

OCTOBER 2023 NEW OTC'S

BUSINESS NAME	LOCATION	CITY, STATE, ZIP	CONTACT	OWNERSHIP TYPE	START DATE	BUSINESS PHONE
AFFINITY PROPERTY MANAGEMENT	118 LAFAYETTE DRIVE	FAYETTEVILLE, GA 30214	SANDIE PULLEN	LIMITED LIABILITY CORPORATION	10/19/2023	470-610-6900
ALLIANCE CONTRACT SOLUTIONS	612 HWY 92 N	FAYETTEVILLE, GA 30214	WANDA SANDERS	LIMITED LIABILITY CORPORATION	10/30/2023	404-271-8308
AXEFOLDY LLC	101 KENWOOD RD STE 62	FAYETTEVILLE, GA 30214	DEVIN FOLDY	LIMITED LIABILITY CORPORATION	10/20/2023	678-675-9372
BTW SOLUTIONS	140 CADENCIA CT	FAYETTEVILLE, GA 30215	WILLIAM TRIMBLE	LIMITED LIABILITY CORPORATION	10/18/2023	615-669-2897
CK 138 LLC	2300 HWY 138 SW	FAYETTEVILLE, GA 30214	CHRISTOPHER POHOLEK	LIMITED LIABILITY CORPORATION	10/9/2023	770-859-1222
CLAYTON SIGNS INC	155 CARNES DRIVE	FAYETTEVILLE, GA 30214	TODD WILLIS	CORPORATION	10/18/2023	404-361-3800
EMNOTEK	780 BIRKDALE DR	FAYETTEVILLE, GA 30215	JAMES PAVONI	SOLE PROPRIETOR	10/17/2023	478-314-8644
HAIR I AM	369 PADGETT ROAD	SENOIA, GA 30276	KIMBERLY HEMMER	SOLE PROPRIETOR	10/18/2023	678-481-7140
KATY FARR STUDIOS	260 COUNTRY LANE RD	FAYETTEVILLE, GA 30214	MARY KATY FARR	SOLE PROPRIETOR	10/25/2023	678-644-8391
LAOCH SERVICES LLC	275 MARRON RD	FAYETTEVILLE, GA 30215	RICHARD CARMICHAEL	LIMITED LIABILITY CORPORATION	10/19/2023	678-221-7834
MCC LLC	175 ROXBORO CT	FAYETTEVILLE, GA 30215	KEYANNA MCCRAY	SOLE PROPRIETOR	10/30/2023	678-789-4618
MOCKOM SOLUTIONS LLC	109 WINDSAIL WAY	FAYETTEVILLE, GA 30215	ORNELL CHRISTIE	LIMITED LIABILITY CORPORATION	10/17/2023	404-610-7872
PERFORMANCE CONTRACTING GROUP, INC	140 ETOWAH TRACE	FAYETTEVILLE, GA 30214	PERFORMANCE CONTRACTING INC	CORPORATION	10/31/2023	913-888-8600
RJ MEDICAL SUPPLIES INC	1572 HWY 85 N STE 338	FAYETTEVILLE, GA 30214	JUDITH FAIRCLOUGH	CORPORATION	10/24/2023	404-808-5118
THE ICY SPOT	101 KENWOOD RD STE 40	FAYETTEVILLE, GA 30214	CLARENCE ADAMS	LIMITED LIABILITY CORPORATION	10/11/2023	470-517-6333
TOLINES CONTRACTING LLC	783 EBENEZER ROAD	FAYETTEVILLE, GA 30215	MATTHEW BUCKLEY	LIMITED LIABILITY CORPORATION	10/16/2023	770-231-3062
URBAN CHICKS	1572 HWY 85 STE 315	FAYETTEVILLE, GA 30214	KAWANNA ELLIS	LIMITED LIABILITY CORPORATION	10/16/2023	404-621-7307

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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 AFFINITY PROPERTY MANAGEMENT	DBA (if different)	Phone 4706106900	<input checked="" type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial
Physical Address 118 LAFAYETTE DRIVE	Unit/Suite	City FAYETTEVILLE	State GA
Mailing Address (if different) PO BOX 142892	Unit/Suite	City FAYETTEVILLE	State GA
			Zip Code 30214

Owner Name SANDIE PULLEN	Co Owner	Phone 4044102900	E-Mail THEAFFINITYPM@GMAIL.COM
Owner Address 118 LAFAYETTE DRIVE	Unit/Suite	City FAYETTEVILLE	State GA
			Zip Code 30214

Property Owner SANDIE PULLEN	Unit/Suite	City FAYETTEVILLE	State GA	Zip Code 30214
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Emergency Contact 1 ANDREA HEDGEBETH	Phone 4048036651	Emergency Contact 2 CAROL PARRISH	Phone 7703373188
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Do you hold a state license for your occupation? <input checked="" type="checkbox"/> Yes (Documentation Required) <input type="checkbox"/> No	State Card # 380715	Expiration 05312025	Issued To SANDIE PULLEN
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 PROPERTY MANAGEMENT	NAICS 53	Tax Identification # 862393714
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required	# Employees 1	E-Verify	GA Sales Tax # N/A
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 <i>Sandie Pullen</i>		Date 09/22/2023

Finance Department Use: <input checked="" type="checkbox"/> New <input type="checkbox"/> Update License # 105682		Planning & Zoning Use: <input type="checkbox"/> District 13th <input type="checkbox"/> Land Lot 219 <input type="checkbox"/> 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 checked="" type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use	
Finance Signature <i>Tracy Taylor</i>	Date 10/19/2023	Planning & Zoning Signature <i>[Signature]</i>	Date Sep 26, 2023



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-011-424-200
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	19-Oct-2023

Your confirmation number is **0-011-424-200**.

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 Alliance Contract Solutions, LLC	DBA (if different)	Phone 404-271-8308	<input checked="" type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial
Physical Address 612 Highway 92 N	Unit/Suite	City Fayetteville	State Ga Zip Code 30214
Mailing Address (if different)	Unit/Suite	City	State Zip Code

Owner Name Wanda Sanders	Co Owner n/a	Phone 404-271-8308	E-Mail michellewand@msn.com
Owner Address 612 Highway 92 N	Unit/Suite	City Fayetteville	State Ga Zip Code 30214

Property Owner Wanda Sanders	Unit/Suite	City Fayetteville	State Ga Zip Code 30214
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Emergency Contact 1 John Glover	Phone 678-779-0769	Emergency Contact 2 Asia Favorite	Phone 404-667-8653
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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
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Form of Ownership		Business Type Medical, IT, & Logistics Services	NAICS 541612	Tax Identification # 83-2460295
<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Proprietorship	# Employees 1	E-Verify	SA Sales Tax #
<input checked="" type="checkbox"/> Limited Liability Corporation*	<input type="checkbox"/> Corporation*			
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Partnership-unknown type			

Exemptions	Annual Tax Schedule	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
<input type="checkbox"/> Non Profit 501 c 3*	0-3 \$75.00 16-25 \$500.00	
<input type="checkbox"/> Disabled Veteran*	4-6 \$150.00 26-50 \$750.00	
*Documentation is required	7-10 \$250.00 51-100 \$1,000.00	

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 <i>Wanda Sanders</i>	Date 10/02/2023
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Finance Department Use:		Planning & Zoning Use:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105686	Plot # 5	Land Lot 164
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> BOTSS Reporting	<input type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use
Finance Signature <i>Tracy Taylor</i>	Date 10/30/2023	Planning & Zoning Signature <i>Dora MSU</i>	Date 10/2/2023



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-082-717-128
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	30-Oct-2023

Your confirmation number is **0-082-717-128**.

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

084766

Business Name AxeFoldy LLC	DBA (if different) Black Bear Axe Throwing	Phone 678-675-9372	<input checked="" type="checkbox"/> Home Occupation Commercial
Physical Address 101 Kenwood Rd	Unit/Suite 62	City Fayetteville	State GA
Mailing Address (if different) 25 Hilltop Pl	Unit/Suite —	City Newnan	State GA
			Zip Code 30214
			Zip Code 30263

Owner Name Devin Foldy	Co Owner —	Phone 678-675-9372	E-Mail info@blackbearaxe.com
Owner Address 25 Hilltop Pl	Unit/Suite —	City Newnan	State GA
			Zip Code 30263

Property Owner William Middour	Unit/Suite 62	City Fayetteville	State GA	Zip Code 30214
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Emergency Contact 1 Shannon Foldy	Phone 678-550-6692	Emergency Contact 2 Denise Sapp	Phone 912-253-8871
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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
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Form of Ownership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Limited Liability Corporation* <input type="checkbox"/> General Partnership	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation* <input type="checkbox"/> Partnership-unknown type	Business Type Recreation	NAICS 713990	Tax Identification # 86-3033382
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required		# Employees 6	E-Verify # —	GA Sales Tax # 86-3033382

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	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
	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	

Signature of Business Owner <i>Devin Foldy</i>	Date 07/18/23
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Finance Department Use:	Planning & Zoning Use:
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<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105680	District 5 th	Land Lot 249	Zoning District C-H
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use		

Finance Signature Tracey Taylor	Date 10/24/2023	<input checked="" type="checkbox"/> BOTSS Reporting	Planning & Zoning Signature <i>W. Taylor</i>	Date Aug 9, 2023
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< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-921-323-976
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	25-Oct-2023

Your confirmation number is **0-921-323-976**.

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 BTW SOLUTIONS	DBA (if different)	Phone 615-669-2897	<input type="checkbox"/> Home Occupation <input checked="" type="checkbox"/> Commercial
Physical Address 140 CADENCIA CT	Unit/Suite	City Fayetteville	State GA
Mailing Address (if different)	Unit/Suite	City	State
			Zip Code 30215

Owner Name William J. Trumble	Co Owner DARRELL BURSTON	Phone 615-669-2897	E-Mail BTWSOLUTIONS@GMAIL.COM
Owner Address 140 CADENCIA CT	Unit/Suite	City Fayetteville	State GA
			Zip Code 30215

Property Owner William J. Trumble	Unit/Suite	City Fayetteville	State GA	Zip Code 30215
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Emergency Contact 1 BRUCE LYNN TRIMBLE JR 678-787-1345	Phone 678-787-1345	Emergency Contact 2 DARRELL BURSTON	Phone 770-833-5040
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Do you hold a state license for your occupation? <input type="checkbox"/> Yes (Documentation Required) <input type="checkbox"/> No	State Card #	Expiration	Issued To
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Form of Ownership		Business Type NEMT NON EMERGENCY	NAICS 561110	Tax Identification # 93-1499940
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Proprietorship	# Employees 1	E-Verify #	GA Sales Tax #
<input checked="" type="checkbox"/> Limited Liability Corporation*	<input 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*	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
*Documentation is required		

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 <i>William J. Trumble</i>	Date 10-12-23
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Finance Department Use:		Planning & Zoning Use:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105679	District L6	Land Lot 5
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use
Finance Signature Tracey Taylor	Date 10/18/2023	Planning & Zoning Signature Debra M. Smith	Date 10/12/2023



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-439-275-976
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	18-Oct-2023

Your confirmation number is **0-439-275-976**.

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 CK 138, LLC	DBA (if different)		Phone 7708591222	<input checked="" type="checkbox"/> Home Occupation <input checked="" type="checkbox"/> Commercial	
Physical Address 2300 HWY 138 SW	Unit/Suite	City Fayetteville	State GA	Zip Code 30214	
Mailing Address (if different) 300 Galleria Parkway SE	Unit/Suite 200	City Atlanta	State GA	Zip Code 30339	

Owner Name Christopher Poholek	Co Owner Gordon Buchmiller Jr.	Phone 7708591200	E-Mail Chris.Poholek@ck138.com		
Owner Address 300 Galleria Parkway SE	Unit/Suite 200	City Atlanta	State GA	Zip Code 30339	

Property Owner	Unit/Suite	City	State	Zip Code
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Emergency Contact 1 Chris Poholek	Phone 770-859-1276	Emergency Contact 2 Kelly Greene	Phone 770-859-1222
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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		Business Type Self Storage	NAICS 531130	Tax Identification # 87-1592363
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Proprietorship	# Employees 1	E-Verify #	GA Sales Tax # 308-897546
<input checked="" type="checkbox"/> Limited Liability Corporation*	<input type="checkbox"/> Corporation*	Annual Tax Schedule		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
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Partnership-unknown type	0-3 \$75.00	16-25 \$500.00	
Exemptions		4-6 \$150.00	26-50 \$750.00	
<input type="checkbox"/> Non Profit 501 c 3*	<input type="checkbox"/> Disabled Veteran*	7-10 \$250.00	51-100 \$1,000.00	
*Documentation is required		11-15 \$375.00	101+ \$10.00 each	
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 <i>Chris Poholek</i>		Date 9/21/23
Maximum Tax \$1,500.00				

Finance Department Use:		Planning & Zoning Use:			
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Update	License # 105668	District 137A	Land Lot 199	Zoning District C-4
<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use
Finance Signature <i>Tracy Taylor</i>	Date 10/9/2023	<input checked="" type="checkbox"/> BOTS Reporting	Planning & Zoning Signature <i>[Signature]</i>		Date Sep 22, 2023

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-715-940-296
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Oct-2023

Your confirmation number is **0-715-940-296**.

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 Clayton Signs, Inc.	DBA (if different)	Phone 404.361.3800	<input checked="" type="checkbox"/>	Home Occupation Commercial
Physical Address 155 Carnes Drive	Unit/Suite	City Fayetteville	State GA	Zip Code 30214
Mailing Address (if different) 5198 North Lake Drive	Unit/Suite	City Lake City	State GA	Zip Code 30260

Owner Name Todd Willis	Co Owner	Phone 404.361.3800	E-Mail kaylinwillis@claytonsigns.com	
Owner Address 5198 North Lake Drive	Unit/Suite	City Lake City	State GA	Zip Code 30260

Property Owner Todd Willis	Unit/Suite	City Fayetteville	State GA	Zip Code 30260
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Emergency Contact 1 Todd Willis	Phone 678.409.6358	Emergency Contact 2 Kaylin Willis	Phone 678.967.9065
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 type="checkbox"/> Limited Liability Corporation* <input checked="" type="checkbox"/> Corporation* <input type="checkbox"/> General Partnership <input type="checkbox"/> Partnership-unknown type		Business Type Storage warehouse	NAICS 339950
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required		# Employees 0	E-Verify # 776733
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 Todd Willis <small>Digitally signed by Todd Willis Date: 2023.08.24 14:11:14 -04'00'</small>	Date 08.24.23

Finance Department Use: <input checked="" type="checkbox"/> New <input type="checkbox"/> Update		Planning & Zoning Use:	
License # 105677	District 5 th	Land Lot 217	Zoning District M-1
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Allowable for Business Use		<input type="checkbox"/> Not Allowable for Business Use
Finance Signature Tracey Taylor	Date 10/18/2023	Planning & Zoning Signature	Date Aug. 28, 2023

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-004-032-456
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	18-Oct-2023

Your confirmation number is **1-004-032-456**.

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 Emnotek	DBA (if different)	Phone 4783148644	<input checked="" type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial
Physical Address 780 Birkdale Dr	Unit/Suite	City Fayetteville	State GA Zip Code 30215
Mailing Address (if different) 312 Crosstown Rd	Unit/Suite 220	City Peachtree City	State GA Zip Code 30269

Owner Name James Pavoni	Co Owner	Phone 4787197362	E-Mail jamespavoni@gmail.com
Owner Address 780 Birkdale Dr	Unit/Suite	City Fayetteville	State GA Zip Code 30215

Property Owner James Pavoni	Unit/Suite	City Fayetteville	State GA Zip Code 30215
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Emergency Contact 1	Phone	Emergency Contact 2	Phone
Do you hold a state license for your occupation? <input type="checkbox"/> Yes (Documentation Required) <input checked="" type="checkbox"/> No		State Card #	Expiration
Form of Ownership <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Corporation* <input type="checkbox"/> General Partnership		Business Type Ecommerce	NAICS 4541
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation* <input type="checkbox"/> Partnership-unknown type		# Employees 0	Tax Identification # 201369018
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required		E-Verify	GA Sales Tax # 301-715852
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 James Pavoni	Date 9/28/23

Finance Department Use:		Planning & Zoning Use:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105676	District	Land Lot
<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 <i>Tracey Taylor</i>	Date 10/17/2023	Planning & Zoning Signature	Date

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	2-146-558-408
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	17-Oct-2023

Your confirmation number is **2-146-558-408**.

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 Hair I Am	DBA (if different)	Phone 678 481 7140	<input checked="" type="checkbox"/> Home Occupation Commercial	
Physical Address 369 Padgett Road	Unit/Suite -	City Senolia	State GA	Zip Code 30276
Mailing Address (if different) N/A	Unit/Suite	City	State	Zip Code

Owner Name Kimberly Hemmer	Co Owner -	Phone 678 481 7140	E-Mail Khemmer66@gmail.com	
Owner Address 369 Padgett Road	Unit/Suite -	City Senolia	State GA	Zip Code 30276

Property Owner Kevin and Kimberly Hemmer	Unit/Suite	City Senolia	State GA	Zip Code 30276
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Emergency Contact 1 Kevin Hemmer	Phone 678 481 7141	Emergency Contact 2 Briana Hemmer	Phone 770-310-6542
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Do you hold a state license for your occupation? <input checked="" type="checkbox"/> Yes (Documentation Required) <input type="checkbox"/> No	State Card # CD 054673	Expiration 3/24	Issued To Kimberly Ann Jurgens Hemmer
---	----------------------------------	---------------------------	---

Form of Ownership		Business Type Hair Salon	NAICS 812 112	Tax Identification # 504869895
<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Proprietorship	# Employees 8	E-Verify	SA Sales Tax #
<input type="checkbox"/> Limited Liability Corporation*	<input type="checkbox"/> Corporation*	Annual Tax Schedule		
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Partnership-unknown type	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		

Exemptions	Bring Completed Application & Payment:
<input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required	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 Kimberly Hemmer	Date 9/11/23
---	------------------------

Finance Department Use:		Planning & Zoning Use:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105674	Land Lot 479 97	Zoning District A.R.
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use
Finance Signature Tracy Taylor	Date 10/18/2023	Planning & Zoning Signature [Signature]	Date Sep 15, 2023

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-421-922-760
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	18-Oct-2023

Your confirmation number is **1-421-922-760**.

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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OCCUPATION TAX CERTIFICATE APPLICATION

FOR BUSINESSES LOCATED IN UNINCORPORATED FAYETTE COUNTY ONLY

RENEWAL DUE BY JANUARY 31 EACH YEAR

Business Name Katy Farr Studios	DBA (if different)	Phone 678 644 8391	<input type="checkbox"/> Home Occupation <input checked="" type="checkbox"/> Commercial
Physical Address 260 Country Lane Rd.	Unit/Suite	City Fayetteville	State GA Zip Code 30214
Mailing Address (if different)	Unit/Suite	City	State Zip Code

Owner Name Mary Kate Farr	Co Owner	Phone 678-644-8391	E-Mail kate.farr.studios@gmail.com
Owner Address 260 Country Lane Rd.	Unit/Suite	City Fayetteville	State GA Zip Code 30214

Property Owner Mary Kate Farr	Unit/Suite	City Fayetteville	State GA Zip Code 30214
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Emergency Contact 1 Sarah White	Phone 904 562 9861	Emergency Contact 2 Bonita Dorsey	Phone 770 460 9445
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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
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Form of Ownership		Business Type ARTIST	NAICS 71510	Tax Identification # SS# 455-15-2403
<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Proprietorship	# Employees 1	E-Verify #	GA Sales Tax #
<input type="checkbox"/> Limited Liability Corporation*	<input 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 Mary Kate Farr	Date 10/6/2023
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Finance Department Use:		Planning & Zoning Use:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105678	District 5	Land Lot 233
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use

Finance Signature Tracey Taylor	Date 10/25/2023	<input checked="" type="checkbox"/> BOTSS Reporting	Planning & Zoning Signature Debra M. Smith	Date 10/16/2023
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< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-148-343-240
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	25-Oct-2023

Your confirmation number is **0-148-343-240**.

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 LADDA SERVICES, LLC	DBA (if different)	Phone 678.221.7834	<input checked="" type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial
Physical Address 275 MARRON RD	Unit/Suite	City FAYETTEVILLE	State GA Zip Code 30215
Mailing Address (if different)	Unit/Suite	City	State Zip Code

Owner Name RICHARD CARMICHAEL	Co Owner	Phone 678.221.7834	E-Mail RCARMICHAEL@LADDA SERVICES.COM
Owner Address 275 MARRON RD	Unit/Suite	City FAYETTEVILLE	State GA Zip Code 30215

Property Owner RICHARD CARMICHAEL	Unit/Suite	City FAYETTEVILLE	State GA Zip Code 30215
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Emergency Contact 1 RENEE CARMICHAEL	Phone 615 504 8230	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 type="checkbox"/> No	State Card #	Expiration	Issued To
Form of Ownership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Limited Liability Corporation* <input type="checkbox"/> General Partnership	Proprietorship <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation* <input type="checkbox"/> Partnership-unknown type	Business Type ADMIN, MGMT	NAICS 541611 Tax Identification # 84-4950842
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input checked="" type="checkbox"/> Disabled Veteran* *Documentation is required	# Employees * 1	E-Verify 1537880	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 		Date 13 OCT 2023	

Finance Department Use: <input type="checkbox"/> New <input type="checkbox"/> Update License # 105681		Planning & Zoning Use: District Land/Lot Zoning District	
<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 10/19/2023	Planning & Zoning Signature	Date



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-727-962-056
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	19-Oct-2023

Your confirmation number is **0-727-962-056**.

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 MCC LLC	DBA (if different)	Phone (607) 789-4618	<input checked="" type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial	
Physical Address 175 Roxboro Ct	Unit/Suite	City Fayetteville	State MA	Zip Code 30215
Mailing Address (if different)	Unit/Suite	City	State	Zip Code

Owner Name Keyanna McCray	Co Owner Wytavia McCray	Phone (607) 789-4618	E-Mail ILFORDA@BellSouth.net	
Owner Address 175 Roxboro Ct	Unit/Suite	City Fayetteville	State MA	Zip Code 30215

Property Owner Wytavia McCray	Unit/Suite	City	State	Zip Code
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Emergency Contact 1	Phone	Emergency Contact 2	Phone
Do you hold a state license for your occupation? <input type="checkbox"/> Yes (Documentation Required) <input type="checkbox"/> No		State Card #	Expiration Issued To
Form of Ownership <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Corporation* <input type="checkbox"/> General Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation* <input type="checkbox"/> Partnership-unknown type		Business Type Home Office Veterans Services 923140 # Employees 1 NAICS E-Verify #	Tax Identification # 253-19-0203 GA Sales Tax # 260-43-6993
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input checked="" type="checkbox"/> Disabled Veteran* *Documentation is required		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
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 Date 9/26/23
Finance Department Use: <input checked="" type="checkbox"/> New <input type="checkbox"/> Update License # 105688 <input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Planning & Zoning Use: District 5th Land Lot 58 Zoning District R-40 <input checked="" type="checkbox"/> Allowable for Business Use <input type="checkbox"/> Not Allowable for Business Use	
Finance Signature Tracey Taylor Date 10/30/2023 <input checked="" type="checkbox"/> BOTSS Reporting	Planning & Zoning Signature Date Sep 26, 2023		

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-204-955-592
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	30-Oct-2023

Your confirmation number is **1-204-955-592**.

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 Mackom Solutions LLC	DBA (if different)	Phone 404-610-7872	<input checked="" type="checkbox"/> Home Occupation Commercial <input type="checkbox"/>
Physical Address 109 Windsail Way	Unit/Suite	City Fayetteville	State GA
Mailing Address (if different)	Unit/Suite	City	Zip Code 30215

Owner Name Ornell M. Christie	Co Owner	Phone 404-610-7872	E-Mail Ornell.Christie@gmail.com
Owner Address 109 Windsail Way	Unit/Suite	City Fayetteville	State GA
			Zip Code 30215

Property Owner Same as Above	Unit/Suite	City	State	Zip Code
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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 checked="" type="checkbox"/> Yes (Documentation Required) <input checked="" type="checkbox"/> No	State Card #	Expiration	Issued To
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Form of Ownership		Business Type Administrative Support and WM and Remediation Services	NAICS 56110	Tax Identification # 93-3132286
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Proprietorship	# Employees 1	E-Verify	GA Sales Tax #
<input checked="" type="checkbox"/> Limited Liability Corporation*	<input 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 <i>Ornell M. Christie</i>	Date 10-10-23
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Finance Department Use:		Planning & Zoning Use:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105675	District 7	Land Lot 26 & 27
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> BOTSS Reporting	<input checked="" type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use
Finance Signature <i>Tracy Taylor</i>	Date 10/17/2023	Planning & Zoning Signature <i>Dorcas M. Sims</i>	Date

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-976-949-704
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	17-Oct-2023

Your confirmation number is **0-976-949-704**.

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 Performance Contracting Group, Inc.	DBA (if different)	Phone 913-888-8600	<input type="checkbox"/> Home Occupation <input checked="" type="checkbox"/> Commercial
Physical Address 140 Etowah Trace	Unit/Suite	City Fayetteville	State GA Zip Code 30214
Mailing Address (if different) 11145 Thompson Ave	Unit/Suite	City Lenexa	State KS Zip Code 66219

Owner Name Performance Contracting, Inc.	Co Owner	Phone 913-888-8600	E-Mail taxdepartment@pcg.com
Owner Address 11145 Thompson Ave	Unit/Suite	City Lenexa	State KS Zip Code 66219

Property Owner Marksmen Properties, Inc.	Unit/Suite Suite 114	City 180 Walter Way	State GA Zip Code 30214
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Emergency Contact 1 Gail Collier	Phone 678-817-5382	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		Business Type Business Support Services	NAICS 551114 <input type="checkbox"/>
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Proprietorship	# Employees 1	Tax Identification # 34-1479087 <input type="checkbox"/>
<input type="checkbox"/> Limited Liability Corporation*	<input checked="" type="checkbox"/> Corporation*	E-Verify <input type="checkbox"/>	GA Sales Tax #
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Partnership-unknown type	Annual Tax Schedule	
Exemptions		Bring Completed Application & Payment:	
<input type="checkbox"/> Non Profit 501 c 3*	<input type="checkbox"/> Disabled Veteran*	check, cash, or credit card to:	
*Documentation is required <input type="checkbox"/>		140 Stonewall Avenue West, Suite 101	
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.		Fayetteville, GA 30214	
		Make Checks Payable to Fayette County	
		Signature of Business Owner 	Date 09/26/2023

Finance Department Use:		Planning & Zoning Use:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105689	District 572	Land Lot 232
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use	
Finance Signature 	Date 10/31/2023	Planning & Zoning Signature 	Date Sep 26, 2023

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-028-056-008
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	31-Oct-2023

Your confirmation number is **0-028-056-008**.

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 RJ MEDICAL SUPPLIES, INC	DBA (if different)	Phone 404-808-5118	<input checked="" type="checkbox"/> Home Occupation <input checked="" type="checkbox"/> Commercial
Physical Address 1572 HWY 85 N	Unit/Suite 338	City Fayetteville	State GA Zip Code 30214
Mailing Address (if different)	Unit/Suite	City	State Zip Code

Owner Name JUDITH FAIRCLOUGH	Co Owner	Phone 4048085118	E-Mail REDBIRDM45@GMA
Owner Address 170 WHITNEY WAY	Unit/Suite	City FAYETTEVILLW	State GA Zip Code 30214

Property Owner	Unit/Suite	City	State	Zip Code
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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 type="checkbox"/> Sole Proprietor <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Corporation* <input checked="" type="checkbox"/> Corporation* <input type="checkbox"/> General Partnership <input type="checkbox"/> Partnership-unknown type	Business Type DURABLE MEDICAL	NAICS 423438	Tax Identification # 92-1582099
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 <i>Judith Fairclough</i>		Date 9-3-23

Finance Department Use:		Planning & Zoning Use:		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105684	District 511	Land Lot 200	Zoning District C-H
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use		
Finance Signature <i>Tracy Taylor</i>	Date 10/25/2023	Planning & Zoning Signature		Date



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-537-086-408
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	25-Oct-2023

Your confirmation number is **0-537-086-408**.

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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083880

OCCUPATION TAX CERTIFICATE APPLICATION

FOR BUSINESSES LOCATED IN UNINCORPORATED FAYETTE COUNTY ONLY

RENEWAL DUE BY JANUARY 31 EACH YEAR

Business Name The Icy Spot, LLC	DBA (if different) The Icy Spot	Phone 4705176333	<input checked="" type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial
Physical Address 101 Kenwood Rd	Unit/Suite 40	City Fayetteville	State GA
Zip Code 30214	Mailing Address (If different)	Unit/Suite	City
State	State	Zip Code	Zip Code

Owner Name Clarence Adams	Co Owner Joi Adams	Phone 7028847540	E-Mail tis@theicyspotga.com
Owner Address 105 Marina Ct	Unit/Suite	City Fayetteville	State GA
Zip Code 30215			

Property Owner	Unit/Suite	City	State	Zip Code
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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 type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Limited Liability Corporation* <input type="checkbox"/> General Partnership	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation* <input type="checkbox"/> Partnership-unknown type	Business Type Ice cream shop	NAICS 311520 <input type="checkbox"/>
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required <input type="checkbox"/>	# Employees 0	E-Verify <input type="checkbox"/>	Tax Identification # 922026592 <input type="checkbox"/>
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		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
	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		
	Signature of Business Owner 		Date 4-11-23

Finance Department Use: <input type="checkbox"/> New <input type="checkbox"/> Update		Planning & Zoning Use:	
License # 105669	District 5 th	Land Lot 249	Zoning District C-H
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Allowable for Business Use		<input type="checkbox"/> Not Allowable for Business Use
Finance Signature Tracy Taylor	Date 10/11/2023	Planning & Zoning Signature 	Date April 11, 2023

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-514-349-000
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	11-Oct-2023

Your confirmation number is **1-514-349-000**.

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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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 Tolines Contracting LLC	DBA (if different)	Phone 770-231-3062	<input checked="" type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial
Physical Address 783 Ebenezer Rd	Unit/Suite	City Fayetteville	State GA Zip Code 30215
Mailing Address (if different) 312 Crosstown Dr	Unit/Suite 216	City Peachtree City	State GA Zip Code 30269

Owner Name Matthew Buckley	Co Owner	Phone 770-231-3062	E-Mail Matthew@TolinesContracting.com
Owner Address 146 Marcdale Blvd	Unit/Suite	City Indian Rocks Beach	State FL Zip Code 33785

Property Owner Barbara Buckley	Unit/Suite	City Fayetteville	State GA Zip Code 30269
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Emergency Contact 1 Matthew Buckley	Phone 770-231-3062	Emergency Contact 2 Kelli Buckley	Phone 813-728-1057
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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 Home Office Concrete Contracting NAICS 236220 Tax Identification # 88-2385904	# Employees 2 E-Verify	GA Sales Tax #
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required	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	
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 	Date 9/12/2023

Finance Department Use: <input checked="" type="checkbox"/> New <input type="checkbox"/> Update License # 105670		Planning & Zoning Use: <input type="checkbox"/> District <input checked="" type="checkbox"/> Land Lot 33 Zoning District A.R.	
<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Allowable for Business Use	<input type="checkbox"/> Not Allowable for Business Use	
Finance Signature Tracey Taylor	Date 10/16/2023	Planning & Zoning Signature 	Date Sep 13, 2023

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-867-633-096
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	16-Oct-2023

Your confirmation number is **1-867-633-096**.

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

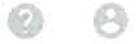
Business Name Urban Chicks	DBA (if different)	Phone 404 621-7307	Home Occupation <input checked="" type="checkbox"/> Commercial	
Physical Address 1572 Hwy 85 N.S	Unit/Suite 315	City Fayetteville	State GA	Zip Code 30214
Mailing Address (if different)	Unit/Suite	City	State GA	Zip Code

Owner Name Kawanna Ellis	Co Owner Leah Griffin	Phone 404-621-7307	E-Mail Kawanna.mold@gmail.com	
Owner Address 104 Watkins Glen Dr.	Unit/Suite	City McDonough	State GA	Zip Code 30252

Property Owner Storage Extra	Unit/Suite 200	City Fayetteville	State GA	Zip Code 30214
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Emergency Contact 1 Octavius Ellis	Phone 404 940 8621	Emergency Contact 2	Phone
Do you hold a state license for your occupation? <input type="checkbox"/> Yes (Documentation Required) <input 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 braiding salon	NAICS 812199
Exemptions <input type="checkbox"/> Non Profit 501 c 3* <input type="checkbox"/> Disabled Veteran* *Documentation is required		# Employees 1	Tax Identification # 85-2548081
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 <i>[Signature]</i>	Date 08/30/23

Finance Department Use: <input checked="" type="checkbox"/> New <input type="checkbox"/> Update		License # 105672		Planning & Zoning Use:	
Cash <input type="checkbox"/>	Check # <input type="checkbox"/>	Money Order <input type="checkbox"/>	X Credit/Debit Card <input checked="" type="checkbox"/>	District 5 th	Land Lot 200
Finance Signature Tracey Taylor			Date 10/16/2023	X Allowable for Business Use <input checked="" type="checkbox"/>	Zoning District P.U-D
Finance Signature <i>[Signature]</i>			Date 10/16/2023	Not Allowable for Business Use <input type="checkbox"/>	Planning & Zoning Signature <i>[Signature]</i>
Finance Signature <i>[Signature]</i>			Date 10/16/2023	Date Aug. 30, 2023	



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-857-461-192
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	16-Oct-2023

Your confirmation number is **0-857-461-192**.

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).

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