

JULY 2024 NEW OTC'S

BUSINESS NAME	LOCATION	CITY, STATE, ZIP	CONTACT	OWNERSHIP TYPE	START DATE	BUSINESS PHONE
AJ'S AUTOSPORT LLC	640 HWY 314 SYE 1109	FAYETTEVILLE, GA 30214	PAUL CHANDLER	LIMITED LIABILITY CORPORATION	7/2/2024	405-226-3097
ALL SAINTS ANGLICAN CHURCH INC	149 EBENEZER RD	FAYETTEVILLE, GA 30215	RICHARD ROVER	CORPORATION	7/29/2024	770-486-5374
AMANDA'S BARBEEQUE	1183 HWY 54	FAYETTVILLE, GA 30214	AMANDA KINSEY	LIMITED LIABILITY CORPORATION	7/2/2024	404-431-3479
BBQ 56	256 SAMS DR	FAYETTEVILLE, GA 30214	RONALS JONES	LIMITED LIABILITY CORPORATION	7/29/2024	404-395-1627
BUTTER B OPARTY BUS ON WHEELS LLC	112 NEW HOPE RD STE 137	FAYETTEVILLE, GA 30214	JOHN BROWN SR	LIMITED LIABILITY CORPORATION	07/02/2024	414-745-0182
CHERISHED HEARTS COMMUNITY SERVICES	150 CARNEGIE PLACE STE 105	FAYETTEVILLE, GA 30214	ANITRA MITCHELL	LIMITED LIABILITY CORPORATION	07/08/2024	770-315-7866
CHERISHED HEARTS PRIVATE HOME CARE LLC	150 CARNEGIE PLACE STE 105	FAYETTEVILLE, GA 30214	ANITRA MITCHELL	LIMITED LIABILITY CORPORATION	07/08/2024	770-315-7866
ENGINEERED SPRAY SOLUTIONS LLC	101 KENWOOD RD STE 16 & 17	FAYETTEVILLE, GA 30214	LEWIS COLLIER	LIMITED LIABILITY CORPORATION	07/23/2024	863-577-4821
HERMEND CONSTRUCTION	1167 HWY 54 E STE C	FAYETTEVILLE, GA 30214	ALEXIS TEODORO	LIMITED LIABILITY CORPORATION	07/08/2024	404-406-2412
HMD TRUCKING & SUPPLY LLC	1167 LANIER AVE E STE C	FAYETTEVILLE, GA 30214	ALEXIS HERNANDEZ	LIMITED LIABILITY CORPORATION	07/08/2024	404-734-3427
LIFE STORAGE	1868 HWY 85 N	FAYETTEVILLE, GA 30214	EXTRA SPACE MANAGEMENT INC	CORPORATION	07/02/2024	678 403-5891
MOBILE AIR AND POWER RENTALS	111 BETHEA RD STE 101	FAYETTEVILLE, GA 30214	BRANDON BLAWUSCH	LIMITED LIABILITY CORPORATION	07/09/2024	888-305-3038
MS LILLIAN'S SELF STORAGE	127 COMMERCE ST	FAYETTEVILLE, GA 30214	STACY ROSSETTI	LIMITED LIABILITY CORPORATION	07/07/2024	770-881-3496
NEW PROVIDENCE CHURCH INC	592 BERNARD RD	FAYETTEVILLE, GA 30215	PHILIP FOSTER	CORPORATION	07/17/2024	770-719-8800
PROVIDENCE PRESCHOOL LLC	592 BERNARD RD	FAYETTEVILLE, GA 30215	TAMMY KENDALL	LIMITED LIABILITY CORPORATION	07/17/2024	770-19-8800
S & J LAWN AND LANDSCAPING	210 BRIERWOOD DR	FAYETTEVILLE, GA 30215	JON MASK	LIMITED LIABILITY CORPORATION	07/02/2024	470-728-1639
ROOTSONG RETREAT	240 PERPPERDINE WAY	FAYETTEVILLE, GA 30214	MICHAEL KASPAR	SOLE PROPROETOR	07/22/2024	765-437-1992

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* AJS Auto Sport LLC
3. Doing Business As (if applicable) Black Optix Int
4. Phone Number* 405-226-3097
5. Street Address* 610 Hwy 314 Suite 109 / 640 Bethwood Rd.
City/State/Zip* Fayetteville, GA 30214
6. Mailing Address _____
City/State/Zip* _____
7. E-Mail Address* ~~ASS Autosport~~ AJS Autosport@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: AJS Autosport LLC
Corporation Address 2285 Enon Rd SW Atlanta GA 30331
City/State/Zip ATL, GA 30331
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) Auto tint, installation of auto accessories
11. NAICS Code* 811122 NAICS Descriptor* Window tinting, automotive

APPLICANT/OWNER INFO

12. Name* Paul Chandler
13. Phone Number* (Home) 405-226-3097 (Cell) _____
14. Street Address 2285 Enon Rd SW
City/State/Zip* ATL, GA 30331
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: * N/A
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 3
18. Total **Number** of Full-time employees who work 40+ hours/week: * 3
19. Total Number of Workers (add "17" and "18") * 3

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 77-0911071 GA Sales & Use Tax #* N/A E-Verify _____
21. Are you operating a home-based bakery? * Yes No Cottage Food License # _____
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type _____ State License # _____ Expiration Date _____
License Type _____ State License # _____ Expiration Date _____

Tracey Taylor

acct# 105837

botss 7/2/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-921-765-928
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	02-Jul-2024

Your confirmation number is **1-921-765-928**.

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

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

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

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

BUSINESS INFO - *Required Fields

1. Is this a home-based business? Yes No
2. Legal Name of Business* All Saints Anglican Church Inc
3. Doing Business As (if applicable) _____
4. Phone Number* 770-486-5374
5. Street Address* 149 Ebenezer Rd
City/State/Zip* Fayetteville, GA 30215
6. Mailing Address P.O. Box 2169
City/State/Zip* Peachtree City, GA 30269
7. E-Mail Address* treasurer@ptcanglican.org
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 P.O. Box 2169
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) _____
Worship, outreach, pastoral care etc.
11. NAICS Code* 813110 NAICS Descriptor* Religious Organization

APPLICANT/OWNER INFO

12. Name* Richard Rover
13. Phone Number* (Home) 678-386-5090 (Cell) _____
14. Street Address 139 Highgreen Rdg
City/State/Zip* Peachtree City, GA 30269
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: * 150
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 4
18. Total **Number** of Full-time employees who work 40+ hours/week: * 1
19. Total Number of Workers (add "17" and "18") * 5

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 20-8587813 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 Domestic Nonprofit Corporation State License # 07031342 Expiration Date _____
License Type _____ State License # _____ Expiration Date _____

Tracy Taylor

ACCT# 105856

BOTSS 7/29/2024

PAID - NON-PROFIT



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-322-301-992
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	29-Jul-2024

Your confirmation number is **1-322-301-992**.

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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INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JUN 09 2008**

ALL SAINTS ANGLICAN CHURCH INC
303 KELLY DR STE 10
PEACHTREE CITY, GA 30269

Employer Identification Number:
20-8587813
DLN:
17053063043048
Contact Person:
DIANE M ECKARD ID# 31394
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(i)
Form 990 Required:
No
Effective Date of Exemption:
March 29, 2007
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.


Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

ALL SAINTS ANGLICAN CHURCH INC

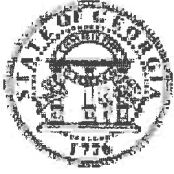
We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is written in a cursive style with a large, prominent initial "R".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC



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GEORGIA SECRETARY OF STATE
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BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **ALL SAINTS ANGLICAN CHURCH, INC.**

Control Number: **07031342**

Business Type: **Domestic Nonprofit Corporation**

Business Status: **Active/Compliance**

Business Purpose: **NONE**

Principal Office Address: **P.O. Box 2169,
PEACHTREE CITY, GA,
30269, USA**

Date of Formation /
Registration Date: **3/29/2007**

State of Formation: **Georgia**

Last Annual Registration
Year: **2024**

REGISTERED AGENT INFORMATION

Registered Agent Name: **All Saints Anglican Church INC**

Physical Address: **149 Ebenezer Rd, Fayetteville, GA, 30215, USA**

County: **Fayette**

OFFICER INFORMATION

Name	Title	Business Address
Ed Haworth	CFO	P.O. Box 2169, PEACHTREE CITY, GA, 30269, USA
James Whitaker	CEO	PO Box 2169, Peachtree City, GA, 30269, USA
Richard Rover	Secretary	PO Box 2169, Peachtree City, GA, 30269, USA

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Office of the Georgia Secretary of State Attn: 2 MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530,

Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>

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Project/Case #

FCOTC-07-24-087258

Address:

149 EBENEZER RD, Fayetteville, GA 30215



**FAYETTE COUNTY
OCCUPATIONAL AND USE APPROVAL**

Does this business currently have a Occupational Tax Certificate for this location registered with Fayette County? Yes

No

BUSINESS INFORMATION

IS THIS A HOME BASED BUSINESS? Yes No

BUSINESS NAME

All Saints Anglican Church

BUSINESS MAILING ADDRESS

PO Box 2169 Peachtree City, GA 30269

Business Structure

Sole Proprietor Partnership LLC LLP Corporation

Federal Tax ID # or Social Security #:

****Sensitive information will not be published or visible to anyone other than the allowed department****

.**.*

OWNER INFORMATION

BUSINESS OWNER - FIRST NAME

Richard

BUSINESS OWNER - LAST NAME

Rover

BUSINESS OWNER - PHONE #

678-386-5090

BUSINESS OWNER - EMAIL

treasurer@ptcanglican.org

BUILDING OWNER INFORMATION

BUILDING OWNER - FIRST NAME

BUILDING OWNER - LAST NAME

BUILDING OWNER - PHONE #

BUILDING OWNER - EMAIL

ADDITIONAL INFORMATION

TYPE OF SERVICES PROVIDED / TYPE OF BUSINESS

Church Services

Does your application require a Georgia State-issued Contractor License for the business's services, such as electrical, plumbing, mechanical, or building?

Yes No

Are you offering any of the following services: Cottage Food, Auto Sales, Private Home Care, Catering, or Food Sales?

Yes No

Are you required to have a Georgia Department of Agriculture License?

Yes No

OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * [] Yes [X] No
2. Legal Name of Business* Amanda's BarBeeQue
3. Doing Business As (if applicable) same
4. Phone Number* 404 431 3479
5. Street Address* 1183 GA-54
City/State/Zip* Fayetteville Ga 30214
6. Mailing Address 6104 Hasler Street Rex Ga 30273
City/State/Zip*
7. E-Mail Address* admin@amandasbarbeeque.com
8. Business Structure: [] Sole Proprietor [] Partnership [X] LLC* [] LLP** [] Corporation** **Documentation Required
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: Amanda's BarBeeQue, LLC
Corporation Address 1700 Northside Drive Suite A17 #6773
City/State/Zip Atlanta Ga 30318
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)
Amanda's BarBeeQue is a Food Service Company
11. NAICS Code* 722320 NAICS Descriptor* Food Based Services

APPLICANT/OWNER INFO

- 12. Name* Amanda Kinsey
13. Phone Number* (Home) 404 431 3479 (Cell)
14. Street Address 6104 Hasler Street
City/State/Zip* Rex Ga 30273
15. Mailing Address SAME
City/State/Zip

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

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

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 42-0856354 GA Sales & Use Tax #* 209-486061 EVerify
21. Are you operating a home-based bakery? * [] Yes [X] No Cottage Food License #
22. Does your occupation require a state license? * [] Yes [X] No If yes, please provide the license information below.
License Type Food permit State License # FSP-056-006670 Expiration Date
License Type State License # Expiration Date

Tracey Taylor

ACCT# 105847

BOTSS 7/2/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-438-325-800
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	02-Jul-2024

Your confirmation number is **0-438-325-800**.

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

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

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OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA
140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? Yes No
2. Legal Name of Business* Butter B Party Bus on Wheels LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 414-745-0182
5. Street Address* 112 New Hope Rd #137
City/State/Zip* Fayetteville GA 30214
6. Mailing Address 776 Glenshire Ct
City/State/Zip* Riverdale GA 30274
7. E-Mail Address* betterbtrucking@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: Butter B Party Bus on Wheels LLC
Corporation Address 776 Glenshire Ct
City/State/Zip Riverdale GA 30274
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) Party bus rental
11. NAICS Code* 485300 NAICS Descriptor* Transit and Ground Passenger Transportation
Taxi & Limousine Service

APPLICANT/OWNER INFO

12. Name* John E Brown Sr
13. Phone Number* (Home) 414-745-0182 (Cell) _____
14. Street Address 776 Glenshire Ct
City/State/Zip* Riverdale GA 30274
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 to 16 by 40): 0
18. Total **Number** of Full-time employees who work 40+ hours/week: 2
19. Total Number of Workers (add "17" and "18") * 2

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 83-0747523 GA Sales & Use Tax # N/A E-Verify _____
21. Are you operating a home-based bakery? * Yes No Cottage Food License # _____
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type _____ State License # _____ Expiration Date _____
License Type _____ State License # _____ Expiration Date _____

Tracey Taylor

acct# 105841

botss 7/2/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-383-174-696
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	02-Jul-2024

Your confirmation number is **1-383-174-696**.

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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105841

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

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

BUSINESS INFO - *Required Fields

1. Is this a home-based business?* Yes No
2. Legal Name of Business* Cherished Hearts Community Services
3. Doing Business As (if applicable) _____
4. Phone Number* 770-315-7866
5. Street Address* 150 Carnegie Place Suite 105
City/State/Zip* Fayetteville, GA. 30214
6. Mailing Address _____
City/State/Zip* _____
7. E-Mail Address* Cherishedhearts@bellsouth.net
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: Cherished Hearts Private Home Care, Limited Liability Company
Corporation Address 150 Carnegie Place Suite 105
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) _____
Teaching Life Skills such as computer skills, job skills, volunteering within the community.
11. NAICS Code* 624120 NAICS Descriptor* Self-help organization for disabled persons

APPLICANT/OWNER INFO

12. Name* Anitra Mitchell
13. Phone Number* (Home) 770-315-7866 (Cell) 770-315-7866
14. Street Address 100 Riley Ave
City/State/Zip* Fayetteville, GA. 30214
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: * 90
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 4
18. Total **Number** of Full-time employees who work 40+ hours/week: * 3
19. Total Number of Workers (add "17" and "18") * 7

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 900-804560 GA Sales & Use Tax #* _____ E-Verify 1442944
21. Are you operating a home-based bakery? * Yes No Cottage Food License # _____
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type _____ State License # _____ Expiration Date _____
License Type _____ State License # _____ Expiration Date _____

Tracy Taylor

acct# 105850

botss 7/9/2024

paid 7/8/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-142-660-136
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Jul-2024

Your confirmation number is **0-142-660-136**.

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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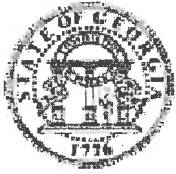
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GEORGIA
CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **Cherished Hearts
Private Home Care, LLC**

Control Number: **11035289**

Business Type: **Domestic Limited
Liability Company**

Business Status: **Active/Compliance**

Business Purpose: **NONE**

Principal Office Address: **150 Carnegie Place
Suite 102, Fayetteville,
GA, 30214, USA**

Date of Formation /
Registration Date: **5/4/2011**

State of Formation: **Georgia**

Last Annual Registration
Year: **2025**

REGISTERED AGENT INFORMATION

Registered Agent Name: **Mitchell, Anitra**

Physical Address: **150 Carnegie Place Suite 102, Fayetteville, GA, 30214, USA**

County: **Fayette**

[Back](#)

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[Name History](#)

[Return to Business Search](#)

**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* Cherished Hearts Private Home Care, LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 770-315-7866
5. Street Address* 150 Carnegie Place Suite 105
City/State/Zip* Fayetteville, GA. 30214
6. Mailing Address _____
City/State/Zip* _____
7. E-Mail Address* Cherishedhearts@bellsouth.net
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: Cherished Hearts Private Home Care, Limited Liability Company
Corporation Address 150 Carnegie Place Suite 105
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) _____
Teaching Life Skills such as computer skills, job skills, volunteering within the community.
11. NAICS Code* 621610 NAICS Descriptor* Personal home care for the elderly

APPLICANT/OWNER INFO

12. Name* Anitra Mitchell
13. Phone Number* (Home) 770-315-7866 (Cell) 770-315-7866
14. Street Address 100 Riley Ave
City/State/Zip* Fayetteville, GA. 30214
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: * | <u>10</u> |
| 17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * | <u>4</u> |
| 18. Total Number of Full-time employees who work 40+ hours/week: * | <u>1</u> |
| 19. Total Number of Workers (add "17" and "18") * | <u>5</u> |

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 900-804560 GA Sales & Use Tax #* _____ E-Verify 1442944
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# 105851

botss 7/9/2024

paid 7/8/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-282-948-136
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Jul-2024

Your confirmation number is **0-282-948-136**.

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

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

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * Yes No
2. Legal Name of Business* Engineered Spray Solutions LLC
3. Doing Business As (if applicable)
4. Phone Number* 863-577-4821
5. Street Address* 101 Kenwood Rd, Suite 16 + 17
City/State/Zip* Fayetteville, GA 30214
6. Mailing Address 1306 Banana Rd
City/State/Zip* Lakeland, FL 33810
7. E-Mail Address* APA ess-1.net
8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation**
9. Exempt Status: Non-Profit** Disable Veteran Owned**
10. Business Activities* Contractor for manhole / lift station lining resurface rehabilitation
11. NAICS Code* 238990 NAICS Descriptor* other specialty Trade Contractor

APPLICANT/OWNER INFO

- 12. Name* Lewis Collier
13. Phone Number* (Home) 863-660-1101 (Cell)
14. Street Address 101 Kenwood Rd Suite 16 + 17
City/State/Zip* Fayetteville, GA 30214
15. Mailing Address 1306 Banana Rd
City/State/Zip Lakeland, FL 33810

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: * 6
19. Total Number of Workers (add "17" and "18") * 6

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 47-4517008 GA Sales & Use Tax #* 175-878797 E-Verify 1194432
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#105858

botss 7/24/2024

paid 7/23/24



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-838-691-368
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	24-Jul-2024

Your confirmation number is **0-838-691-368**.

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

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

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business?*
2. Legal Name of Business* Hermend Construction
3. Doing Business As (if applicable)
4. Phone Number* 404 406 2412
5. Street Address* 1167 Highway 54 E Suite C
City/State/Zip* Fayetteville, Ga 30214
6. Mailing Address 1167 Highway 54 E Suite C
City/State/Zip* Fayetteville, Ga 30214
7. E-Mail Address* admin@hermendconstructionga.com
8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation**
9. Exempt Status: Non-Profit** Disable Veteran Owned**
10. Business Activities* Concrete Construction Office
11. NAICS Code* 238110 NAICS Descriptor* Poured Concrete Foundation and Structure Contractor

APPLICANT/OWNER INFO

- 12. Name* Alexis Teodoro
13. Phone Number* (Home) (Cell) 4047343427
14. Street Address 130 Mount Carmel Rd N
City/State/Zip* Hampton, Ga 30228
15. Mailing Address 130 Mount Carmel Rd N
City/State/Zip Hampton, Ga 30228

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

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

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) ## 86-1204979 GA Sales & Use Tax ## 20348635226 E-Verify
21. Are you operating a home-based bakery? * Yes No Cottage Food License #
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracy Taylor

acct# 105849

botss 7/9/2024

paid 7/8/2024

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-568-308-264
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Jul-2024

Your confirmation number is **0-568-308-264**.

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).

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * [] Yes [x] No
2. Legal Name of Business* HMD Trucking & Supply LLC
3. Doing Business As (if applicable)
4. Phone Number* 404-734-3427
5. Street Address* 1167 Lanier Ave E, Suite C
6. Mailing Address 1167 Lanier Ave E, Suite C
7. E-Mail Address* hmdtruckingsupply@gmail.com
8. Business Structure: [] Sole Proprietor [] Partnership [x] LLC* [] LLP** [] Corporation**
9. Exempt Status: [] Non-Profit** [] Disable Veteran Owned**
10. Business Activities* Office Headquarters
11. NAICS Code* 484220 NAICS Descriptor* Specialized Freights

APPLICANT/OWNER INFO

- 12. Name* Alexis Hernandez
13. Phone Number* (Home) 404-734-3427 (Cell)
14. Street Address 1167 Lanier Ave E, Suite C
15. Mailing Address

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): * 20
18. Total Number of Full-time employees who work 40+ hours/week: * 2
19. Total Number of Workers (add "17" and "18") * 22

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 99-2842272 GA Sales & Use Tax #* 992842272 E-Verify
21. Are you operating a home-based bakery? * [] Yes [x] No Cottage Food License #
22. Does your occupation require a state license? * [] Yes [x] No If yes, please provide the license information below.

Tracy Taylor

acct# 105843

botss 7/9/2024

paid 7/8/2024

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-702-525-992
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Jul-2024

Your confirmation number is **0-702-525-992**.

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 Extra Space Management, Inc.	DBA (if different) Life Storage	Phone (678) 403-5891	Home Occupation <input checked="" type="checkbox"/> Commercial <input type="checkbox"/>	
Physical Address 1868 Hwy 85 N.	Unit/Suite	City Fayetteville	State GA	Zip Code 30214
Mailing Address (if different) 2795 E Cottonwood Pkwy.	Unit/Suite 400	City Salt Lake City	State UT	Zip Code 84121

Owner Name Extra Space Management, Inc. c/o Gwyn Goodson McNeal	Co Owner N/A	Phone (801) 562-5556	E-Mail ckeller@extraspace.com	
Owner Address 2795 E Cottonwood Pkwy.	Unit/Suite 400	City Salt Lake City	State UT	Zip Code 84121

Property Owner TOPFA, LLC	Unit/Suite	City Norcross	State GA	Zip Code 30071
-------------------------------------	-------------------	-------------------------	--------------------	--------------------------

Emergency Contact 1 Iveth Rubio	Phone (770) 845-4845	Emergency Contact 2 Tawaiya Miller	Phone (404) 695-0720
-------------------------------------------	--------------------------------	----------------------------------------------	--------------------------------

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 Service	NAICS 531130	Tax Identification # 87-0405300
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Proprietorship	# Employees 2	E-Verify N/A	GA Sales Tax #
<input type="checkbox"/> Limited Liability Corporation*	<input checked="" type="checkbox"/> Corporation*			
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Partnership-unknown type			

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

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

Signature of Business Owner 	Date 02/09/2024
----------------------------------------	---------------------------

Finance Department Use:		Planning & Zoning Use:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105845	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 Tracy Taylor	Date 7/2/2024	<input checked="" type="checkbox"/> BOTSS Reporting	Planning & Zoning Signature
		Date	



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-383-174-696
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	02-Jul-2024

Your confirmation number is **1-383-174-696**.

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

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

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

1. Is this a home-based business? * Yes No

2. Legal Name of Business* Cherished Hearts Community Services

3. Doing Business As (if applicable)

4. Phone Number* 770-315-7866

5. Street Address* 150 Carnegie Place Suite 105

City/State/Zip* Fayetteville, GA. 30214

6. Mailing Address

City/State/Zip*

7. E-Mail Address* Cherishedhearts@bellsouth.net

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 States Office: Cherished Hearts Private Home Care, Limited Liability Company

Corporation Address 150 Carnegie Place Suite 105

City/State/Zip Fayetteville, GA. 30214

9. Exempt Status: Non-Profit Disabled Veteran Owned** *Documentation Required

10. Business Activities* (be specific as to what type of activity will be performed at the business address) Teaching Life Skills such as computer skills, job skills, volunteering within the community.

11. NAICS Code* 624120 NAICS Descriptor* Self-help organization for disabled persons

APPLICANT/OWNER INFO

12. Name* Anitra Mitchell

13. Phone Number* (Home) 770-315-7866 (Cell) 770-315-7866

14. Street Address 100 Riley Ave

City/State/Zip* Fayetteville, GA. 30214

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: *

90

17. Total Equivalent Full-Time employees (divide the answer "16" by 40): *

4

18. Total Number of Full-time employees who work 40+ hours/week: *

3

19. Total Number of Workers (add "17" and "18") *

7

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 900-804560 GA Sales & Use Tax #* E-Verify 1442944

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

acct# 105850

botss 7/9/2024

paid 7/8/2024

Anitra Taylor

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-142-660-136
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Jul-2024

Your confirmation number is **0-142-660-136**.

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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GEORGIA CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **Cherished Hearts
Private Home Care, LLC**

Control Number: **11035289**

Business Type: **Domestic Limited
Liability Company**

Business Status: **Active/Compliance**

Business Purpose: **NONE**

Principal Office Address: **150 Carnegie Place
Suite 102, Fayetteville,
GA, 30214, USA**

Date of Formation /
Registration Date: **5/4/2011**

State of Formation: **Georgia**

Last Annual Registration
Year: **2025**

REGISTERED AGENT INFORMATION

Registered Agent Name: **Mitchell, Anitra**

Physical Address: **150 Carnegie Place Suite 102, Fayetteville, GA, 30214, USA**

County: **Fayette**

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[Filing History](#)

[Name History](#)

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Office of the Georgia Secretary of State Attn: 2 MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530,
Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>

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

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

BUSINESS INFO - *Required Fields

1. Is this a home-based business?* Yes No
2. Legal Name of Business* Cherished Hearts Private Home Care, LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 770-315-7866
5. Street Address* 150 Carnegie Place Suite 105
City/State/Zip* Fayetteville, GA. 30214
6. Mailing Address _____
City/State/Zip* _____
7. E-Mail Address* Cherishedhearts@bellsouth.net
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: Cherished Hearts Private Home Care, Limited Liability Company
Corporation Address 150 Carnegie Place Suite 105
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) _____
Teaching Life Skills such as computer skills, job skills, volunteering within the community.
11. NAICS Code* 621610 NAICS Descriptor* Personal home care for the elderly

APPLICANT/OWNER INFO

12. Name* Anitra Mitchell
13. Phone Number* (Home) 770-315-7866 (Cell) 770-315-7866
14. Street Address 100 Riley Ave
City/State/Zip* Fayetteville, GA. 30214
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: * | <u>10</u> |
| 17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * | <u>4</u> |
| 18. Total Number of Full-time employees who work 40+ hours/week: * | <u>1</u> |
| 19. Total Number of Workers (add "17" and "18") * | <u>5</u> |

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 900-804560 GA Sales & Use Tax #* _____ E-Verify 1442944
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# 105851

botss 7/9/2024

paid 7/8/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-282-948-136
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Jul-2024

Your confirmation number is **0-282-948-136**.

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

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

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * [] Yes [X] No
2. Legal Name of Business* Engineered Spray Solutions LLC
3. Doing Business As (If applicable)
4. Phone Number* 863-577-4821
5. Street Address* 101 Kenwood Rd, Suite 16 + 17
City/State/Zip* Fayetteville, GA 30214
6. Mailing Address 1306 Banana Rd
City/State/Zip* Lakeland, FL 33810
7. E-Mail Address* APA ess-1.net
8. Business Structure: [] Sole Proprietor [] Partnership [X] LLC* [] LLP** [] Corporation**
9. Exempt Status: [] Non-Profit** [] Disable Veteran Owned**
10. Business Activities* Contractor for manhole / lift station lining resurface rehabilitation
11. NAICS Code* 238990 NAICS Descriptor* other specialty Trade Contractor

APPLICANT/OWNER INFO

- 12. Name* Lewis Collier
13. Phone Number* (Home) 863-660-1101 (Cell)
14. Street Address 101 Kenwood Rd Suite 16 + 17
City/State/Zip* Fayetteville, GA 30214
15. Mailing Address 1306 Banana Rd
City/State/Zip Lakeland, FL 33810

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: * 6
19. Total Number of Workers (add "17" and "18") * 6

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 47-4517008 GA Sales & Use Tax #* 175-878797 E-Verify 1194432
21. Are you operating a home-based bakery? * [] Yes [X] No Cottage Food License #
22. Does your occupation require a state license? * [] Yes [X] No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracey Taylor

acct#105858

botss 7/24/2024

paid 7/23/24



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-838-691-368
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	24-Jul-2024

Your confirmation number is **0-838-691-368**.

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

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

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business?*
2. Legal Name of Business* Hermend Construction
3. Doing Business As (if applicable)
4. Phone Number* 404 406 2412
5. Street Address* 1167 Highway 54 E Suite C
City/State/Zip* Fayetteville, Ga 30214
6. Mailing Address 1167 Highway 54 E Suite C
City/State/Zip* Fayetteville, Ga 30214
7. E-Mail Address* admin@hermendconstructionga.com
8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation**
9. Exempt Status: Non-Profit** Disable Veteran Owned**
10. Business Activities* Concrete Construction Office
11. NAICS Code* 238110 NAICS Descriptor* Poured Concrete Foundation and Structure Contractor

APPLICANT/OWNER INFO

- 12. Name* Alexis Teodoro
13. Phone Number* (Home) (Cell) 4047343427
14. Street Address 130 Mount Carmel Rd N
City/State/Zip* Hampton, Ga 30228
15. Mailing Address 130 Mount Carmel Rd N
City/State/Zip Hampton, Ga 30228

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

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

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) ## 86-1204979 GA Sales & Use Tax ## 20348635226 E-Verify
21. Are you operating a home-based bakery? * Yes No Cottage Food License #
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracy Taylor

acct# 105849

botss 7/9/2024

paid 7/8/2024

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-568-308-264
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Jul-2024

Your confirmation number is **0-568-308-264**.

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).

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * [] Yes [x] No
2. Legal Name of Business* HMD Trucking & Supply LLC
3. Doing Business As (if applicable)
4. Phone Number* 404-734-3427
5. Street Address* 1167 Lanier Ave E, Suite C
6. Mailing Address 1167 Lanier Ave E, Suite C
7. E-Mail Address* hmdtruckingsupply@gmail.com
8. Business Structure: [] Sole Proprietor [] Partnership [x] LLC* [] LLP** [] Corporation**
9. Exempt Status: [] Non-Profit** [] Disable Veteran Owned**
10. Business Activities* Office Headquarters
11. NAICS Code* 484220 NAICS Descriptor* Specialized Freights

APPLICANT/OWNER INFO

- 12. Name* Alexis Hernandez
13. Phone Number* (Home) 404-734-3427 (Cell)
14. Street Address 1167 Lanier Ave E, Suite C
15. Mailing Address

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): * 20
18. Total Number of Full-time employees who work 40+ hours/week: * 2
19. Total Number of Workers (add "17" and "18") * 22

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 99-2842272 GA Sales & Use Tax #* 992842272 E-Verify
21. Are you operating a home-based bakery? * [] Yes [x] No Cottage Food License #
22. Does your occupation require a state license? * [] Yes [x] No If yes, please provide the license information below.

Tracy Taylor

acct# 105843

botss 7/9/2024

paid 7/8/2024

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-702-525-992
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Jul-2024

Your confirmation number is **0-702-525-992**.

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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105843

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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 Extra Space Management, Inc.	DBA (if different) Life Storage	Phone (678) 403-5891	Home Occupation <input checked="" type="checkbox"/> Commercial <input type="checkbox"/>	
Physical Address 1868 Hwy 85 N.	Unit/Suite	City Fayetteville	State GA	Zip Code 30214
Mailing Address (if different) 2795 E Cottonwood Pkwy.	Unit/Suite 400	City Salt Lake City	State UT	Zip Code 84121

Owner Name Extra Space Management, Inc. c/o Gwyn Goodson McNeal	Co Owner N/A	Phone (801) 562-5556	E-Mail ckeller@extraspace.com	
Owner Address 2795 E Cottonwood Pkwy.	Unit/Suite 400	City Salt Lake City	State UT	Zip Code 84121

Property Owner TOPFA, LLC	Unit/Suite	City Norcross	State GA	Zip Code 30071
-------------------------------------	-------------------	-------------------------	--------------------	--------------------------

Emergency Contact 1 Iveth Rubio	Phone (770) 845-4845	Emergency Contact 2 Tawaiya Miller	Phone (404) 695-0720
-------------------------------------------	--------------------------------	----------------------------------------------	--------------------------------

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 Service	NAICS 531130	Tax Identification # 87-0405300
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Proprietorship	# Employees 2	E-Verify N/A	GA Sales Tax #
<input type="checkbox"/> Limited Liability Corporation*	<input checked="" type="checkbox"/> Corporation*			
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Partnership-unknown type			

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

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

Signature of Business Owner 	Date 02/09/2024
----------------------------------------	---------------------------

Finance Department Use:		Planning & Zoning Use:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Update	License # 105845	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 Tracy Taylor	Date 7/2/2024	<input checked="" type="checkbox"/> BOTSS Reporting	Planning & Zoning Signature
		Date	



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-027-284-008
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	02-Jul-2024

Your confirmation number is **0-027-284-008**.

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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105845

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-027-284-008
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	02-Jul-2024

Your confirmation number is **0-027-284-008**.

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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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * [] Yes [x] No
2. Legal Name of Business* Resolute Industrial, LLC
3. Doing Business As (if applicable) Mobile Air and Power Rentals
4. Phone Number* (888) 305-3038
5. Street Address* 111 Bethea Rd Suite 101
City/State/Zip* Fayetteville, GA, 30214
6. Mailing Address 111 Bethea Rd Suite 101
City/State/Zip* Fayetteville, GA, 30214
7. E-Mail Address* bblawusch@mobileair.com
8. Business Structure: [] Sole Proprietor [] Partnership [x] LLC* [] LLP** [] Corporation** **Documentation Required
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: Resolute Industrial, LLC
Corporation Address 298 Messner Drive
City/State/Zip Wheeling, IL, 60090
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) Storage, maintenance, and distribution of commercial portable HVAC equipment for rental purposes.
11. NAICS Code* 532490 NAICS Descriptor* Other Commercial and Industrial Machinery and Equipment Rental

LICENSES AND REGISTRATION

- 12. Tax ID (EIN) #* 47-5079739 GA Sales & Use Tax #* 308-640182 E-Verify 14896962
13. Are you operating a home-based bakery? * [] Yes [x] No Cottage Food License #
14. Does your occupation require a state license? * [] Yes [x] No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

APPLICANT/OWNER INFO

- 15. Name* Brandon Blawusch
16. Phone Number* (Home) (Cell) (785) 477-0891
17. Street Address 1021 S. 86th St
City/State/Zip* Tampa, FL 33619
18. Mailing Address 1021 S. 86th St
City/State/Zip Tampa, FL 33619

COMMERCIAL PROPERTY INFORMATION

- 19. Do you own or rent the business address? * [] Own (provide record of ownership) [x] Rent (provide rental lease)
20. If renting, provide the property owner(s) name Lee Center North LLLP
21. Square Footage of the rental area? * 33,120 Tax Assessor Status* [] Residential [x] Commercial
22. Business Property Tax Map #* Parcel #* (both numbers are listed on the tax bill)

Tracy Taylor

acct# 105844

botss 7/9/2024

paid 7/9/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-960-669-736
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	09-Jul-2024

Your confirmation number is **1-960-669-736**.

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

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

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * [] Yes [x] No
2. Legal Name of Business * Ms. Lillian's Self-Storage LLC
3. Doing Business As (if applicable)
4. Phone Number * (770) 881-3496
5. Street Address * 127 Commerce St.
City/State/Zip * Fayetteville, GA 30214
6. Mailing Address 1227 North Peachtree Parkway
City/State/Zip * Peachtree City, GA 30269
7. E-Mail Address * stacy@storagenerds.com
8. Business Structure: [] Sole Proprietor [] Partnership [x] LLC* [] LLP** [] Corporation** **Documentation Required
If the business is an LLC or corporation, please indicate the complete name and address exactly as it is registered with the Georgia Secretary of State's Office: Ms. Lillian's Self-Storage LLC
Corporation Address 323 GA-325
City/State/Zip Blairsville, GA, 30512
9. Exempt Status: [] Non-Profit** [] Disable Veteran Owned** **Documentation Required
10. Business Activities* (be specific as to what type of activity will be performed at the business address)
11. NAICS Code* 531130 NAICS Descriptor* Business Services

APPLICANT/OWNER INFO

- 12. Name * Stacy Rossetti
13. Phone Number * (Home) (770) 881-3496 (Cell)
14. Street Address 1563 Capital Circle STE 131
City/State/Zip * Tallahassee FL 32301
15. Mailing Address 1227 North Peachtree Parkway
City/State/Zip Peachtree City, GA 30269

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

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

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 82-1882111 GA Sales & Use Tax #* E-Verify
21. Are you operating a home-based bakery? * [] Yes [x] No Cottage Food License #
22. Does your occupation require a state license? * [] Yes [x] No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracy Taylor

ACCT# 105852

BOTSS 7/17/2024

PAID 7/7/2024

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-105-226-280
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	17-Jul-2024

Your confirmation number is **1-105-226-280**.

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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105852

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Project/Case #

FCOTC-04-24-086719

Address:

127 COMMERCE ST, Fayetteville, GA 30214



FAYETTE COUNTY
OCCUPATIONAL TAX CERTIFICATE

Does this business currently have a Occupational Tax Certificate for this location registered with Fayette County? Yes No

No

BUSINESS INFORMATION

IS THIS A HOME BASED BUSINESS? Yes No

BUSINESS NAME

Ms. Lillian's Self-Storage LLC

BUSINESS MAILING ADDRESS

1227 North Peachtree Parkway Peachtree City, GA 30269

OWNER INFORMATION

BUSINESS OWNER - FIRST NAME

Stacy

BUSINESS OWNER - LAST NAME

Rossetti

BUSINESS OWNER - PHONE #

7708813496

BUSINESS OWNER - EMAIL

stacy@storagenerds.com

BUILDING OWNER INFORMATION

BUILDING OWNER - FIRST NAME

Stacy

BUILDING OWNER - LAST NAME

Rossetti

BUILDING OWNER - PHONE #

7708813496

BUILDING OWNER - EMAIL

stacy@storagenerds.com

ADDITIONAL INFORMATION

TYPE OF SERVICES PROVIDED / TYPE OF BUSINESS

Self-Storage

FAYETTE COUNTY USE ONLY:

OCCUPATIONAL TAX FEE:

ACCOUNT NO:

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? No
2. Legal Name of Business* New Providence Church, Inc.
3. Doing Business As (if applicable)
4. Phone Number* 770-719-8800
5. Street Address* 592 Bernhard Rd
City/State/Zip* Fayetteville, GA 30215
6. Mailing Address Same
City/State/Zip*
7. E-Mail Address* LCARSON@NEWPROVIDENCE.CHURCH
8. Business Structure: 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 Providence Church, Inc.
Corporation Address 592 Bernhard Rd
City/State/Zip Fayetteville, GA 30215
9. Exempt Status: Non-Profit** **Documentation Required
10. Business Activities* (be specific as to what type of activity will be performed at the business address) Christian Worship + Bible Study
11. NAICS Code* 813110 NAICS Descriptor* CHURCHES

APPLICANT/OWNER INFO

- 12. Name* Susan K May Philip N. Foster
13. Phone Number* (Home) 770-703-9183 (Cell) 770-639-1961
14. Street Address 592 Bernhard Rd
City/State/Zip* Fayetteville, GA 30215
15. Mailing Address Same
City/State/Zip

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

- 16. Total Hours worked by all Part-Time employees/week: * 7.6
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 1.9
18. Total Number of Full-time employees who work 40+ hours/week: * 3
19. Total Number of Workers (add "17" and "18"): * 4.9

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 93-410796A Sales & Use Tax #* N/A E-Verify N/A
21. Are you operating a home-based bakery? No Cottage Food License #
22. Does your occupation require a state license? No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracey Taylor

acct# 105854

botss 7/17/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-929-974-824
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	17-Jul-2024

Your confirmation number is **0-929-974-824**.

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

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

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OK

105854

Print Confirmation

Project/Case #

FCOTC-06-24-087118

Address:

592 BERNHARD RD, Fayetteville, GA 30215



**FAYETTE COUNTY
OCCUPATIONAL AND USE APPROVAL**

Does this business currently have a Occupational Tax Certificate for this location registered with Fayette County? Yes No

No

BUSINESS INFORMATION

IS THIS A HOME BASED BUSINESS? Yes No

BUSINESS NAME

New Providence Church, Inc.

BUSINESS MAILING ADDRESS

592 Bernhard Road, Fayetteville, GA 30215

Business Structure

Sole Proprietor Partnership LLC LLP Corporation

Federal Tax ID # or Social Security #:

Sensitive information will not be published or visible to anyone other than the allowed department

.**.

OWNER INFORMATION

BUSINESS OWNER - FIRST NAME

Philip

BUSINESS OWNER - LAST NAME

Foster

BUSINESS OWNER - PHONE #

770-719-8800

BUSINESS OWNER - EMAIL

lcarson@newprovidence.church

BUILDING OWNER INFORMATION

BUILDING OWNER - FIRST NAME

Same

BUILDING OWNER - LAST NAME

BUILDING OWNER - PHONE #

BUILDING OWNER - EMAIL

ADDITIONAL INFORMATION

TYPE OF SERVICES PROVIDED / TYPE OF BUSINESS

Christian Worship and Sunday School

Does your application require a Georgia State-issued Contractor License for the business's services, such as electrical, plumbing, mechanical, or building?

Yes No

Are you offering any of the following services: Cottage Food, Auto Sales, Private Home Care, Catering, or Food Sales?

Yes No

Are you required to have a Georgia Department of Agriculture License?

Yes No

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* Providence Preschool, LLC
3. Doing Business As (if applicable)
4. Phone Number* 770-719-8800
5. Street Address* 592 Bernhard Rd.
City/State/Zip* Fayetteville, GA 30215
6. Mailing Address Same
City/State/Zip*
7. E-Mail Address*
8. Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation**
9. Exempt Status: Non-Profit** Disable Veteran Owned**
10. Business Activities* (be specific as to what type of activity will be performed at the business address)
11. NAICS Code* 624410 NAICS Descriptor* CHILD CARE SERVICES - PRESCHOOL CENTER

APPLICANT/OWNER INFO

- 12. Name* Tammy Kendall / Tracy S. Williamson
13. Phone Number* (Home) 770-460-3034 (Cell) 678-793-7805
14. Street Address 592 Bernhard Rd.
City/State/Zip* Fayetteville, GA 30215
15. Mailing Address Same
City/State/Zip

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

- 16. Total Hours worked by all Part-Time employees/week: * 35.2
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 8.8
18. Total Number of Full-time employees who work 40+ hours/week: * 1
19. Total Number of Workers (add "17" and "18") * 9.8

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 04-3797291 GA Sales & Use Tax #* N/A E-Verify N/A
21. Are you operating a home-based bakery? Yes No Cottage Food License #
22. Does your occupation require a state license? * Yes No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracy Taylor

acct# 105855

botss 7/17/2024

paid 7/17/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-691-259-944
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	17-Jul-2024

Your confirmation number is **0-691-259-944**.

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).

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105855

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * Yes [checked] No
2. Legal Name of Business* Restaurant 54 LLC
3. Doing Business As (if applicable) BBQ 54
4. Phone Number* 404.395.1427
5. Street Address* 254 Sams Dr.
City/State/Zip* Fayetteville GA-30214
6. Mailing Address Same
City/State/Zip*
7. E-Mail Address* restaurant54att@gmail.com
8. Business Structure: Sole Proprietor Partnership [checked] 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: 254 Sams Dr.
Corporation Address Fayetteville
City/State/Zip Georgia 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)
Home base for [crossed out] Private Chef - I go to the home owners house and prepare private meals
11. NAICS Code* 812990 NAICS Descriptor* Personal Chef Services

APPLICANT/OWNER INFO

- 12. Name* Ronald Jones
13. Phone Number* (Home) (Cell) 404. [crossed out] 395.1427
14. Street Address 254 Sams Dr.
City/State/Zip* Fayetteville GA 30214
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: * 6
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * 2
18. Total Number of Full-time employees who work 40+ hours/week: * 2
19. Total Number of Workers (add "17" and "18") *

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 93-1504698 GA Sales & Use Tax #* N/A E-Verify
21. Are you operating a home-based bakery? * Yes No [checked] Cottage Food License #
22. Does your occupation require a state license? * Yes No [checked] If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date

Tracy Taylor

ACCT# 105860

BOTSS 7/29/2024

PAID 7/29/24

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	2-075-515-432
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	29-Jul-2024

Your confirmation number is **2-075-515-432**.

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

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

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OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Sides.

BUSINESS INFO - *Required Fields

- 1. Is this a home-based business? * [] Yes [X] No
2. Legal Name of Business* Footsong Properties
3. Doing Business As (if applicable) Footsong Retreat
4. Phone Number* 765-437-1992
5. Street Address* 240 Pepperdine Way
City/State/Zip* Fayetteville, GA 30214
6. Mailing Address 2241 Poplar Rd
City/State/Zip* Newnan GA 30265
7. E-Mail Address* footsong.ga@gmail.com
8. Business Structure: [X] Sole Proprietor [] Partnership [] LLC [] LLP** [] Corporation** **Documentation Required
9. Exempt Status: [] Non-Profit** [] Disable Veteran Owned** **Documentation Required
10. Business Activities* (be specific as to what type of activity will be performed at the business address) Short-term Rental / Hospitality
11. NAICS Code* 721199 NAICS Descriptor* All other traveler accommodation

APPLICANT/OWNER INFO

- 12. Name* Michael or Lindsey Kaspar
13. Phone Number* (Home) 404-641-6127 (Cell) 765-437-1992
14. Street Address 2241 Poplar Rd
City/State/Zip* Newnan, GA 30265
15. Mailing Address SAME
City/State/Zip

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

- 16. Total Hours worked by all Part-Time employees/week: * 12
17. Total Equivalent Full-Time employees (divide the answer "16" by 40): * .3
18. Total Number of Full-time employees who work 40+ hours/week: * 0
19. Total Number of Workers (add "17" and "18") * .3

LICENSES AND REGISTRATION

- 20. Tax ID (EIN) #* 367-04-0308 GA Sales & Use Tax #* N/A E-Verify
21. Are you operating a home-based bakery? * [] Yes [X] No Cottage Food License #
22. Does your occupation require a state license? * [] Yes [X] No If yes, please provide the license information below.
License Type State License # Expiration Date
License Type State License # Expiration Date
Tracy Taylor acct# 105857 botss 7/22/2024 paid 7/19/2024



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-284-713-000
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	22-Jul-2024

Your confirmation number is **1-284-713-000**.

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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Department of Revenue

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

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

BUSINESS INFO - *Required Fields

1. Is this a home-based business? * Yes No
2. Legal Name of Business* S&J Lawn and Landscaping LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 470-728-1639
5. Street Address* 210 Brierwood Drive
City/State/Zip* Fayetteville, GA 30215
6. Mailing Address 210 Brierwood Drive
City/State/Zip* Fayetteville, GA 30215
7. E-Mail Address* jon@sandjllc.us
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: S&J Lawn and Landscaping LLC
Corporation Address 210 Brierwood Drive
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) home office
11. NAICS Code* 561730 NAICS Descriptor* Landscaping Services

APPLICANT/OWNER INFO

12. Name* Jon Mask
13. Phone Number* (Home) 678-894-6848 (Cell) _____
14. Street Address 210 Brierwood Drive
City/State/Zip* Fayetteville, GA 30215
15. Mailing Address _____
City/State/Zip _____

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

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

LICENSES AND REGISTRATION

20. Tax ID (EIN) #* 99-3542095 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# 105842

botss 7/2/2024

e-Services



< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-806-138-408
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	02-Jul-2024

Your confirmation number is **0-806-138-408**.

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).

Printable View

OK

105842

Print Confirmation

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