



## USED INTERNET CAR DEALER

- Complete the Business License application packet.
- Complete the Sworn Affidavit. (unless located on McGee Rd)
- Notary service is provided in our office. You must sign in front of a Notary.
- Complete top 1/2 of Georgia Zoning Certification form.
- Submit completed forms and the Occupation Tax Fee (Business License fee)
- Submit a signed and executed lease agreement.
- Submit copy of photo i.d.

A Conditional License will be issued for the business. This Conditional License is only to be used to apply to the State of Georgia Used Car Dealer Board. Do not operate. Once The State of Georgia has issued the Dealer License for the address in the City Limits of Snellville provide a copy to have your Business License released to operate.



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

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

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

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

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

**BRING COPY OF REGISTRATION**

<b>TYPE OF BUSINESS</b> _____	<b>NUMBER OF EMPLOYEES</b> _____
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**LOCAL PHONE NUMBERS**

BUSINESS (\_\_\_\_) \_\_\_\_\_  
FAX (\_\_\_\_) \_\_\_\_\_  
E-MAIL \_\_\_\_\_

CONTACT NAME \_\_\_\_\_  
CELLULAR (\_\_\_\_) \_\_\_\_\_  
CORPORATE (\_\_\_\_) \_\_\_\_\_

**PROFESSIONAL PRACTITIONERS** \*See List Below\*

**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. 31<sup>ST</sup>).**

\$ \_\_\_\_\_ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS)

PERIOD COVERED: \_\_\_\_\_ THRU DEC. 31<sup>ST</sup>

**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



# **SWORN AFFIDAVIT**

FOR USED MOTOR VEHICLE DEALERS IN INTERNET VEHICLE SALES

City of Snellville  
Planning & Development Department  
2342 Oak Road, 2<sup>nd</sup> Floor  
Snellville, GA 30078  
Phone 770.985.3513 OR 770.985.3514

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

[RCVD STAMP HERE]

PROJECT # \_\_\_\_\_

I \_\_\_\_\_ AS PRINCIPAL OWNER  
OF

BUSINESS (NAME): \_\_\_\_\_

AM APPLYING FOR AN OCCUPATIONAL TAX CERTIFICATE  
(BUSINESS LICENSE)

FROM THE CITY OF SNELLVILLE, GEORGIA  
TO SELL USED MOTOR VEHICLES ON THE INTERNET,

## **DO SOLEMNLY SWEAR AND AFFIRM:**

- THERE WILL BE NO TEMPORARY OR PERMANENT DISPLAY, PARKING, DELIVERY, OR STORAGE OF ANY SALE VEHICLE ON THE PREMISES AT ANY TIME.
- I UNDERSTAND THAT A SPECIAL USE PERMIT APPROVED BY THE MAYOR AND COUNCIL IS REQUIRED, SUBJECT TO THE USE STANDARDS OF SEC. 206-5.13.J (SEE REVERSE) TO ALLOW FOR THE DISPLAY, PARKING, DELIVERY OR STORAGE OF SALE VEHICLES ON THE PREMISES.
- I UNDERSTAND ZONING VIOLATIONS WILL RESULT IN ISSUANCE OF CITATION(S) TO THE BUSINESS OWNER AND/OR PROPERTY OWNER FOR APPEARANCE IN THE SNELLVILLE MUNICIPAL COURT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SWORN before me in person on this day \_\_\_\_\_ of month \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

AFFIX NOTARY SEAL

### **Sec. 206-5.13.J. Vehicles Sales, Rental, or Auction**

Where vehicles sales, rental, or auction is allowed as a special use in the BG, HSB, and LM Districts, it is subject to the following:

- a. The minimum lot size is 2 acres.
- b. The property must have at 200 feet of frontage along a street.
- c. One thousand linear feet of separation must exist between said business and any other vehicle sales or leasing business. For purposes of this requirement, distance is measured by the most direct route of travel on ground in the following manner:
  - i. From the main entrance of the proposed establishment from which vehicle sales or leasing shall occur;
  - ii. In a straight line to the nearest public sidewalk, walkway, street, road or highway by the nearest route;
  - iii. Along such public sidewalk, walkway, street, road or highway by the nearest route;
  - iv. To the main entrance of the existing establishment from which vehicle sales or leasing will occur.
- d. All vehicles on the sales lots must be in generally good and operable condition at all times. Wrecked or partially wrecked, dismantled, or non-operable vehicles are not allowed.
- e. All vehicles in sales lots shall be parked on a hard-surface marked/striped spaces only and only in areas designated for the display of vehicles for sale and may not be parked in landscape or grassy areas or elevated by the use of a ramp, post or other device higher than 5 feet above grade.
- f. Vehicles for sale may not be parked in areas reserved for customer or employee parking.
- g. No outdoor incidental uses such as carwashes or air compressors are allowed.
- h. The sides and rear of the facility must be screened from view of surrounding properties by an opaque 8-foot high fence.
- i. All service and repair work must be performed in a covered service bay with opaque walls on all sides, except at vehicular entrances and exits.
- j. Showrooms and/or service bays that keep new/used/service vehicles within building structures must meet all applicable federal, State, County, and local building and life-safety codes (at the time of application for an occupation tax certificate) regarding the storage of hazardous materials.
- k. Before the issuance of an occupational tax certificate from the City, all applicants must provide a current copy of required dealer licenses obtained from the State of Georgia.
- l. Anyone found to be in violation of these use standards is subject to citation(s) of up to \$1,000.00 per day and/or up to 60 days in jail so long as the violation(s) are present on the property.



O.C.G.A § 50-36-1(e)(2)

## This Form is Required by the State of Georgia



### U. S. CITIZEN / QUALIFIED ALIEN AFFIDAVIT

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:

**Occupation Tax Certificate or Alcohol Beverage License**

(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 not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or 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\_\_\_\_\_;**

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_

*AFFIX SEAL HERE*

## **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.

## 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, firm 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



**City of Snellville**  
DEPARTMENT OF PLANNING AND DEVELOPMENT  
2342 OAK ROAD, 2<sup>ND</sup> FLOOR  
SNELLVILLE, GA 30078  
[www.snellville.org](http://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 [www.etax.dor.ga.gov](http://www.etax.dor.ga.gov).*

Acknowledged By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



# ZONING CERTIFICATION

This is to certify that the property listed as:

DEALERSHIP NAME

OWNER

STREET ADDRESS

CITY, STATE, ZIP CODE

is currently zoned for use as a Used Motor Vehicle Dealer or Used Motor Vehicle Parts Dealer establishment in the county / city of \_\_\_\_\_ and that current zoning standards will allow a permanent sign on the property that appraises consumers of the dealership.

- ☐ This Used Motor Vehicle Dealer is **NOT** allowed to store inventory or display used motor vehicles for sale at any time.
- ☐ This Used Motor Vehicle Dealer will operate an "Open Lot" and may display a maximum of \_\_\_\_\_ vehicles for sale at any one time.

\_\_\_\_\_  
Signature of Zoning Commissioner

\_\_\_\_\_  
Printed Name of Zoning Commissioner

SWORN TO AND SUBSCRIBED BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires \_\_\_\_\_

Georgia requires a legible ink seal for notarized documents.  
If an embossed seal is used a foil overlay or shading should be applied  
to make the seal legible when digitized.

**NOTARY SEAL**