

MAY 2024 NEW OTC'S

BUSINESS NAME	LOCATION	CITY, STATE, ZIP	CONTACT	OWNERSHIP TYPE	START DATE	BUSINESS PHONE
BLOEM AND WISP FLORALS	169 HOLLY HILL RD	FAYETTEVILLE, GA 30214	ANDREA MIX	SOLE PROPRIETOR	5/17/2024	404-804-9512
CARTOPIA MOTORWORKS INC	2970 HWY 138 STE C	FAYETTEVILLE, GA 30214	JOYCE ALLI	CORPORATION	5/23/2024	470-726-4181
CHASTAIN SERVICES	2579 HWY 92 S	FAYETTEVILLE, GA 30215	JASON CHASTINE	SOLE PROPRIETOR	5/22/2024	678-614-0540
DIERCON CONSULTING GROUP LC	904 KITE LAKE TRAIL	FAYETTEVILLE, GA 30214	JOEL REID	LIMITED LIABILITY CORPORATION	5/1/2024	954-854-1534
DINAH RAINEY LLC	525 PERSIMMON POINT	FAYETTEVILLE, GA 30214	DINAH RAINEY	LIMITED LIABILITY CORPORATION	5/30/2024	770-727-7100
E WILLINSURE LLC	100 MAJESTY LANE	FAYETTEVILLE, GA 30215	EMANUEL WILLIAMS	LIMITED LIABILITY CORPORATION	5/22/2024	828-342-7627
ELAINE EPIRE ENTERPRISE LLC	135 CHEROKEE ROSE LANE	FAYETTEVILLE, GA 30214	ELAINE BRYANT	LIMITED LIABILITY CORPORATION	5/15/2024	404-859-9385
GOODMAN TRUCK REPAIR LLC	1162 HWY 54 EAST	FAYETTEVILLE, GA 30214	CHADWICK SMITH	LIMITED LIABILITY CORPORATION	5/22/2024	678-683-5006
HEALING THRU HEALTH INC	180 WALTER WAY STE 102	FAYETTEVILLE, GA 30214	LANCE DOSSIE II	CORPORATION	5/2/2024	470-696-3902
INDEPENDENT MOBILE TECHNICIANS LLC	125 ESTANCIA LANE	FAYETTEVILLE, GA 30215	DARNELL WALKER	LIMITED LIABILITY CORPORATION	5/1/2024	770-742-5068
MASON MANOR	150 TIMBERLANE DRIVE	FAYETTEVILLE, GA 30214	DAVID MASON	SOLE PROPRIETOR	05/01/2024	305-989-1175
NISSI'S PLACE	180 DEER FOREST TRIL	FAYETTEVILLE, GA 30214	JOSEPHNE OKUNSERI	SOLE PROPRIETOR	05/07/2024	770-940-0722
PEACHTREE DETOX LLC	1008 GA HWY 54 W	FAYETTEVILLE, GA 30214	BENJAMIN THURSTON	LIMITED LIABILITY CORPORATION	05/01/2024	404-405-8716
SS STUDIO RENTALS LLC	426 DAVIS RD	FAYETTEVILLE, GA 30215	BRET STEWART	LIMITED LIABILITY CORPORATION	05/06/2024	805-207-4967
SOUTHERN WARES AWARDS AND GIFTS	305 LACE COURT	FAYETTEVILLE, GA 30215	JENNIFER KELLER	LIMITED LIABILITY CORPORATION	05/28/2024	404-274-4053
TRUE MEDICAL SOLUTIONS LLC	1572 HWY 85 N STE 336	FAYETTEVILLE, GA 30214	MARCHE TUCKER	LIMITED LIABILITY CORPORATION	05/23/2024	909-733-1074

OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * Yes No
2. Legal Name of Business* Bloom and Wisp Florals
3. Doing Business As (if applicable)
4. Phone Number* 404-804-9512
5. Street Address* 169 Holly Hill Road
City/State/Zip* Fayetteville, GA 30214
6. Mailing Address 169 Holly Hill Road
City/State/Zip* Fayetteville, GA 30214
7. E-Mail Address* bloomandwisp@gmail.com
8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation**
9. Exempt Status: Non-Profit** Disable Veteran Owned**
10. Business Activities* Event floral preparations, personal florals and wearables, balloon decor and structures, and "pop up" flowers and bouquets.
11. NAICS Code* 453110 NAICS Descriptor* Florist

LICENSES AND REGISTRATION

- 12. Tax ID (EIN) #* 129-76-6505 GA Sales & Use Tax #* NA E-Verify
13. Are you operating a home-based bakery? * Yes No Cottage Food License #
14. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

APPLICANT/OWNER INFO

- 15. Name* Andrea Mix
16. Phone Number* (Home) 404-804-9512 Licent Same
17. Street Address 169 Holly Hill Road
City/State/Zip* Fayetteville, GA 30214
18. Mailing Address same as street address
City/State/Zip

COMMERCIAL PROPERTY INFORMATION

- 19. Do you own or rent the business address? * Own (provide record of ownership) Rent (provide rental lease)
20. If renting, provide the property owner(s) name
21. Square Footage of the rental area? * Tax Assessor Status* Residential Commercial
22. Business Property Tax Map #* Parcel #* (both numbers are listed on the tax bill)

Tracy Taylor

ACCT# 105801

BOTTS 5/22/2024

PAID 5/17/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-798-198-824
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	22-May-2024

Your confirmation number is **0-798-198-824**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

Printable View

OK

105801

Print Confirmation

**OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA**

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? * Yes No
2. Legal Name of Business* CAR TOPIA MOTORWORKS INC
3. Doing Business As (if applicable) _____
4. Phone Number* 470 726 4181
5. Street Address* 2970 Hwy 138 Ste C
City/State/Zip* Fayetteville, GA 30214
6. Mailing Address _____
City/State/Zip* _____
7. E-Mail Address* DEV19105@icloud.com
8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation** ****Documentation Required**
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: 201 17th St Ste 300
Corporation Address _____
City/State/Zip Atlanta, GA 30363
9. Exempt Status: Non-Profit** Disable Veteran Owned** ****Documentation Required**
10. Business Activities* (be specific as to what type of activity will be performed at the business address) _____
Used car Dealer
11. NAICS Code* 441120 NAICS Descriptor* Used car Dealer

APPLICANT/OWNER INFO

12. Name* Joyce Allie
13. Phone Number* (Home) 470-726-4181 (Cell) _____
14. Street Address 1809 Berkshire Cir SW
City/State/Zip* Vero Beach FL 32968
15. Mailing Address 2970 Hwy 138 Ste C
City/State/Zip Fayetteville, GA 30214

EMPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)

16. Total **Hours** worked by all Part-Time employees/week: * 0
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 0
18. Total **Number** of Full-time employees who work 40+ hours/week: * 2
19. Total Number of Workers (add "17" and "18") * 2

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 93-4329966 GA Sales & Use Tax #* 308953336 E-Verify _____
21. Are you operating a home-based bakery? * Yes No Cottage Food License # _____
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type Dealers State License # UCAR052253 Expiration Date 9/30/24
License Type _____ State License # _____ Expiration Date _____

Tracey Taylor

ACCT# 105819

BOTTS 5/23/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	2-091-469-864
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	23-May-2024

Your confirmation number is **2-091-469-864**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

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OCCUPATION TAX CERTIFICATE APPLICATION
FOR BUSINESSES LOCATED IN UNINCORPORATED FAYETTE COUNTY ONLY

RENEWAL DUE BY JANUARY 31 EACH YEAR

Business Name Chastain Services	DBA (if different)	Phone 678 614 0540	<input checked="" type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial	
Physical Address 2579 Hwy 92 South	Unit/Suite	City Fayetteville	State Ga	Zip Code 30215
Mailing Address (if different)	Unit/Suite	City	State	Zip Code

Owner Name Jason Chastain	Co Owner	Phone 678 614 0540	E-Mail Chastain Services @ Hotmail.com	
Owner Address 2579 Hwy 92 South	Unit/Suite	City Fayetteville	State Ga	Zip Code 30215

Property Owner Jason & Lisa Chastain	Unit/Suite	City Fayetteville	State Ga	Zip Code 30215
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Emergency Contact 1	Phone	Emergency Contact 2	Phone
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Do you hold a state license for your occupation? <input type="checkbox"/> Yes (Documentation Required) <input checked="" type="checkbox"/> No		State Card #	Expiration	Issued To
Form of Ownership <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Corporation* <input type="checkbox"/> Corporation* <input type="checkbox"/> General Partnership <input type="checkbox"/> Partnership-unknown type		Business Type Home Remodeling Repairs	NAICS	Tax Identification # 254064891
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required		# Employees 0	E-Verify #	GA Sales Tax #
I swear under penalty of law that the above information is true and correct. I understand that this is a tax certificate. I must separately comply with any zoning, Fire Marshal, Health, or other rules. I understand that information I provide herein (or my refusal to provide required information) will be shared with the Georgia Department of Revenue.		Annual Tax Schedule 0-3 \$75.00 16-25 \$500.00 4-6 \$150.00 26-50 \$750.00 7-10 \$250.00 51-100 \$1,000.00 11-15 \$375.00 101+ \$10.00 each Maximum Tax \$1,500.00		Bring Completed Application & Payment: check, cash, or credit card to: 140 Stonewall Avenue West, Suite 101 Fayetteville, GA 30214 Make Checks Payable to Fayette County
		Signature of Business Owner 		

Finance Department Use:		Planning & Zoning Use:		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	License # 104913	District 4th	Land Lot 139	Zoning District A-R
<input type="checkbox"/> Allowable for Business Use <input type="checkbox"/> Not Allowable for Business Use		Finance Signature Tracey Taylor		
Date 5/22/2024	<input checked="" type="checkbox"/> BOTSS Reporting	Planning & Zoning Signature 		Date 3/4/2021



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-110-674-472
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	22-May-2024

Your confirmation number is **1-110-674-472**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

Printable View

OK

104913

Print Confirmation

**OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA**

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? * Yes No
2. Legal Name of Business* DIERCON Consulting Group, LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 954-854-1534
5. Street Address* 904 Kite Lake Trl
City/State/Zip* Fayetteville GA 30214
6. Mailing Address 904 Kite Lake Trl
City/State/Zip* Fayetteville, GA 30214
7. E-Mail Address* diercon@yahoo.com
8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation** **Documentation Required
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: DIERCON Consulting Group
Corporation Address 904 Kite Lake Trl
City/State/Zip Fayetteville, GA 30214
9. Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
10. Business Activities* (be specific as to what type of activity will be performed at the business address) _____
- Licensed General Contractor for Construction Management
- Occupational Safety and Health Consultation
11. NAICS Code* 541618 NAICS Descriptor* Management Consulting Services

APPLICANT/OWNER INFO

12. Name* Joel K. Reid
13. Phone Number* (Home) 954-854-1534 (Cell) 954-854-1534
14. Street Address 904 Kite Lake Trl
City/State/Zip* Fayetteville, GA 30214
15. Mailing Address 904 Kite Lake Trl
City/State/Zip Fayetteville, GA 30214

EMPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)

16. Total **Hours** worked by all Part-Time employees/week: * 20
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 0
18. Total **Number** of Full-time employees who work 40+ hours/week: * 0
19. Total Number of Workers (add "17" and "18") * 0

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 93-3504781 GA Sales & Use Tax #* _____ E-Verify _____
21. Are you operating a home-based bakery? * Yes No Cottage Food License # _____
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type General Contractor State License # GCCO008586 Expiration Date 6/30/2024
License Type _____ State License # _____ Expiration Date _____

Tracy Taylor

acct# 105812

botss 5/1/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-335-111-208
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	01-May-2024

Your confirmation number is **0-335-111-208**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

Printable View

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105812

Print Confirmation

**OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA**

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

1. Is this a home-based business?* Yes No
2. Legal Name of Business* Dinah Rainey, LLC
3. Doing Business As (if applicable) _____
4. Phone Number* (770) 727-7100
5. Street Address* 525 Persimmon Point
City/State/Zip* Fayetteville, GA 30214
6. Mailing Address 525 Persimmon Point
City/State/Zip* Fayetteville, GA 30214
7. E-Mail Address* dinah@dinahrainey.com
8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation** ***Documentation Required*
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: Dinah Rainey, LLC
Corporation Address 525 Persimmon Point
City/State/Zip Fayetteville, GA 30214
9. Exempt Status: Non-Profit** Disable Veteran Owned** ***Documentation Required*
10. Business Activities* (be specific as to what type of activity will be performed at the business address) _____
This business will provide online coaching and courses to women.
11. NAICS Code* 812990 NAICS Descriptor* All Other Personal Services

APPLICANT/OWNER INFO

12. Name* Dinah Rainey
13. Phone Number* (Home) (404) 259-0745 (Cell) (404) 259-0745
14. Street Address 525 Persimmon Point
City/State/Zip* Fayetteville, GA 30214
15. Mailing Address 525 Persimmon Point
City/State/Zip Fayetteville, GA 30214

EMPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)

- | | |
|--|----------|
| 16. Total <u>Hours</u> worked by all Part-Time employees/week: * | <u>0</u> |
| 17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * | <u>0</u> |
| 18. Total <u>Number</u> of Full-time employees who work 40+ hours/week: * | <u>1</u> |
| 19. Total Number of Workers (add "17" and "18") * | <u>1</u> |

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 93-4328439 GA Sales & Use Tax #* N/A E-Verify _____
21. Are you operating a home-based bakery? * Yes No Cottage Food License # _____
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type _____ State License # _____ Expiration Date _____
License Type _____ State License # _____ Expiration Date _____

Tracey Taylor

ACCT# 105825

BOTTS 5/30/2024

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	2-059-021-352
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	30-May-2024

Your confirmation number is **2-059-021-352**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

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Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials

An official website of the State of Georgia

OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * Yes [checked] No
2. Legal Name of Business* Ewillinsure LLC
3. Doing Business As (if applicable)
4. Phone Number* 828 342 7627
5. Street Address* 100 majesty ln
City/State/Zip* Fayetteville GA 30215
6. Mailing Address
City/State/Zip*
7. E-Mail Address* e2@ewillinsure.com
8. Business Structure: Sole Proprietor Partnership LLC* [checked] LLP** Corporation** **Documentation Required
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: Ewillinsure LLC
Corporation Address 5 Concourse Pkwy STE 3016, Atlanta GA, 30328
City/State/Zip
9. Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
10. Business Activities* (be specific as to what type of activity will be performed at the business address) roof inspection, fire insurance claims, re-roofing, Insurance Services Broker insurance
11. NAICS Code* 524289 NAICS Descriptor* All other Insurance related Activities

APPLICANT/OWNER INFO

- 12. Name* Emanuel Williams
13. Phone Number* (Home) 828 342 7627 (Cell)
14. Street Address 100 majesty lane
City/State/Zip* Fayetteville GA 30215
15. Mailing Address
City/State/Zip

EMPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)

- 16. Total Hours worked by all Part-Time employees/week: * 0
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 0
18. Total Number of Full-time employees who work 40+ hours/week: * 2
19. Total Number of Workers (add "17" and "18") * 2

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 87-2368327 GA Sales & Use Tax #* N/A E-Verify
21. Are you operating a home-based bakery? * Yes No [checked] Cottage Food License #
22. Does your occupation require a state license? * Yes No [checked] If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracy Taylor

ACCT# 105776

BOTTS 5/22/2024

PAID 5/15/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-407-454-248
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	22-May-2024

Your confirmation number is **1-407-454-248**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

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105776

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Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials

An official website of the State of Georgia

OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * [X] Yes [] No
2. Legal Name of Business* Elaine Empire Enterprise, LLC
3. Doing Business As (if applicable) N/A
4. Phone Number* 404-859-9385
5. Street Address* 135 Cherokee Rose Lane
City/State/Zip* Fayetteville, GA 30214
6. Mailing Address 135 Cherokee Rose Lane
City/State/Zip* Fayetteville, GA 30214
7. E-Mail Address* elainebrynt@yahoo.com
8. Business Structure: [] Sole Proprietor [] Partnership [X] LLC [] LLP** [] Corporation** **Documentation Required
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: Elaine Empire Enterprise, LLC
Corporation Address 135 Cherokee Rose Lane
City/State/Zip Fayetteville, GA 30214
9. Exempt Status: [] Non-Profit** [] Disable Veteran Owned** **Documentation Required
10. Business Activities* (be specific as to what type of activity will be performed at the business address)
Inbound/Outbound calls for dispatching
bookkeeping and filing documents, clerical
11. NAICS Code* 484110 NAICS Descriptor* general freight trucking, local

APPLICANT/OWNER INFO

- 12. Name* Elaine Bryant
13. Phone Number* (Home) 404-859-9385 (Cell)
14. Street Address 135 Cherokee Rose Lane
City/State/Zip* Fayetteville, GA 30214
15. Mailing Address 135 Cherokee Rose Ln
City/State/Zip Fayetteville, GA 30214

EMPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)

- 16. Total Hours worked by all Part-Time employees/week: * 1
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 0
18. Total Number of Full-time employees who work 40+ hours/week: * 0
19. Total Number of Workers (add "17" and "18") * 1

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 99-1581957 GA Sales & Use Tax #* E-Verify
21. Are you operating a home-based bakery? * [] Yes [X] No Cottage Food License #
22. Does your occupation require a state license? * [] Yes [X] No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracey Taylor

ACCT# 105817

BOTTS 5/22/2024

PAID 5/15/24



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-459-738-152
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	22-May-2024

Your confirmation number is **0-459-738-152**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

Printable View

OK

105817

Print Confirmation

OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * Yes No
2. Legal Name of Business* Goodman Truck Repair LLC
3. Doing Business As (if applicable)
4. Phone Number* 678-683-5006
5. Street Address* 1102 Highway 54 East
City/State/Zip* Fayetteville GA 30214
6. Mailing Address 1091 Trestle Rd
City/State/Zip* Griffin GA 30223
7. E-Mail Address* goodman-truck-repair@gmail.com
8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation** **Documentation Required
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: Goodman Truck Repair LLC
Corporation Address 1091 Trestle Rd
City/State/Zip Griffin GA 30223
9. Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
10. Business Activities* (be specific as to what type of activity will be performed at the business address) Truck repair
11. NAICS Code* 811310 NAICS Descriptor* 7699

APPLICANT/OWNER INFO

- 12. Name* Chadwick Smith
13. Phone Number* (Home) (Cell) 678-683-5006
14. Street Address 1091 Trestle Rd
City/State/Zip* Griffin GA 30223
15. Mailing Address
City/State/Zip

EMPLOYEE INFO (Include all owners and employee you currently have or plan to hire in the calculations)

- 16. Total Hours worked by all Part-Time employees/week: *
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): *
18. Total Number of Full-time employees who work 40+ hours/week: *
19. Total Number of Workers (add "17" and "18") *

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 99-1515294 GA Sales & Use Tax #* NA E-Verify
21. Are you operating a home-based bakery? * Yes No Cottage Food License #
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracy Taylor

acct# 105818

BOTTS 5/22/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-752-880-680
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	22-May-2024

Your confirmation number is **0-752-880-680**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

Printable View

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105818

Print Confirmation



FAYETTE County

Create Your Story!

OCCUPATION TAX CERTIFICATE APPLICATION

FOR BUSINESSES LOCATED IN UNINCORPORATED FAYETTE COUNTY ONLY

RENEWAL DUE BY JANUARY 31 EACH YEAR

Business Name Healing Thru Health Inc.	DBA (if different)	Phone 470-696-3902	<input type="checkbox"/> Home Occupation <input checked="" type="checkbox"/> Commercial
Physical Address 180 Walter way STE	Unit/Suite 102	City Fayetteville	State GA Zip Code 30214
Mailing Address (if different)	Unit/Suite	City	State Zip Code

Owner Name Lance Dossie II	Co Owner	Phone 470-696-3902 404-696	E-Mail @gmail.com healingthruhealth
Owner Address 390 Fairfield Cir	Unit/Suite	City Fayetteville	State GA Zip Code 30214

Property Owner Mark Wurster	Unit/Suite 114	City Fayetteville	State GA Zip Code 30214
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Emergency Contact 1 Wendy Dossie	Phone 678 608 5919	Emergency Contact 2	Phone
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Do you hold a state license for your occupation? <input checked="" type="checkbox"/> Yes (Documentation Required) <input checked="" type="checkbox"/> No	State Card #	Expiration	Issued To
--	---------------------	-------------------	------------------

Form of Ownership		Business Type Fitness Center	NAICS 713940	Tax Identification # 82-3217999
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Proprietorship	# Employees 1	<input checked="" type="checkbox"/> E-Verify	GA Sales Tax #
<input type="checkbox"/> Limited Liability Corporation*	<input checked="" type="checkbox"/> Corporation*			
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Partnership-unknown type			

Exemptions	Annual Tax Schedule	Bring Completed Application & Payment:
<input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required	0-3 \$75.00 16-25 \$500.00 4-6 \$150.00 26-50 \$750.00 7-10 \$250.00 51-100 \$1,000.00 11-15 \$375.00 101+ \$10.00 each Maximum Tax \$1,500.00	check, cash, or credit card to: 140 Stonewall Avenue West, Suite 101 Fayetteville, GA 30214 Make Checks Payable to Fayette County

I swear under penalty of law that the above information is true and correct. I understand that this is a tax certificate. I must separately comply with any zoning, Fire Marshal, Health, or other rules. I understand that information I provide herein (or my refusal to provide required information) will be shared with the Georgia Department of Revenue.

Signature of Business Owner Lance Dossie II	Date 11-17-2023
---	---------------------------

Finance Department Use:		Planning & Zoning Use:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105813	District 5	Land Lot 217
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use	
Finance Signature Tracy Taylor	Date 5/2/2024	Planning & Zoning Signature [Signature]	Date 11/17/23



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-509-827-624
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	02-May-2024

Your confirmation number is **1-509-827-624**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

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105813

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? Yes No
- 2. Legal Name of Business* Independent Mobile Technicians, LLC
- 3. Doing Business As (if applicable) IMT
- 4. Phone Number* 770-742-5068
- 5. Street Address* 125 Estancia Lane
City/State/Zip* Fayetteville, GA 30215
- 6. Mailing Address 320 W. Lanier Avenue Suite 200
City/State/Zip* Fayetteville, GA 30214
- 7. E-Mail Address* IMT@independentmobiletechnicians.com
- 8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation** **Documentation Required
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: Independent Mobile Technicians, LLC
Corporation Address _____
City/State/Zip _____
- 9. Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
- 10. Business Activities* (be specific as to what type of activity will be performed at the business address) _____
- 11. NAICS Code* 561210, 238220 NAICS Descriptor* Facilities Support Services, Plumbing, HVAC Contractors

APPLICANT/OWNER INFO

- 12. Name* Darnell Walker
- 13. Phone Number* (Home) _____ (Cell) 770-371-2791
- 14. Street Address 125 Estancia Lane
City/State/Zip* Fayetteville, GA 30215
- 15. Mailing Address 125 Estancia Lane
City/State/Zip Fayetteville, GA 30215

EMPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)

- 16. Total Hours worked by all Part-Time employees/week: * 90
- 17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 2.25
- 18. Total Number of Full-time employees who work 40+ hours/week: * 1
- 19. Total Number of Workers (add "17" and "18") * 3.25

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 88-4207894 GA Sales & Use Tax #* N/A E-Verify N/A
- 21. Are you operating a home-based bakery? * Yes No Cottage Food License # N/A
- 22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type Conditional Air State License # GAREGCN209019 Expiration Date 10-09-2025
License Type _____ State License # _____ Expiration Date _____

Tracey Taylor

acct# 105791

botss 5/1/2024

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-918-430-760
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	01-May-2024

Your confirmation number is **0-918-430-760**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

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105791

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FAYETTE County

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OCCUPATION TAX CERTIFICATE APPLICATION

FOR BUSINESSES LOCATED IN UNINCORPORATED FAYETTE COUNTY ONLY

RENEWAL DUE BY JANUARY 31 EACH YEAR

Business Name MASON MANOR	DBA (if different)	Phone 305-989-1175	<input checked="" type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial
Physical Address 150 Timberlane Drive	Unit/Suite	City Fayetteville	State Georgia
Zip Code 30214	Mailing Address (if different)	Unit/Suite	City
State	Zip Code	State	Zip Code

Owner Name David Mason	Co Owner	Phone 305-989-1175	E-Mail masonsni@aol.com
Owner Address 150 Timberlane Drive	Unit/Suite	City Fayetteville	State Georgia
Zip Code 30214			

Property Owner David Mason	Unit/Suite	City Fayetteville	State Georgia	Zip Code 30214
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Emergency Contact 1 David Mason	Phone 305-989-1175	Emergency Contact 2 Michelle Mason	Phone 954-243-9071
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Do you hold a state license for your occupation? <input type="checkbox"/> Yes (Documentation Required) <input checked="" type="checkbox"/> No		State Card #	Expiration	Issued To
Form of Ownership <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Corporation* <input type="checkbox"/> Corporation* <input type="checkbox"/> General Partnership <input type="checkbox"/> Partnership-unknown type		Business Type Tourist Accommodation (Rental)	NAICS 72119	Tax Identification # 261-77-8137
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* <small>*Documentation is required</small>		# Employees	E-Verify #	GA Sales Tax #
I swear under penalty of law that the above information is true and correct. I understand that this is a tax certificate. I must separately comply with any zoning, Fire Marshal, Health, or other rules. I understand that information I provide herein (or my refusal to provide required information) will be shared with the Georgia Department of Revenue.		Annual Tax Schedule 0-3 \$75.00 16-25 \$500.00 4-6 \$150.00 26-50 \$750.00 7-10 \$250.00 51-100 \$1,000.00 11-15 \$375.00 101+ \$10.00 each Maximum Tax \$1,500.00		Bring Completed Application & Payment: check, cash, or credit card to: 140 Stonewall Avenue West, Suite 101 Fayetteville, GA 30214 Make Checks Payable to Fayette County
		Signature of Business Owner David Mason		Date 10-26-2023

Finance Department Use: <input checked="" type="checkbox"/> New <input type="checkbox"/> Update License # 105811		Planning & Zoning Use: District 5 Land Lot 156 Zoning District R-40		
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use		
Finance Signature Tracy Taylor	Date 5/1/2024	<input checked="" type="checkbox"/> BOTSS Reporting	Planning & Zoning Signature [Signature]	Date 11/1/2023

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	2-042-504-232
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	01-May-2024

Your confirmation number is **2-042-504-232**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

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**OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA**

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? * Yes No
2. Legal Name of Business* Nissia's Place
3. Doing Business As (if applicable) _____
4. Phone Number* 770 940 0722
5. Street Address* 180 Deer Forest Trl
City/State/Zip* Fayetteville GA 30214
6. Mailing Address Same
City/State/Zip* _____
7. E-Mail Address* Josephine1720@gmail.com
8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation** ****Documentation Required**
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: _____
Corporation Address _____
City/State/Zip _____
9. Exempt Status: Non-Profit** Disable Veteran Owned** ****Documentation Required**
10. Business Activities* (be specific as to what type of activity will be performed at the business address) _____
Short term rental
11. NAICS Code* 721100 NAICS Descriptor* Tourist Accommodations

APPLICANT/OWNER INFO

12. Name* Josephine Okunseri
13. Phone Number* (Home) _____ (Cell) 770 940 0722
14. Street Address 180 Deer Forest Trl
City/State/Zip* Fayetteville GA 30214
15. Mailing Address Same
City/State/Zip _____

EMPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)

16. Total **Hours** worked by all Part-Time employees/week: * N/A
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * N/A
18. Total **Number** of Full-time employees who work 40+ hours/week: * 1
19. Total Number of Workers (add "17" and "18") * 1

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 425 87 9525 GA Sales & Use Tax #* _____ E-Verify _____
21. Are you operating a home-based bakery? * Yes No Cottage Food License # _____
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type _____ State License # _____ Expiration Date _____
License Type _____ State License # _____ Expiration Date _____

Tracey Taylor

ACCT# 105816

BOTTS 5/22/2024

PAID 5/7/2024

M24-01958

Fayette County Code Enforcement Department

Departmental Check List for a Tourist Accommodation

Address: 180 Deer Forest Trl, City: Fayetteville, GA Zip: 30214

Contact Person: Josephine Okunseri Phone Number: 770940 0722

1. Planning and Zoning Department - (Suite 202) 770-305-5421 Zone R-40
 Printed Name:
 Reviewed By: Date: 03/26/2024 Approved: OK Denied: N/A:

2. Environmental Health - (Suite 200) 770-305-5415
 Printed Name: Austin Kirkland (SEPTIC SYSTEM CAPACITY NUMBER OF BEDROOMS = 4)
 Reviewed By: Austin Kirkland Date: 4/2/24 Approved: ✓ Denied: N/A:
 GA DPH TA Permit Required: Yes: No: ✓

3. Building Safety Department - (Suite 201) 770-305-5403 (FOR A-R BED AND BREAKFAST ONLY)
 Printed Name: Austin Kirkland
 Reviewed By: Austin Kirkland Date: Approved: Denied: N/A:

4. Fire Marshal Office - (Suite 214) 770-305-5414 Must approve application where 2 or more rooms are rented and/or kitchen cooking is accessible
 Printed Name:
 Reviewed By: Date: 5/26/24 Approved: Denied: N/A:

5. Code Enforcement - (Suite 202) 770-305-5417
 Printed Name:
 Reviewed By: Date: Approved: Denied:

*** NOTICE ***

(The issuance of an Tourist Accommodation Certificate alone is NOT an approval to commence operation)

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-332-153-384
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	22-May-2024

Your confirmation number is **1-332-153-384**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

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105816

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OCCUPATION TAX CERTIFICATE APPLICATION

FOR BUSINESSES LOCATED IN UNINCORPORATED FAYETTE COUNTY ONLY


RENEWAL DUE BY JANUARY 31 EACH YEAR

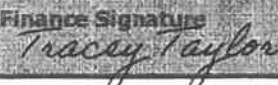
Business Name Peachtree Detox LLC	DBA (if different)	Phone 404-450-8716	<input type="checkbox"/> Home Occupation <input checked="" type="checkbox"/> Commercial	
Physical Address 1008 GA Hwy 54 W	Unit/Suite	City Fayetteville	State GA	Zip Code 30214
Mailing Address (if different) 14225 Birmingham HWY	Unit/Suite	City Milton	State GA	Zip Code 30004

Owner Name Benjamin Thurston	Co Owner	Phone 404-650-8716	E-Mail benpthurston@gmail.com	
Owner Address 14225 Birmingham Hwy	Unit/Suite	City Milton	State GA	Zip Code 30004

Property Owner NWE18, LLC	Unit/Suite 2400	City Atlanta	State GA	Zip Code 30309
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Emergency Contact 1 Jason Flaig	Phone 5134971982	Emergency Contact 2 Danielle Craig	Phone 561-797-3264
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Do you hold a state license for your occupation? <input type="checkbox"/> Yes (Documentation Required) <input checked="" type="checkbox"/> No		State Card #	Expiration	Issued To
Form of Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> Limited Liability Corporation* <input type="checkbox"/> Corporation* <input type="checkbox"/> General Partnership <input type="checkbox"/> Partnership-unknown type		Business Type Substance Abuse Services	NAICS 6232ZU	Tax Identification # 92-3528604
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required		# Employees 8	E-Verify	GA Sales Tax #
I swear under penalty of law that the above information is true and correct. I understand that this is a tax certificate. I must separately comply with any zoning, Fire Marshal, Health, or other rules. I understand that information I provide herein (or my refusal to provide required information) will be shared with the Georgia Department of Revenue.		Annual Tax Schedule 0-3 \$75.00 16-25 \$500.00 4-6 \$150.00 26-50 \$750.00 7-10 \$250.00 51-100 \$1,000.00 11-15 \$375.00 101+ \$10.00 each Maximum Tax \$1,500.00		Bring Completed Application & Payment: check, cash, or credit card to: 140 Stonewall Avenue West, Suite 101 Fayetteville, GA 30214 Make Checks Payable to Fayette County
		Signature of Business Owner 		

Finance Department Use: <input checked="" type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Planning & Zoning Use: <input type="checkbox"/> District <input type="checkbox"/> Land Lot <input type="checkbox"/> Zoning District		
License # 105814		<input type="checkbox"/> Allowable for Business Use <input type="checkbox"/> Not Allowable for Business Use		
Finance Signature 	Date 5/17/2024	Planning & Zoning Signature	Date	

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	2-113-496-104
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	01-May-2024

Your confirmation number is **2-113-496-104**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

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165 814

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * Yes [X] No []
2. Legal Name of Business* SS Studio Rentals LLC
3. Doing Business As (if applicable)
4. Phone Number* (805) 201-4961
5. Street Address* 426 Davis Rd.
City/State/Zip* Fayetteville Ga. 30215
6. Mailing Address 426 Davis Rd
City/State/Zip* Fayetteville Ga. 30215
7. E-Mail Address* S5StudioRentalsllc@gmail.com
8. Business Structure: [] Sole Proprietor [] Partnership [X] LLC* [] LLP** [] Corporation** **Documentation Required
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: SS Studio Rentals LLC
Corporation Address 426 Davis Rd Fayetteville GA 30215 USA
City/State/Zip
9. Exempt Status: [] Non-Profit** [] Disable Veteran Owned** **Documentation Required
10. Business Activities* (be specific as to what type of activity will be performed at the business address)
Billing and Invoicing - Studio equipment rentals
11. NAICS Code* 532490 NAICS Descriptor* Other Commercial and Industrial machinery and equipment rental and leasing.

APPLICANT/OWNER INFO

- 12. Name* Bret and Melissa Stewart
13. Phone Number* (Home) (Cell) (805) 201-4961
14. Street Address 426 Davis Rd
City/State/Zip* Fayetteville GA 30215
15. Mailing Address (Same as above)
City/State/Zip

EMPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)

- 16. Total Hours worked by all Part-Time employees/week: *
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): *
18. Total Number of Full-time employees who work 40+ hours/week: *
19. Total Number of Workers (add "17" and "18") *

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 99-2026376 GA Sales & Use Tax #* NA E-Verify
21. Are you operating a home-based bakery? * [] Yes [X] No Cottage Food License #
22. Does your occupation require a state license? * [] Yes [X] No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracy Taylor

acct# 105815

botss 5/6/2024

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-082-650-152
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	06-May-2024

Your confirmation number is **0-082-650-152**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

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105815

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**OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA**

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? * Yes No
2. Legal Name of Business* Southern Wares Awards and Gifts
3. Doing Business As (if applicable) _____
4. Phone Number* 404-274-4053
5. Street Address* 305 Lace Court
City/State/Zip* Fayetteville, GA 30215
6. Mailing Address Same 305 Lace Ct Fayetteville, GA 30215 OK 5/14/2024
City/State/Zip* Same Fayetteville, GA 30215
7. E-Mail Address* info@swag-ga.com
8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation** ****Documentation Required**
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: Southern Wares Awards and Gifts, LLC
Corporation Address 305 Lace Ct
City/State/Zip Fayetteville, GA 30215
9. Exempt Status: Non-Profit** Disable Veteran Owned** ****Documentation Required**
10. Business Activities* (be specific as to what type of activity will be performed at the business address) _____
Trophies, Awards, custom gifts and apparel
11. NAICS Code* 2017 Code - 453998 2022 Code - 459999 NAICS Descriptor* All Other Miscellaneous Store Retailers (except Tobacco Stores)

APPLICANT/OWNER INFO

12. Name* Jennifer Keller
13. Phone Number* (Home) 404-274-4053 (Cell) 404-274-4053
14. Street Address 305 Lace Court
City/State/Zip* Fayetteville, GA 30215
15. Mailing Address Same 305 Lace Ct
City/State/Zip Same Fayetteville, GA 30215

EMPLOYEE INFO (Include all owners and employee you currently have or plan to hire in the calculations)

16. Total **Hours** worked by all Part-Time employees/week: * 20
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 0.5 EFTE
18. Total **Number** of Full-time employees who work 40+ hours/week: * 0
19. Total Number of Workers (add "17" and "18") * 0.5 FTE

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 99-2997061 GA Sales & Use Tax #* 308973443 E-Verify _____
21. Are you operating a home-based bakery? * Yes No Cottage Food License # _____
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type _____ State License # _____ Expiration Date _____
License Type _____ State License # _____ Expiration Date _____

Tracy Taylor

ACCT# 105822

BOTTS 5/28/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-515-244-584
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	28-May-2024

Your confirmation number is **1-515-244-584**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * [] Yes [x] No
2. Legal Name of Business* True Medical Solutions LLC
3. Doing Business As (if applicable)
4. Phone Number* 909-733-1074
5. Street Address* 1572 Hwy 85 N Ste 336
City/State/Zip* Fayetteville GA 30214
6. Mailing Address # 1572 Hwy 85 N Ste 336
City/State/Zip* Fayetteville GA 30214
7. E-Mail Address* MarcheTucker8989@gmail.com
8. Business Structure: [] Sole Proprietor [] Partnership [] LLC* [] LLP** [] Corporation** **Documentation Required
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: True Medical Solutions LLC
Corporation Address
City/State/Zip Fayetteville GA 30214
9. Exempt Status: [] Non-Profit** [] Disable Veteran Owned** **Documentation Required
10. Business Activities* (be specific as to what type of activity will be performed at the business address) Durable medical equipment selling medical equipment Braces, wheelchairs, walkers.
11. NAICS Code* 33911 NAICS Descriptor* Durable Medical Equipment Supplier

APPLICANT/OWNER INFO

- 12. Name* Marche Tucker
13. Phone Number* (Home) 909-733-1074 (Cell)
14. Street Address 875 Garden Walk Blvd Apt 66
City/State/Zip* College Park GA 30349
15. Mailing Address
City/State/Zip

EMPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)

- 16. Total Hours worked by all Part-Time employees/week: * 0
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 0
18. Total Number of Full-time employees who work 40+ hours/week: * 1
19. Total Number of Workers (add "17" and "18") * 1

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 99-1714965 GA Sales & Use Tax #* N/A E-Verify
21. Are you operating a home-based bakery? * [] Yes [x] No Cottage Food License #
22. Does your occupation require a state license? * [x] Yes [] No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracy Taylor

ACCT# 105288

BOTTS 4/16/2024

ACCT# 105795
BOTTS 5/29/2024

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-118-017-064
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	29-May-2024

Your confirmation number is **0-118-017-064**.

Your request has been submitted and will be processed in the order that it was received.

If you have any questions, please contact us at 1-877-GADOR11 (1-877-423-6711).

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105795

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