



OCCUPATIONAL TAX APPLICATION CHECKLIST

(BUSINESS LICENSE)

Submit in person. Electronic submittals are not accepted.

- ✓ **Verify that the business address** is in the municipal City limits of Snellville. Four different zip codes (30078, 30017, 30039, and 30052) have Snellville mailing addresses; however, not all addresses in these zip codes are located within the City limits. Please call our office to check the address before proceeding with this application; please be prepared to provide copies of your: lease, driver's license, and professional license (if applicable). You can also verify your address by our easy "Am I in the City" go to www.snellville.org and scroll to the bottom of the home page for Helpful Links.
- ✓ **Verify that the business address is properly zoned** to allow the proposed use of the property. If the property is not properly zoned, a Rezoning Amendment, Land Use Plan Amendment, and/or Conditional Use Permit must be approved by the Mayor and Council prior to the issuance of a business license;
- ✓ **Obtain a Building Permit from the City of Snellville** if any interior/exterior improvements, additions, or alterations will be made to the business building or site. Please call our office or visit our website for a building permit application packet. Upon final inspection and approval by the City inspector, a Certificate of Occupancy will be issued by the City of Snellville;
- ✓ **Obtain a Safety inspection.** If a commercial business location has been unoccupied and needs electrical or gas service, a Safety Inspection must be requested and successfully passed before electrical and/or gas service can be restored to the business location. Please download the Utility Safety Inspection Request, submit with fee and schedule for the next available inspection day. Please submit by mail or in person only.
- ✓ **Obtain a Fire Marshal Certificate of Occupancy-** (Commercial locations) from the Gwinnett County Fire Marshal's Office (770-518-4980). Please refer to the "Obtaining a Permit/Inspection within a City Limits" form for additional information and procedures for inspection and Certificate of Occupancy;
- ✓ **Obtain a Food Service Permit** from the Gwinnett County Health Department if your business will be serving or preparing food. Please call the health department at (770) 963-5132 for additional information;
- ✓ **Obtain approval from the Gwinnett County Water Resources Department** for restaurant, car wash, and other water intensive uses for grease trap and backflow prevention requirements. Please call (678) 376-6800 for additional information;
- ✓ **Obtain approval from the Georgia Department of Agriculture** for food storage establishments (grocery and convenience stores) and fuel (gas) stations and provide a copy of the inspection results and permit. Please call (404) 656-3627 for additional information;
- ✓ **Complete the following applications** and forms in their entirety and allow five business days for processing:
 - Occupational Tax (Business License) Application;
 - U.S. Citizen / Qualified Alien Affidavit (requires notarized signature);
 - Georgia Sales and Use Tax Affidavit; (for all businesses required to collect sales tax)
 - Snellville Police Department Alarm Registration Form (not required for Home Business Applicants);
 - Solid Waste Affidavit & Disclosure Form and visit the Snellville Public Works Department for sanitation account and service (not required for Home Business Applicants);
- ✓ **Upon receiving the completed and signed Occupational Tax Application and supplemental forms**, the application will be accepted and fees collected. We accept Visa, MasterCard, Checks and cash. Please allow five (5) business days for processing and approval;
- ✓ **All signage** including temporary banners must be permitted by the City of Snellville Department of Planning & Development. Please call our office or go to our website for sign permit applications.
- ✓ **Provide Copies** of any Corporation Registration with State of Georgia, DBA Registration with Clerk of Superior Court for Gwinnett County, and or any Federal or State Professional Certifications/Registrations



CITY OF SNELLVILLE
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 2342 OAK ROAD
 SNELLVILLE, GA 30078
 (770) 985-3513 (770) 985-3514
www.snellville.org

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

FOR CITY USE ONLY DATE RCVD _____ SIC _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED _____	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION BL# _____	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 RENEWAL CHANGE IN OWNERSHIP ADDRESS / LOCATION CHANGE

CORPORATE NAME-		
BUSINESS NAME (D/BA)		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
FED. ID NO.-	DATE BUSINESS ESTABLISHED:	IN CARE OF
OWNER NAME(S)-		MAILING STREET ADDRESS
LOCAL PHYSICAL STREET ADDRESS-		MAILING P.O. BOX
CITY, STATE, ZIP -		CITY, STATE, ZIP

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ LLC _____
PLEASE PROVIDE COPY OF REGISTRATION

TYPE OF BUSINESS _____	NUMBER OF EMPLOYEES _____
-------------------------------	----------------------------------

LOCAL PHONE NUMBERS

BUSINESS (____) _____ CONTACT NAME _____
 CELLULAR (____) _____ E-MAIL _____
 CORPORATE (____) _____

PROFESSIONAL PRACTITIONERS *See List Below* **FLAT BUSINESS TAX OPTION**
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.*

ENTER GROSS RECEIPTS FROM PREVIOUS CALENDAR YEAR. 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 PROJECTED FOR CURRENT CALENDAR YEAR (THROUGH DEC. 31ST).

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

<p>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.</p>		
_____ APPLICANT NAME (PLEASE PRINT)	_____ SIGNATURE AND TITLE OF APPLICANT	_____ DATE



O.C.G.A § 50-36-1(e)(2)



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

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

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

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

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

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

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute. Furthermore, the undersigned applicant hereby verifies that applicant has provided at least one secure and verifiable document, as defined by O.C.G.A. § 50-36-2 with this affidavit.

SWORN TO AND SUBSCRIBED,

Signature of Applicant

Print Name

Before me this ___ day of _____, 20__;

AFFIX SEAL HERE

Notary Public

My Com. Expires

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

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

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



City of Snellville
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 2342 OAK ROAD, 2ND FLOOR
 SNELLVILLE, GA 30078
www.snellville.org

(770) 985-3513
 (770) 985-3514

GEORGIA SALES & USE TAX AFFIDAVIT

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

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

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

BUSINESS INFORMATION

Legal Name of the Business: _____

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

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

Business Physical Address: _____
Street Address
Suite

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

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

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

ACKNOWLEDGEMENT

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

Acknowledged By: _____ Date: _____

Print Name: _____ Title: _____

E-VERIFY AFFIDAVIT

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

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

Number of Employees _____

Only Mark 1 box below:

More than ten (10) employees.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, form or corporation employs more than ten (10) and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadline established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and the date of authorization are as follows:

Federal Work Authorization Number: _____

Date of Authorization: _____

-OR-

EXEMPT - Less than (10) employees.

Exempt from O.C.G.A. §36-60-6 – By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with §36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven (11) and therefore, is not required to register with and or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines in O.C.G.A. §13-10-90.

Complete below in front of a Notary Public

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

Signature of Authorized Agent or Business Owner

Print Name

Executed on (Today's Date)

Notary:

Subscribed and Sworn to me this _____ Day of _____, 20____ (SEAL)

Signature of Notary Public

My Commission Expires



Department of Planning & Development

City of Snellville
2342 Oak Road, 2nd Floor
Snellville, Georgia 30078
www.snellville.org

(770) 985-3513
(770) 985-3514

SOLID WASTE AFFIDAVIT & DISCLOSURE FORM

Business License Applicants – Choose Box 1:

BOX 1 – Business License Applicants

Name of Business: _____

Business Location (Address): _____ Suite: _____

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

Contact Snellville Public Works to Establish a Sanitation Account (provide account number): _____

I understand that I must obtain and maintain a sanitation account with the Snellville Public Works Department at all times while my business license account is active.

Acknowledged By: _____ Date: _____

Building Permit Applicants – Choose Box 2:

BOX 2 – Building Permit Applicants

Construction Project Name: _____ Permit No.: _____

Project Location (Address): _____ Suite: _____

Scope of Project (check all that apply): New Construction Interior Remodel/Finish Demolition Site Work

State how construction and demolition waste will be collected and type of container to be used: _____

I acknowledge that on-site disposal of construction and demolition waste is prohibited. City inspection staff may: refuse to make inspections, issue Stop Work Orders, issue Citations for violations of Stop Work Orders; and refuse to approve Certificates of Completion/Occupancy for failure to comply with solid waste disposal laws.

Acknowledged By: _____ Date: _____



EMERGENCY DECAL / SECURITY ALARM PERMIT APPLICATION

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

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

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

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



Important Information

Today's Date: _____

Business Name: _____

Initial after reading:

__ Business license renewal packets are mailed out every year in December. If you do not receive a packet, contact our office or stop in during normal business hours. **Failure to receive the packet does not excuse the business from renewing on time.** Blank forms will be posted on the website at snellville.org.

__ Business licenses expire every year on December 31. A grace period is given until March 31. **Mark your calendar now!**

__ Should the business move or close down for any reason you are required to notify our office in order to avoid possible citations.

__ For commercial locations signage requires an approved permit issued by Planning & Development. Go to Snellville.org > Government > Planning & Development > Forms & Applications > Scroll to Signage Applications and choose the appropriate application. For residential locations, business signage is not allowed to be posted on vehicles or on the property.

**The City of Snellville appreciates its loyal businesses!
Thank you!**

Business Owner Signature _____ Date: _____

Witness: _____ Date: _____



Tenant Name Change Guide Sheet

In order to apply for a Tenant Name Change Permit please follow these simple steps.

1. In order to apply you must be logged into your account at the Gwinnett County Citizen Access portal at the address below:

<https://aca-prod.accela.com/GWINNETT/Welcome.aspx>

2. Under Commercial/Residential Services, select "Create an Application".

Home | Plan Review | Commercial/Residential Permits | Fire Services | Complaints/Violations | Development Services | Zoning

Welcome to the Gwinnett County E-Services Website, Jennifer FoldenNissen
You have successfully logged in.

E-Services Home
Check your Cases, Pay Fees.
[My Projects](#) | [Pay Fees](#)

Plan Review
Electronic Plan Submittal for Plan Review, CDC Package, DOT ROW Utility Permit
[Create an Application](#) | [Search Records](#)

Commercial/Residential Permits
Residential, Repair, Basement Remodeling and Deck Permits, Certificate of Occupancy for Business License (no construction), Permit Extension/Renewal Request, Certificate of Occupancy (Tenant Name Change), Cell Tower/Oversized Sign Registration and Foreclosure/Vacant Structure Registration.
[Create an Application](#) | [Find Your permit](#) | [Schedule An Inspection](#)

Complaints/Violations
Building Violations, Code Enforcement Violations, Development Violations and Fire Marshal Violations.
[Submit a Code Complaint](#) | [Search Cases](#)

Fire Services
Bonfire, Consumer Fire Works, Motion Picture & Television, Outdoor Fireworks Display, Commercial Burn Pit, Fire Flame - Special Effects and Tent Permits
[Create an Application](#) | [Search Permit](#)

Development Services
Sign Location Permits for Wall/Ground, Temporary Sign permits.
[Create an Application](#) | [Find Your permit](#) | [Schedule An Inspection](#)

Zoning
[Search Cases](#)

3. In the next menu, under "Commercial", select "Certificat of Occupancy for Business License (no construction)". Then click "Continue".

Select a Permit Type

Choose one of the following available permit types. If you do not see your desired permit type or application type listed below please contact the department.

NOTE: For Permit types that require a permit fee, the fee must be paid before the permit is issued. The permit fee is assessed and paid at the end of the process.

- ▶ **Commercial**
 - Building
 - Cable TV Power Booster Installation
 - Certificate of Occupancy for Business License (no construction)
 - Gas Line Pressure Test (Reconnect Only - No Work)
- ▶ **Residential**
 - Basement Remodel
 - Building (any single-family structure)
 - Deck
 - Electrical
 - HVAC Replacement
 - Permit Extension Or Renewal Request
 - Water Heater Replacement
- ▶ **Repairs**
 - Fire Damage
 - Miscellaneous Damage
 - Storm Damage
- ▶ **Registration**
 - Cell Tower
 - Foreclosure
 - Oversized Sign
 - Vacant Structure
- ▶ **Affidavit**
 - Subcontractor Affidavit

Continue

4. Read the following prompt to make sure that this type of application is right for what you are trying to do. If this matches your intent, click "Continue".

5. Fill In the required information. Be sure to verify the address by clicking the search button. You can also use your parcel number if you have that available to you. Once everything is filled in, click "Continue" at the bottom of the page.

It is recommended that you only fill in the first 3 or 4 letters of the street name.

Step 1: Certificate of Occupancy > Applicant Details

Show Map To Select Location

Address of Business

- Provide the business location.
- No abbreviations. Do not include street type. Ex: "Langley" not "Langley Dr."; "W

*Street No: *Street Name:

Search

Clear

Parcel

*Parcel Number: Lot: Block:

Search

Clear

5. Fill in the following form with the required information about your business, then click "Continue".

6. Review your information to make sure everything is correct. If everything looks correct, click "Submit".