



## **OCCUPATIONAL TAX APPLICATION CHECKLIST**

### **(BUSINESS LICENSE)**

- ✓ **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](http://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 (\$25) must be requested and successfully passed before electrical and/or gas service can be restored to the business location. Please contact our office to schedule the Safety inspection;
- ✓ **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);
  - Home Business Applicants must be able to comply with and complete the Home Occupation Standards form
- ✓ **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.



**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	_____

FOR CITY USE ONLY DATE RCVD _____ SIC _____ CLASS _____ ZONING DISTRICT _____ USE PERMITTED _____	<b>OCCUPATIONAL TAX          COMMERCIAL BUSINESS APPLICATION</b>  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)		<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 \_\_\_\_\_

**TYPE OF BUSINESS** \_\_\_\_\_ **NUMBER OF EMPLOYEES** \_\_\_\_\_

**LOCAL PHONE NUMBERS**

BUSINESS (____) _____	CONTACT NAME _____
FAX (____) _____	CELLULAR (____) _____
E-MAIL _____	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 \_\_\_\_\_



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.



## 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



# Public Works Department

City of Snellville  
2491 Marigold Road  
Snellville, Georgia 30078  
[www.snellville.org](http://www.snellville.org)

(770) 985-3527  
(770) 985-3540  
FAX (770) 985-3542

## SOLID WASTE AFFIDAVIT & DISCLOSURE FORM

IN ACCORDANCE WITH CHAPTER 46 OF THE SNELLVILLE CODE OF ORDINANCES, ALL REFUSE AND RECYCLABLES SHALL ONLY BE COLLECTED, CONVEYED AND DISPOSED OF BY THE FRANCHISEE.

THEREFORE, ALL APPLICANTS FOR A CITY OF SNELLVILLE BUSINESS LICENSE ARE REQUIRED TO CONTACT THE CITY OF SNELLVILLE PUBLIC WORKS DEPARTMENT TO ARRANGE FOR SANITATION SERVICES,

Name of Business: \_\_\_\_\_

Business Location (Address): \_\_\_\_\_ Suite: \_\_\_\_\_

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

If your sanitation service is provided by your landlord, please provide...

- Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_
- Landlord Signature/Date \_\_\_\_\_
- Sanitation Account number \_\_\_\_\_

*I hereby understand and acknowledge that the City of Snellville Code of Ordinances and Franchisee Agreement requires that all solid waste be collected, conveyed and disposed of by the Franchisee and that an account for solid waste collection and disposal must be obtained and kept current through the City of Snellville Public Works Department.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

*For City Use Only*

Approved By (Public Works): \_\_\_\_\_ Date \_\_\_\_\_ Account No. \_\_\_\_\_

Approved By (Planning & Development): \_\_\_\_\_ Date \_\_\_\_\_



# 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.

<b>CHECK ALL THAT APPLY:</b> <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:		
<b>IF Applicable: Rental Agent / Management Co. Information:</b>			
Name:		Phone Number:	
Address, City, State and Zip Code:			
<b>ALARM SYSTEM INFORMATION (CHECK THE APPROPRIATE BOXES)</b>			
<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:			
<b>RESPONSIBLE PARTY INFORMATION</b>			
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:

<b>City Ordinance Agreement</b>
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](http://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](http://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: \_\_\_\_\_

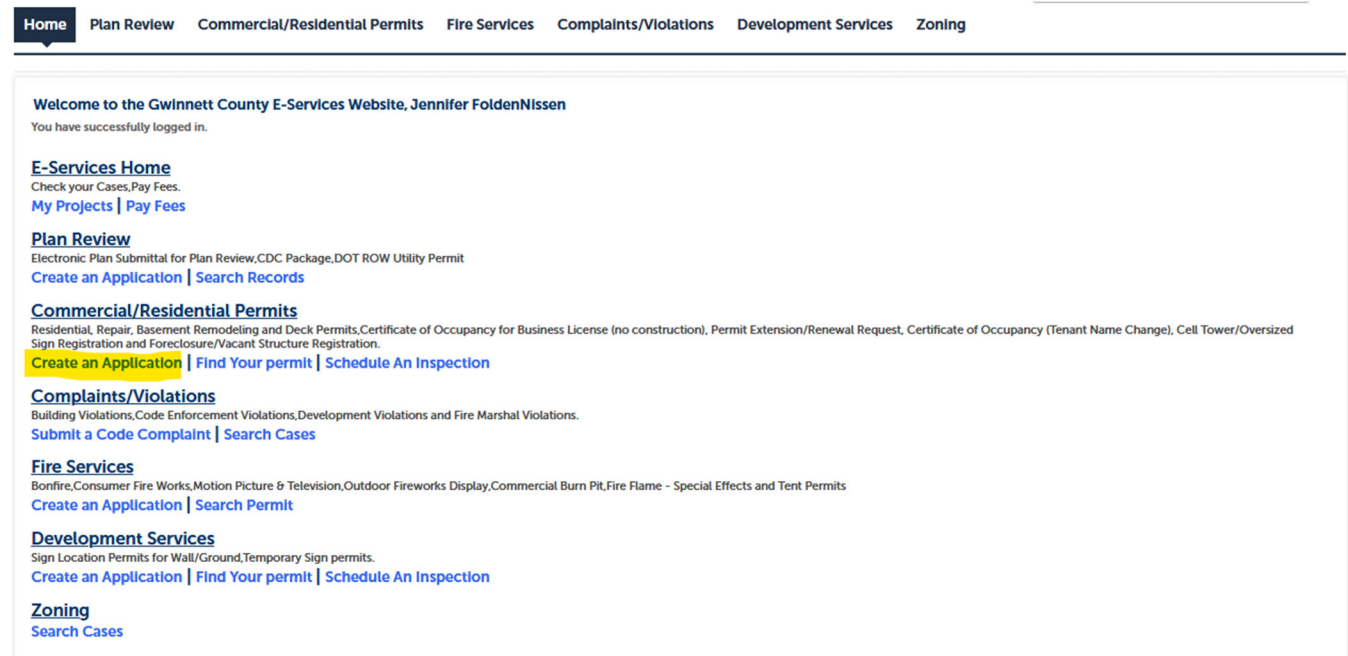
## Tenant Name Change Guide Sheet

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".



The screenshot shows the Gwinnett County E-Services Website. At the top, there is a navigation menu with the following items: Home, Plan Review, Commercial/Residential Permits, Fire Services, Complaints/Violations, Development Services, and Zoning. Below the navigation menu, the main content area displays a welcome message: "Welcome to the Gwinnett County E-Services Website, Jennifer FoldenNissen. You have successfully logged in." The main content area is organized into several sections, each with a heading and a list of links. The sections are: 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), and Zoning (Search Cases). The "Create an Application" link under the "Commercial/Residential Permits" section is highlighted in yellow.

3. In the next menu, under "Commercial", select "Certificate 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, the click "Continue".

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