSIONAL PRACTITIONERS**

**NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS**: 0

Certain PRACTITIONERS PROFESSIONALS may elect to pay $300 PER PROFESSIONAL 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.

**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.

$ [Redacted] (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.

**APPLICANT NAME** (PLEASE PRINT): Marilyn Jones

**CEO-Owner**: [Redacted]

**SIGNATURE AND TITLE OF APPLICANT**: [Redacted]

**DATE**: 5-13-2020
CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT:
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3514 ~ FAX (770) 985-3555

OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION
BL # 1120

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: PCC Innovative Solutions, LLC
BUSINESS NAME (DBA):
FED. ID NO.:
DATE BUSINESS ESTABLISHED: 01/15/15
OWNER NAME(S):
LOCAL STREET ADDRESS:
CITY, STATE, ZIP:
SNELLVILLE, GA 30078

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):
APPLICANT NAME:
IN CARE OF: PCC Innovative Solutions
MAILING STREET ADDRESS:
MAILING P.O. BOX:
P.O. Box 1671
CITY, STATE, ZIP:
SNELLVILLE, GA 30078

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 (770) 985-3033
E-MAIL dpoplawski@pceis.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

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

5/14/2020
DATE
CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 965-3514 ~ FAX (770) 965-3551

OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION

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: Northside Hospital Inc.  MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

MAILING STREET ADDRESS 4000 Johnson Ferry Rd NE

APPLICATION NAME: Jorge Hernandez

IN CARE OF

HOSPITALITY CENTER FOR MEDICAL OFFICE

DATE BUSINESS ESTABLISHED 1800 Peachtree St. 300

CITY, STATE, ZIP: Snellville, GA 30078

LOCAL STREET ADDRESS

OWNERS NAME: Northside Hospital Inc.

CITY, STATE, ZIP: Atlanta, GA 30342

LOCAL PHONE NUMBERS

BUSINESS 404-325-1210

FAX (404) 701-9857

E-MAIL: Tony.Chavis@northside.com

CONTACT NAME: Tony Chavis

CELLULAR (404) 239-2431

CORPORATE (804) 300-2211

PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS

CERTAIN PROFESSIONALS/PRACTITIONERS may elect to pay $100 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.

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)

SIGNATURE AND TITLE OF APPLICANT 4/30/20
**APPLICATION FOR:** [ ] NEW BUSINESS [ ] CHANGE IN OWNERSHIP [ ] ADDRESS / LOCATION CHANGE

<table>
<thead>
<tr>
<th>CORPORATE NAME:</th>
<th>Kerry Winchell, LPC LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS NAME (DBA):</td>
<td>Kerry Winchell, LPC</td>
</tr>
<tr>
<td>FED. ID N:</td>
<td></td>
</tr>
<tr>
<td>OWNER NAME(S):</td>
<td>Kerry-ann Winchell</td>
</tr>
<tr>
<td>LOCAL STREET ADDRESS:</td>
<td>2330 Scenic Hwy S</td>
</tr>
<tr>
<td>CITY, STATE, ZIP:</td>
<td>Snellville, Ga 30078</td>
</tr>
</tbody>
</table>

**MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)**

<table>
<thead>
<tr>
<th>APPLICANT NAME:</th>
<th>Kerry-ann Winchell/Kerry Winchell, LPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN CARE OF:</td>
<td></td>
</tr>
<tr>
<td>MAILING STREET ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>MAILING F.O. BOX:</td>
<td></td>
</tr>
<tr>
<td>CITY, STATE, ZIP:</td>
<td>Snellville, Ga 30078</td>
</tr>
</tbody>
</table>

**TYPE OF BUSINESS:** Counseling & Wellness

**NUMBER OF EMPLOYEES:** one

**LOCAL PHONE NUMBERS**

<table>
<thead>
<tr>
<th>BUSINESS</th>
<th>(404) 519.7842</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAX</td>
<td>()</td>
</tr>
<tr>
<td>E-MAIL</td>
<td><a href="mailto:gotthebestlife@gmail.com">gotthebestlife@gmail.com</a></td>
</tr>
</tbody>
</table>

**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.

**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
OCCUPATIONAL TAX APPLICATION
(For Business License)
BL. # 7713

APPLICATION FOR: ☑ NEW BUSINESS ☐ RENEWAL ☐ CHANGE IN OWNERSHIP ☐ ADDRESS CHANGE

FOR CITY USE ONLY
DATE RCVD: ☑
SIC CODE: ☑
CLASS: ☑
ZONING DISTRICT: ☑
USE PERMITTED: ☑

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

CORPORATE NAME: Bend Tha Trendz Shop, LLC
BUSINESS NAME: Same
BUSINESS OWNER NAME: Carroll Scales
LOCAL STREET ADDRESS: 303le Classic Dr.
CITY/STATE/ZIP: Snellville, GA 30078
IN CARE OF: 
MAILING ADDRESS (If different from physical address)
APPLICANT NAME: 
IN CARE OF: 
MAILING STREET ADDRESS: 
PUBLISH P.O. BOX: 
CITY, STATE, ZIP: 

LOCAL PHONE NUMBERS
BUSINESS ( )
FAX ( )
RESIDENCE ( )
CELLULAR (770) 827-7215
EMAIL: 

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)

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   Landscape Architects
Dentist      Dentists     Lawyer
Engineers (Civil, Mech., Etc.)  Optometrist   Osteopath
Funeral Director  Podiatrist   Practitioner of Physiotherapy

NUMBER OF EMPLOYEES ASSOCIATED WITH BUSINESS (EXCLUDING BUSINESS OWNER)

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

Carol Scales
APPLICANT NAME (PLEASE PRINT)
Carol Scales
SIGNATURE

FOR CITY USE ONLY
DATE PAID: 
FEES DUE: 

RECEIVED
MAY 01 2020

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

YYYYMMDDQ2

+++++++ 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

OCCUPATIONAL TAX APPLICATION
(FOR BUSINESS LICENSE)

FOR CITY USE ONLY
DATE: 11/12
Fees Due:

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 Way's Roadside Service

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

MAILING ADDRESS: Marcus Conrad Way

MAILING P.O. BOX: P.O. Box 7270

LOCAL PHONE NUMBERS

BUSINESS: (470) 542-3566

FAX: ()

RESIDENCE: ()

CELULAR: (470) 542-3566

EMAIL: mway124@gmail.com

LOCAL PHONE NUMBERS

MAILING STREET ADDRESS

LOCAL ZIP 30078

CITY, STATE: Snellville, GA

IN CARE OF: Marcus Conrad Way

DATE BUSINESS ESTABLISHED: 2-1-2018

TYPE OF BUSINESS: Automotive Roadside Assistance

GROSS RECEIPTS

See Note: __________

PROFESSIONAL PRACTITIONERS

Certain PROFESSIONAL PRACTITIONERS may elect to pay $200 per practitioner in lieu of reporting and paying a tax on gross receipts. If you are eligible, and 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 Directors

Landscape Architects

Land Surveyors

Lawyers

Optometrists

Osteopaths

Physicians

Podiatrist

Practitioner of Physiotherapy

Psychologist

Public Accountant

Therapists/Counselors

Veterinarian

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

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

Marcus Conrad Way

SIGNATURE

4-24-2020

DATE

PLEASE BE ADVISED -- INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.
### CITY OF SNELLVILLE RECEIVED
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 885-3544 ~ FAX (770) 885-3551

APR 30 2020

### OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION

<table>
<thead>
<tr>
<th>BL. #</th>
<th>711</th>
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</thead>
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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

<table>
<thead>
<tr>
<th>CORPORATE NAME</th>
<th>Brown and Company Builders Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS NAME (DBA)</td>
<td>Brown and Company Builders Inc.</td>
</tr>
<tr>
<td>MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)</td>
<td>3106 Julian Road</td>
</tr>
<tr>
<td>APPLICANT NAME</td>
<td>Barry A. Brown Sr.</td>
</tr>
<tr>
<td>C/O</td>
<td>CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF OWNERSHIP</th>
<th>(CHECK ONE) SOLE PROPRIETOR</th>
<th>PARTNERSHIP</th>
<th>CORPORATION</th>
<th>LLC</th>
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</table>

<table>
<thead>
<tr>
<th>TYPE OF BUSINESS</th>
<th>Construction: Residential</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>NUMBER OF EMPLOYEES</th>
<th>1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LOCAL PHONE NUMBERS</th>
<th>BUSINESS (770) 468-7990</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAX ( )</td>
<td>23</td>
</tr>
<tr>
<td>E-MAIL</td>
<td><a href="mailto:Brownco@bellsouth.net">Brownco@bellsouth.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROFESSIONAL PRACTITIONERS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS</th>
<th></th>
</tr>
</thead>
</table>

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
- [ ] Chiropractor
- [ ] Funeral Director
- [ ] Lawyer (Attorney at Law)
- [ ] Optometrist
- [ ] Psychologist/Physiotherapist
- [ ] Dentist
- [ ] Landscape Architect
- [ ] Osteopath
- [ ] Public Accountant
- [ ] Veterinarian
- [ ] Enthalmer
- [ ] Land Surveyor
- [ ] Physician
- [ ] Real Estate Developer

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$ _______ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS) PERIOD COVERED: Jan 1 thru Dec. 31

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
APPLICANT NAME (PLEASE PRINT) 4/30/20

Barry A. Brown
SIGNATURE AND TITLE OF APPLICANT
CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 965-3514 \ FAX (770) 965-3551

OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION

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

| CORPORATE NAME: | Shaded of Gray Wellness Center |
| FED. ID: | 8/19/08 |
| OWNER NAME(S): | Carlton Gray Jr. |
| LOCAL STREET ADDRESS: | 2330 Scenic Hwy, Suite 314 |
| CITY, STATE, ZIP: | Snellville GA 30078 |

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):

| IN CARE OF: | |
| MAILING STREET ADDRESS: | |
| MAILING P.O. BOX: | |
| CITY, STATE, ZIP: | |

TYPE OF BUSINESS (CHECK ONE):

[ ] SOLE PROPRIETOR
[ ] PARTNERSHIP
[ ] CORPORATION
[ ] LLC

LOCAL PHONE NUMBERS

| BUSINESS (770) | 000-0000 |
| FAX ( ) | 000-0000 |
| E-MAIL | |

CONTACT NAME:

| CELLULAR ( ) | |
| CORPORATE ( ) | |

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

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[ ] (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS)

PERIOD COVERED: MONDAY __THRU WED. __, __ST

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.

APPLICANT NAME (PLEASE PRINT)

SIGNATURE AND TITLE OF APPLICANT

DATE