

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* AG One Enterprises LLC
3. Doing Business As (if applicable) Fresh Coat Fayetteville 91719
4. Phone Number* 943-210-4003
5. Street Address* 8735 Dunwoody Place Ste N
City/State/Zip* Atlanta GA 30350
6. Mailing Address 280 Creekview Trl
City/State/Zip* Fayetteville GA 30214
7. E-Mail Address* brandall@freshcoatpainters.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: 8735 Dunwoody Place Ste N
Corporation Address Atlanta GA 30350
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) _____
Home address is where admin activity will occur. Business activity for residential & commercial painting will occur offsite.
11. NAICS Code* 088220 561110 NAICS Descriptor* Painting & Wallcovering Contractors
↳ Office Administrative Services

APPLICANT/OWNER INFO

12. Name* Brooke Randall
13. Phone Number* (Home) N/A (Cell) 816-605-3974
14. Street Address 280 Creekview Trl
City/State/Zip* Fayetteville GA 30214
15. Mailing Address 280 Creekview 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: * 40
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") * 1.0

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 42-4589589 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# 106285 PD 9/21/2026 BOTSS 9/22/2026



GEORGIA
DEPARTMENT of
REVENUE



GEORGIA
TAX CENTER

GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	2-118-217-064
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	22-Sep-2026

Your confirmation number is **2-118-217-064**.

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).

[Printable View](#)



[Print Confirmation](#)

Department of Revenue

Trucking Portal



Video Tutorials

An official website of the State of Georgia

106285

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 * Mango Siding, LLC.
3. Doing Business As (if applicable) N/A
4. Phone Number * 678-628-9987
5. Street Address * 1572 GA-85 Suite 628
City/State/Zip * Fayetteville, GA 30214
6. Mailing Address Same
City/State/Zip *
7. E-Mail Address * Jcdanila@arango siding.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: Arango Siding, LLC.
Corporation Address 1572 GA-85 Suite 628
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)
Siding Installation
11. NAICS Code * 238170 NAICS Descriptor * Siding Contractors

APPLICANT/OWNER INFO

12. Name * Juan Carlos Danila
13. Phone Number * (Home) 6 (Cell) 678-628-9987
14. Street Address 85 Sweet Bay Dr
City/State/Zip * Sharpsburg, GA 30277
15. Mailing Address
City/State/Zip

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

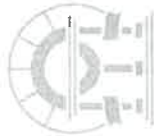
16. Total Hours worked by all Part-Time employees/week: * 0
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 0
18. Total Number of Full-time employees who work 40+ hours/week: * 5
19. Total Number of Workers (add "17" and "18") * 5

LICENSES AND REGISTRATION

20. Tax ID (EIN) # 39-4695929 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# 106284 PD 9/21/26 BOTSS 9/22/2026



GEORGIA
DEPARTMENT of
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-581-346-152
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	22-Sep-2026

106284

Your confirmation number is **1-581-346-152**.

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

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

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business?* ☒ Yes ☐ No
2. Legal Name of Business* C Cook Collective LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 229-376-5284
5. Street Address* 317 Seay Rd
City/State/Zip* Fayetteville, GA 30215
6. Mailing Address* 317 Seay Rd
City/State/Zip* Fayetteville, GA 30215
7. E-Mail Address* james@ccookcollective.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: C Cook Collective LLC
Corporation Address 317 Seay Rd
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)**
Social media content creation and digital media production
Brand partnerships, advertising, and influencer marketing services
11. NAICS Code* 711510 NAICS Descriptor* Independent Artists, Writers, and Performers

APPLICANT/OWNER INFO

12. Name* James Bales
13. Phone Number* (Home) _____ (Cell) 229-376-5284
14. Street Address* 317 Seay Rd
City/State/Zip* Fayetteville, GA 30215
15. Mailing Address* 317 Seay Rd
City/State/Zip* Fayetteville, GA 30215

EMPLOYEE INFO * (include all owners and employees you currently have or plan to hire)

16. ☒ 1 - 3 ☐ 7 - 10 ☐ 16 - 25 ☐ 51 - 100
☐ 4 - 6 ☐ 11 - 15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 41-3210509 GA Sales & Use Tax #* N/A E-Verify N/A
18. Are you operating a home-based bakery? * ☐ Yes ☒ No Cottage Food License # _____
19. 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# 106261 PD 9/1/26 BOTSS 9/1/2026



GEORGIA
DEPARTMENT of
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	2-096-551-272
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	01-Sep-2026

186261

Your confirmation number is **2-096-551-272**.

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



Print Confirmation

Department of Revenue

Trucking Portal



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 Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? * ☒ Yes ☐ No
2. Legal Name of Business* FULCRUM CONSULTING LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 202-853-7376
5. Street Address* 145 Riley Ave
City/State/Zip* Fayetteville, GA 30214
6. Mailing Address* 145 Riley Ave
City/State/Zip* Fayetteville, GA 30214
7. E-Mail Address* TRACEYJARMON@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: FULCRUM CONSULTING LLC
Corporation Address 145 Riley Ave
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)*
I provide consulting services to philanthropic and corporate impact investors.

11. NAICS Code* 541611 NAICS Descriptor* Management Consulting Services

APPLICANT/OWNER INFO

12. Name* Tracey A Jarmon
13. Phone Number* (Home) 202-853-7376 (Cell) 202-853-7376
14. Street Address* 145 Riley Ave
City/State/Zip* Fayetteville, GA 30214
15. Mailing Address* 145 Riley Ave
City/State/Zip* Fayetteville, GA 30214

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ☒ 1 - 3 ☐ 7 - 10 ☐ 16 - 25 ☐ 51 - 100
☐ 4 - 6 ☐ 11 - 15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 39-4371563 GA Sales & Use Tax #* 20310646591 E-Verify _____
18. Are you operating a home-based bakery? * ☐ Yes ☒ No Cottage Food License # _____
19. 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# 106271 PD 8/24/2026 BOTSS 8/28/2026



GEORGIA
DEPARTMENT of
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-296-127-336
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	28-Aug-2026

Your confirmation number is **1-296-127-336**.

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](#)



[Print Confirmation](#)

Department of Revenue

Trucking Portal



Video Tutorials

An official website of the State of Georgia

106271

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

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? ☒ Yes ☐ No
2. Legal Name of Business* Georgia's Physician Assistant Resources Group Corp
3. Doing Business As (if applicable) _____
4. Phone Number* Business # 943-265-9198 Private # 770/757-9524
5. Street Address* 699 Lees Mill Road
City/State/Zip* Fayetteville, GA 30214
6. Mailing Address* 699 Lees Mill Road
City/State/Zip* Fayetteville, GA 30214
7. E-Mail Address* thedotclinic@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: Georgia's Physician Assistant Resources Group Corporation
Corporation Address 699 Lees Mill Road
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)
TELEhealth medical clinic, treating minor illness.
11. NAICS Code* 621498 NAICS Descriptor* Outpatient Telehealth

APPLICANT/OWNER INFO

12. Name* Yvette Murray-Thomas
13. Phone Number* (Home) (470) 278-8113 (Cell) 770/757-9524
14. Street Address* 699 Lees Mill Road
City/State/Zip* Fayetteville, GA 30214
15. Mailing Address* Same as above
City/State/Zip* _____

EMPLOYEE INFO* (include all owners and employees you currently have or plan to hire)

16. ☒ 1-3 ☐ 7-10 ☐ 16-25 ☐ 51-100
☐ 4-6 ☐ 11-15 ☐ 26-50

LICENSES AND REGISTRATION

17. Tax ID (EIN) ## 39-3234257 GA Sales & Use Tax ## N/A E-Verify _____
18. Are you operating a home-based bakery? * ☐ Yes ☒ No Cottage Food License # _____
19. Does your occupation require a state license? * ☒ Yes ☐ No *If yes, please provide the license information below.*
License Type Medical License State License # 3954 Expiration Date 9/30/2028
License Type For Physician Assistant State License # _____ Expiration Date _____

Tracey Taylor

ACCT# 106283 PD 9/15/2026 BOTTS 9/15/2026



GEORGIA
DEPARTMENT of
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-438-633-320
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	15-Sep-2026

Your confirmation number is **1-438-633-320**.

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

106283

Print Confirmation

Department of Revenue

Trucking Portal



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 Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? ☐ Yes ☒ No
2. Legal Name of Business* Global Business Lab
3. Doing Business As (if applicable) _____
4. Phone Number* 1800-341-1537
5. Street Address* 1572 Hwy 85 N. Suite 335
- City/State/Zip* Fayetteville GA 30214
6. Mailing Address* 1572 Hwy 85 N. Suite 335
- City/State/Zip* Fayetteville GA 30214
7. E-Mail Address* globalbusinesslab01@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: Global business Lab
 Corporation Address 1572 Hwy 85 N. Suite 335
 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)
Drug testing, alcohol testing
11. NAICS Code* 621511 NAICS Descriptor: Medical Laboratories

APPLICANT/OWNER INFO

12. Name* Tyshonda Duvring
13. Phone Number* (Home) 386-235-1864 (Cell) _____
14. Street Address* 1572 Hwy 85 N Suite 335
- City/State/Zip* Fayetteville GA 30214
15. Mailing Address* 1572 Hwy 85 N. Suite 335
- City/State/Zip* Fayetteville GA 30214

EMPLOYEE INFO* (include all owners and employees you currently have or plan to hire)

16. ☒ 1-3 ☐ 4-6 ☐ 7-10 ☐ 11-15 ☐ 16-25 ☐ 26-50 ☐ 51-100

LICENSES AND REGISTRATION

17. Tax ID (EIN) # 00-4089979 GA Sales & Use Tax # 3719629-0P E-Verify 2199997
18. Are you operating a home-based bakery? * ☐ Yes ☒ No Cottage Food License # _____
19. 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# 106280 PD 9/14/26 BOTTs 9/14/26



GEORGIA
DEPARTMENT of
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-676-089-192
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	15-Sep-2026

Your confirmation number is **0-676-089-192**.

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



Print Confirmation

106280

Department of Revenue

Trucking Portal



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 Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business?* ☐ Yes ☒ No
2. Legal Name of Business* HVAC RNTL, LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 972-570-4700
5. Street Address* 500 Marksmen Ct.
City/State/Zip* Fayetteville, GA 30214
6. Mailing Address* 8081 Royal Ridge Pkwy
City/State/Zip* Irving, TX 75063
7. E-Mail Address* Taylor.Bissell@hvacrntl.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:* HVAC RNTL, LLC
Corporation Address 8081 Royal Ridge Pkwy
City/State/Zip Irving, TX 75063
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)*
Supply HVAC Rental Equipment
11. NAICS Code* 532490 NAICS Descriptor* Machinery and Equipment Rental or Leasing

APPLICANT/OWNER INFO

12. Name* Meriton, LLC
13. Phone Number* (Home) 972-570-4700 (Cell) _____
14. Street Address* 8081 Royal Ridge Pkwy
City/State/Zip* Irving, TX 75063
15. Mailing Address* 8081 Royal Ridge Pkwy
City/State/Zip* Irving, TX 75063

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ☐ 1-3 ☐ 7-10 ☐ 16-25 ☒ 51-100
☐ 4-6 ☐ 11-15 ☐ 26-50 5 employees at GA location

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 85-3782763 GA Sales & Use Tax #* 175875095 E-Verify 491857
18. Are you operating a home-based bakery? * ☐ Yes ☒ No Cottage Food License # _____
19. 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# 106270 botss 9/2/2026 pd 9/2/2026



GEORGIA
DEPARTMENT of
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-934-775-656
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	02-Sep-2026

Your confirmation number is **1-934-775-656**.

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



106270

Print Confirmation

Department of Revenue

Trucking Portal



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 Pages.

BUSINESS INFO - *Required Fields

1. Is this a home based business? ☐ Yes ☒ No
2. Legal Name of Business* Laid by Dee
3. Doing Business As (if applicable) _____
4. Phone Number* (404)480-0796
5. Street Address* 1572 Hwy 85 N Suite 304
City/State/Zip* Fayetteville, Ga, 30214
6. Mailing Address* 1572 Hwy 85 N Suite 304
City/State/Zip* Fayetteville, Ga, 30214
7. E-Mail Address* Only1demetria@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: Laid by Dee
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)*
Hair weaving services such as braids/bond-ins/sew-ins with the use of thread.
11. NAICS Code* 812199 NAICS Descriptor* Weaving

APPLICANT/OWNER INFO

12. Name* Demetria McClendon
13. Phone Number* (Home) N/A (Cell) 678)523-4247
14. Street Address* 116 Parkway dr
City/State/Zip* Fairburn, GA, 30213
15. Mailing Address* 116 Parkway Dr
City/State/Zip* Fairburn, GA, 30213

EMPLOYEE INFO* (include all owners and employees you currently have or plan to hire)

16. ☒ 1 - 3 ☐ 7 - 10 ☐ 16 - 25 ☐ 51 - 100
☐ 4 - 6 ☐ 11 - 15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) ** 33-4116550 GA Sales & Use Tax #* N/A E-Verify _____
18. Are you operating a home-based bakery? * ☐ Yes ☒ No Cottage Food License # _____
19. 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# 106265 pd 9/11/26 botss 9/11/26



GEORGIA
DEPARTMENT of
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-318-112-616
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	11-Sep-2026

Your confirmation number is **1-318-112-616**.

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

106265

Print Confirmation

Department of Revenue

Trucking Portal



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 Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? * ☒ Yes ☐ No
2. Legal Name of Business* Legacy Mill Court STR, LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 916 616 2023
5. Street Address* 125 Mill Court
City/State/Zip* SANDWICH GA 30276
6. Mailing Address* 1425 ROCK HAVEN RD
City/State/Zip* SANDWICH GA 30276
7. E-Mail Address* RREDD650@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:
Corporation Address 1425 ROCK HAVEN RD
City/State/Zip SANDWICH GA 30276
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)
SHOOT TERM RENTAL
11. NAICS Code* _____ NAICS Descriptor* _____

APPLICANT/OWNER INFO

12. Name* ROHAN REDD
13. Phone Number* (Home) 916 616 2023 (Cell) 916 616 2023
14. Street Address* 1425 ROCK HAVEN RD
City/State/Zip* SANDWICH GA 30276
15. Mailing Address* SAME AS ABOVE.
City/State/Zip* _____

EMPLOYEE INFO* (include all owners and employees you currently have or plan to hire)

16. ☒ 1 - 3 ☐ 7 - 10 ☐ 16 - 25 ☐ 51 - 100
☐ 4 - 6 ☐ 11 - 15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 334527655 GA Sales & Use Tax #* _____ E-Verify _____
18. Are you operating a home-based bakery? * ☐ Yes ☒ No Cottage Food License # _____
19. 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# 106275 PD 9/8/26 BOTSS 9/9/26



GEORGIA
DEPARTMENT of
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-095-136-616
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Sep-2026

Your confirmation number is **1-095-136-616**.

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

106275

Print Confirmation

Department of Revenue

Trucking Portal



Video Tutorials

An official website of the State of Georgia

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA

140 Stonehill Avenue West, Suite 102 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO *Required Fields

1. Is this a home-based business? ☐ Yes ☒ No
2. Legal Name of Business* New Hope Training Programs LLC
3. Doing Business As (if applicable)
4. Phone Number* 770 882 7483
5. Street Address* 1572 GA HWY 85
City/State/Zip* Fayetteville GA 30214
6. Mailing Address* 6601 ST. Jude Drive
City/State/Zip* Fairburn, GA 30213
7. E Mail Address* ljones1518@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: New Hope Training Programs LLC
Corporation Address 1572 HWY 85 N Suite 322
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)
Vocational training Programs

11. NAICS Code* 611519 NAICS Descriptor* Job Training

APPLICANT/OWNER INFO

12. Name* Iyoka Jones
13. Phone Number* (Home) 770 882 7483 (Cell) 770 882 7483
14. Street Address* 6601 ST. Jude Drive
City/State/Zip* Fairburn, GA 30213
15. Mailing Address* 6601 ST. Jude Drive
City/State/Zip* Fairburn, GA 30213

EMPLOYEE INFO * (include all owners and employees you currently have or plan to hire)

16. ☒ 1 - 3 ☐ 7 - 10 ☐ 16 - 25 ☐ 51 - 100
☐ 4 - 6 ☐ 11 - 15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 92 3122113 GA Sales & Use Tax #* N/A E Verify
18. Are you operating a home-based bakery? ☐ Yes ☒ No Cottage Food License #
19. 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# 106282 PD 9/14/26 BOTSS 9/15/26



GEORGIA
DEPARTMENT of
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-732-595-048
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	15-Sep-2026

Your confirmation number is **1-732-595-048**.

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



106282

Print Confirmation

Department of Revenue

Trucking Portal



Video Tutorials

An official website of the State of Georgia

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA

1411 Main Wall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - *Required Fields

1. Is this a home based business? ☐ Yes ☒ No
2. Legal Name of Business Nutrix Healthcare
3. Doing Business As (if applicable) _____
4. Phone Number 404-591-5025
5. Street Address 100 Carnegie Place, Suite 104
City/State/Zip Fayetteville, GA, 30214
6. Mailing Address 100 Carnegie Place, Suite 104
City/State/Zip Fayetteville, GA, 30214
7. E-Mail Address NutrixHealthcare@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: Nutrix Healthcare, LLC
Corporation Address 100 Carnegie Place, Suite 104
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)*
Medical Clinic

11. NAICS Code 621349 NAICS Descriptor Advanced Practicing Registered Nurses (APRN) office

APPLICANT/OWNER INFO

12. Name Rodshawnda Franklin
13. Phone Number (Home) N/A (Cell) 404-951-8244
14. Street Address 2260 Fairburn Rd., Sw, PO Box 311841
City/State/Zip Atlanta, GA, 30331
15. Mailing Address 2260 Fairburn Rd., Sw, PO Box 311841
City/State/Zip Atlanta, GA, 30331

EMPLOYEE INFO *(include all owners and employees you currently have or plan to hire)*

16. ☒ 1-3 ☐ 4-6 ☐ 7-10 ☐ 11-15 ☐ 16-25 ☐ 26-50 ☐ 51-100

LICENSES AND REGISTRATION

17. Tax ID (EIN) # 84-2247947 GA Sales & Use Tax # N/A E-Verify N/A
18. Are you operating a home based bakery? ☐ Yes ☒ No Cottage Food License # N/A
19. Does your occupation require a state license? ☒ Yes ☐ No *If yes, please provide the license information below*
License Type Advanced Practice State License # APRN-110247358 Expiration Date 01/31/2026
License Type N/A State License # N/A Expiration Date N/A

Tracey Taylor

ACCT# 106281 PD 9/14/26 BOTSS 9/15/26



GEORGIA
DEPARTMENT of
REVENUE



GEORGIA
TAX CENTER

GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-598-377-320
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	15-Sep-2026

Your confirmation number is **1-598-377-320**.

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



Print Confirmation

Department of Revenue

Trucking Portal



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 Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? * ☒ Yes ☐ No
2. Legal Name of Business* OIM COLLECTIVE LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 470-659-6220
5. Street Address* 115 DEEP RIVER RD
City/State/Zip* Fayetteville GA 30214
6. Mailing Address* 115 DEEP RIVER RD
City/State/Zip* Fayetteville GA 30214
7. E-Mail Address* oceanendia@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: OIM COLLECTIVE LLC
Corporation Address 115 DEEP RIVER RD
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)
Business & marketing consultant, website design, social media content creation and management, graphic design, and technology consulting.
11. NAICS Code* 541611 NAICS Descriptor* General Management Consulting

APPLICANT/OWNER INFO

12. Name* OCEAN STYWACK
13. Phone Number* (Home) 470-659-6220 (Cell) _____
14. Street Address* 115 DEEP RIVER RD
City/State/Zip* Fayetteville GA 30214
15. Mailing Address* 115 DEEP RIVER RD
City/State/Zip* Fayetteville GA 30214

EMPLOYEE INFO * (include all owners and employees you currently have or plan to hire)

16. ☒ 1 - 3 ☐ 7 - 10 ☐ 16 - 25 ☐ 51 - 100
☐ 4 - 6 ☐ 11 - 15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 42-4358992 GA Sales & Use Tax #* N/A E-Verify _____
18. Are you operating a home-based bakery? * ☐ Yes ☒ No Cottage Food License # _____
19. 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 Pd 9/4/26 botss 9/4/26



GEORGIA
DEPARTMENT of
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-782-972-264
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	04-Sep-2026

Your confirmation number is **0-782-972-264**.

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



Print Confirmation

186277

Department of Revenue

Trucking Portal



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 Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? ☐ Yes ☒ No
2. Legal Name of Business: SimpliDoor
3. Doing Business As (if applicable)
4. Phone Number: 404-482-3990
5. Street Address: 1572 Hwy 85 N Ste 616
City/State/Zip: Fayetteville, GA 30214
6. Mailing Address: 1572 Hwy 85 N Ste 616
City/State/Zip: Fayetteville, GA 30214
7. E-Mail Address: James@SimpliDoor.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: SimpliDoor
Corporation Address: 8943 Saddlewood Dr
City/State/Zip: Jonesboro, GA 30238
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)
Retail Sale of Home Products, Such as Doors, windows and Cabinets w/ Installation Services Provided 444190
11. NAICS Code: Retail Trade 44 NAICS Descriptor: Other Building material Dealers 444190

APPLICANT/OWNER INFO

12. Name: James Cochran
13. Phone Number (Home): 678 979-6013 (Cell)
14. Street Address: 8943 Saddlewood Dr
City/State/Zip: Jonesboro, GA 30238
15. Mailing Address: 8943 Saddlewood Dr
City/State/Zip: Jonesboro, GA 30238

EMPLOYEE INFO (include all owners and employees you currently have or plan to hire)

16. ☒ 1-3 ☐ 4-6 ☐ 7-10 ☐ 11-15 ☐ 16-25 ☐ 26-50 ☐ 51-100

LICENSES AND REGISTRATION

17. Tax ID (EIN) #: 99-8844150 GA Sales & Use Tax #: 209-181522 E-Verify _____
18. Are you operating a home-based bakery? ☐ Yes ☒ No Cottage Food License # _____
19. 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# 106264 PD 9/9/2026 BOTTS 9/10/26



GEORGIA
DEPARTMENT of
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-252-972-392
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	10-Sep-2026

106264

Your confirmation number is **0-252-972-392**.

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



Print Confirmation

Department of Revenue

Trucking Portal



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 Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? ☐ Yes ☒ No
2. Legal Name of Business* The Foundry School (a business as The Foundry Academy)
3. Doing Business As (if applicable) Foundry Academy
4. Phone Number* 404-333-8629
5. Street Address* 294 Jenkins Rd
City/State/Zip* Tyng, Ga 30290
6. Mailing Address* 294 Jenkins Rd
City/State/Zip* Tyng, Ga 30290
7. E-Mail Address* cmccully@foundry-academy.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:* The Foundry
Corporation Address PO Box 2648
City/State/Zip Peachtree City, Ga 30269
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)*
education 6-12 grade

11. NAICS Code* 61110 NAICS Descriptor* Educational services
Academics, elementary or secondary

APPLICANT/OWNER INFO

12. Name* Christi McCully
13. Phone Number* (Home) 404-457-1554 (Cell) same
14. Street Address* 104 Parsons Place
City/State/Zip* Peachtree City, Ga 30269
15. Mailing Address* same
City/State/Zip* same

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ☐ 1-3 ☐ 7-10 ☒ 16-25 ☐ 51-100
☐ 4-6 ☐ 11-15 ☐ 26-50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 82-4810445 GA Sales & Use Tax #* _____ E-Verify 1426922
18. Are you operating a home-based bakery? * ☐ Yes ☒ No Cottage Food License # _____
19. 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# 106279 BOTSS 9/9/2026



GEORGIA
DEPARTMENT *of*
REVENUE



GTC e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-757-891-944
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Sep-2026

Your confirmation number is **1-757-891-944**.

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](#)



186279

[Print Confirmation](#)

Department of Revenue

Trucking Portal



Video Tutorials

An official website of the State of Georgia