MAY 2024	OTCIC

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

OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

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

BUS	INESS INFO - *Required Fields
1. 1	s this a home-based business?* eres a No
2. 1	Legal Name of Business* Blocm and Wisp Flurals
3.	Doing Business As (if applicable)
4.	Phone Number* 404) 204 9512
	Street Address* 169 Holly Hill 1204
1	City/State/Zip* FOUE HEVILLE GA 30214
6.	Mailing Address 164 Hally Hill Raid
	City/State/Zip* Fove Heville, GA 20214
7.	E-Mail Address* blocmand WISP @ gmail. com
8.	Business Structure: b3ole Proprietor p Partnership LLC* LLP** a Corporation**
	If the business is an LLC or corporation, please indicate the complete name and address exactly as it is
	registered with the Georgia Secretary of State's Office:
	Corporation Address
	City/State/Zip
	Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Requir
10	Business Activities* (be specific as to what type of activity will be performed at the business address)
	tional propagations personal Horas and wear to patheon
	ofcur and Structures and "popula" flowers and buggets.
11	NAICS Code* 453110 NAICS Descriptor* Florist
12. 13.	Tax ID (EIN) #* 179-76-6505 GA Sales & Use Tax #* NA E-Verify Are you operating a home-based bakery? * Yes No Cottage Food License # 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
AP	PLICANT/OWNER INFO
	Name* Andrew Mix
16	Phone Number* (Home) -10-1)80-4-9512 (Cell) Surve
17	Street Address 169 Holly Hill Road
17.	City/State/Zip* Faye Heville, GA 30214
12	Mailing Address Same as Street address
10.	City/State/Zip
CC	MMERCIAL PROPERTY INFORMATION
10	Do you own or rent the business address? * (provide record of ownership)
	If renting, provide the property owner(s) name
	Square Footage of the rental area? * Tax Assessor Status* □Residential □ Commercial
	Business Property Tax Map #* Parcel #* (both numbers are listed on the tax bill)
22.	Busiliess Froperty Tax Map # Tax Ed. # (South Street Str
Fay	ette County Occupational Tax Certificate Application – Rev. 11/2023

Tracey Taylor

ACCT# 105801

BOTTS 5/22/2024

PAID 5/17/2024

SECRELASOY

Hein

e-Services





< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

0-798-198-824

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

22-May-2024

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

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

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

Printable View

OK

10580

Print Confirmation

Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials

OCCUPATIONAL TAX CERTIFICATE APPLICATION

FAYETTE COUNTY, GEORGIA

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

1.	Is this a home-based business?* Yes No
2.	Legal Name of Business* CONTOPIO MOTORVORES INC
- . 3.	Doing Business As (if applicable)
٥. 4.	Phone Number* 470 726 4181
5.	Street Address* 2970 Hwy 138 StC C
٦.	City/State/Zip* Fayeteville 64 30214
6.	Mailing Address
•	City/State/7in*
7.	E-Mail Address* Dev19105@.1cla.d.com
8.	Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation** **Documentation Require
	If the business is an LLC or corporation, please indicate the complete name and address exactly as it is
	registered with the Georgia Secretary of State's Office: 201 17th St. Sk. 300
	Corporation Address
	City/State/Zip Attants, CA 30363
9.	Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
10.	Business Activities* (be specific as to what type of activity will be performed at the business address)
	Used car Dealer
11	NAICS Code* 441120 NAICS Descriptor* Used Car Dealer
12.	Name* Source All
12. 13.	Name*
12. 13.	Name*
12. 13. 14.	Name* Souce Alli Phone Number* (Home) 470-726-4181 (Cell) Street Address 1809 Berkshire are Sw City/State/Zip* Vero Beach Ft 32968
12. 13. 14.	Name* Souce Alli Phone Number* (Home) 470 -12 (6-418) (Cell) Street Address 1809 Berkshire (17 SW City/State/Zip* Vero Beach Ft 30068 Mailing Address 2910 Hutt 138 Sec C
12. 13. 14.	Name* SQCE Alli Phone Number* (Home) 470-726-4181 (Cell) Street Address 1809 BCrkshire Cir SW City/State/Zip* Vero Beach Ft 32968
12. 13. 14. 15.	Name*
12. 13. 14. 15.	Name* Souce Alli Phone Number* (Home) 470 -12 (6-418) (Cell) Street Address 1809 Berkshire (17 SW City/State/Zip* Vero Beach Ft 30068 Mailing Address 2910 Hutt 138 Sec C
12. 13. 14. 15.	Name*
12. 13. 14. 15.	Name* Souce Alli Phone Number* (Home) 470-726-418 (Cell) Street Address 1809 Berkshire (Ir Sw City/State/Zip* Vero Beach Ft 32668 Mailing Address 2970 Huy 138 Sec C City/State/Zip Fayette Valle GA 32214 PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)
12. 13. 14. 15. EN 16. 17.	Name*
12. 13. 14. 15. EW 16. 17. 18.	Phone Number* (Home) 470-12 (3-418) (Cell) Street Address 1809 Ber (Shire Cir Sw City/State/Zip* Vero Beach Fl 300 8 Mailing Address 2410 thuy 138 Sec C City/State/Zip Fayette Ville (Shire Cir Sw) PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): *
12. 13. 14. 15. EW 16. 17. 18.	Phone Number* (Home) 470 -12 (3-418) (Cell) Street Address 1809 Ber (Shir C (17 SW) City/State/Zip* Vero Beach Ft 32948 Mailing Address 2110 thuy 138 Se C City/State/Zip Tayelle Ville 159 32014 PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: *
12. 13. 14. 15. EW 16. 17. 18. 19.	Phone Number* (Home) 470 -12 6 48 (Cell) Street Address 1809 Ber Kshire (17 SW City/State/Zip* Vero Beach Fl 326188 Mailing Address 2 170 Huy 138 Sec C City/State/Zip Fayethe Ville Chr 30014 PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") *
12. 13. 14. 15. EW 16. 17. 18. 19.	Phone Number* (Home) 470 -12 6 48 (Cell) Street Address 1809 Ber Kshire (17 SW City/State/Zip* Vero Beach Fl 326188 Mailing Address 2 170 Huy 138 Sec C City/State/Zip Fayethe Ville Chr 30014 PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") *
12. 13. 14. 15. EN 16. 17. 18. 19.	Phone Number* (Home) 470 -12 6 - 418 (Cell) Street Address 1809 Berkshire (II SW City/State/Zip* Vero Brach 12 32668 Mailing Address 2 170 Huy 138 Se C City/State/Zip Fayette Vide 138 Se C City/State/State/State/State
12. 13. 14. 15. 16. 17. 18. 19. LIC 20.	Phone Number* (Home) 470 -12 (2 - 418 (Cell) Street Address 1809 Berkshive Cur Sw City/State/Zip* Vero Brach FL 32948 Mailing Address 2 170 thuy 138 Sec C City/State/Zip Fayette Ville Gra 30214 PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") * ENSES AND REGISTRATION Tax ID (EIN) #* 93 43299 (de GA Sales & Use Tax #* 308953336 E-Verify Are you operating a home-based bakery? * □ Yes X No Cottage Food License #
12. 13. 14. 15. 16. 17. 18. 19. LIC 20.	Phone Number* (Home) 470-726-418 (Cell) Street Address 1809 Berkshire (II Sw City/State/Zip* Vero Beach 12 32968 Mailing Address 2 170 Huy 138 Sec C City/State/Zip Tayelle Ville And 30214 PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") * ENSES AND REGISTRATION Tax ID (EIN) #* 90-43299 (GA Sales & Use Tax #* 308953-330 E-Verify Are you operating a home-based bakery? * Yes No Cottage Food License # Does your occupation require a state license? * Yes No If yes, please provide the license information below.
12. 13. 14. 15. 16. 17. 18. 19. LIC 20.	Phone Number* (Home) 470 -12 (2 - 418 (Cell) Street Address 1809 Berkshire (11 SW City/State/Zip* Vero Beach FL 3 3 4 8 Mailing Address 2 170 Huy 138 Sec C City/State/Zip For Grace of FL 3 3 4 8 PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") * ENSES AND REGISTRATION Tax ID (EIN) #* 93 43299 (2 GA Sales & Use Tax #* 308953334 E-Verify Are you operating a home-based bakery? * Yes No Cottage Food License # Does your occupation require a state license? * Yes No If yes, please provide the license information below. License Type Deckers State License # UCAR 052353 Expiration Date 9130
12. 13. 14. 15. EW 16. 17. 18. 19. LIC 20. 21.	Name* SQUE Alli Phone Number* (Home) 470 -72 (- 418 (Cell) Street Address 1809 Ser K-shir (
12. 13. 14. 15. EW 16. 17. 18. 19. LIC 20. 21.	Phone Number* (Home) 470 -77 (2 - 418 (Cell) Street Address 1809 Ber (Shire Cur Sw City/State/Zip* Vero Brach FL 329 8 Mailing Address 2 170 thou 138 Sc C City/State/Zip Fayette Ville Gra 302 IV PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") * ENSES AND REGISTRATION Tax ID (EIN) #* 93 43299 (Je GA Sales & Use Tax #* 308953336 E-Verify Are you operating a home-based bakery? * □ Yes XNO Cottage Food License #

SECRETAGOY

Help

e-Services





< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

2-091-469-864

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

23-May-2024

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

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

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

Printable View

OK

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Print Confirmation

Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials



OCCUPATION TAX CERTIFICATE APPLICATION

FOR BUSINESSES LOCATED IN UNINCORPORATED FAYETTE COUNTY ONLY

RENEWAL DUE BY JANUARY 31 EACH YEAR

Business Name	DBA (if different)		nt		
Chastain Services	DDA (II DITTETETIL)		678 614	0540	Home Occupation Commercial
Physical Address	Unit/Suite	City		State	
2579 Huy 92 South		Fayet	eville	(Ja	30215
Mailing Address (if different)	Unit/Sulte	City		State	Zip Code
					all code
Owner Name	Co Owner		Phone		I PE 2
Dason Chastan			678 614	0540	E-Mail Chastain Selvice
Owner Address 2579 Hay 92 Such	Unit/Suite	City		State	Zip Code
2579 Hay 92 Suk		Foy1-14	evilh	Cz	30.715
		City Foy1+4	0,7,0	Ca.	002/3
Property Owner	Unit/Suite				
DISON I Liga Chartain	Omt/Suite	Free	Luntin	State	Zip Code
2000		City Fayer	revine	UZ	30215
F	T.				
Emergency Contact 1	Phone	Emergency	y Contact 2		Phone
Do you hold a state license for yo		State Card #		Expiration	Issued To
Yes (Documentation Required)	Ø No			•	
Form of Ownership		Business Typ	HE .	NAICS	Tax Identification #
Sole Proprietor Pro	prietorship	111 7	modeling/	11/11/10/2	85406-4891
Limited Liability Corporation* Cor	poration*	# Employees	11 21	D 11 10 11	
General Partnership Par	tnership-unknown type	# Limployees	0	E-Verify #	GA Sales Tax #
	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			
Exemptions		T IsuanA	ax Schedule	Bring Com	plated Application & Payment:
1	abled Veteran*	0-3 \$75.00	16-25 \$500.00	chact	c, cash, or credit card to:
*Documentation is requir	ed	4-6 \$150.00	26-50 \$750.00	1	wall Avenue West, Sulte 101
I swear under penalty of law that the above info	ormation is true and	7-10 \$250.00	51-100 \$1,000.00	I	yetteville, GA 30214
correct. I understand that this is a tax certificate	2. I must separately	11-15 \$375.00	101+ \$10.00 each	1	·
comply with any zoning, Fire Marshal, Health, o	or other rules. 1		Tax \$1,500.00	Franc Gree	ia Payable to Fayette County
understand that information I provide herein (or	my refusal to	Signature of	Business Owner		Date
provide required information) will be shared with	h the Georgia	1/			
Department of Revenue.			>		March 4th 2021
Finance Department 1	lse:	T	Plann	ing & Zoning	
The Court of the C	1 th	District	Land Lot	neh er erntitte	
New Dupdate	3 4913	UM	129	d 0	Zoning District
Cash Check# Money Order	[]c	V	///		H-K
		/	or Business Use		Allowable for Business Use
Finance Signature Tracey Taylor 5/2	2/2024	Planning & Z	oning Signature		2/4/2021
0 0		- Company	/-		1/1/000/

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Help

e-Services





< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

1-110-674-472

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

22-May-2024

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

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

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

Printable View

OK

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Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials

OCCUPATIONAL TAX CERTIFICATE APPLICATION FAYETTE COUNTY, GEORGIA

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

BU	SINESS INFO - *Required Fields
1.	Is this a home-based business?* Lives - No
2.	Legal Name of Business* DIERCON CONSULTING Group, LLC
3.	Doing Business As (if applicable)
4.	Phone Number* 954-054-1534
5.	Street Address* 904 Kite Cake Tr
	City/State/Zip* Faye Heville, GA 30214
6.	Mailing Address 904 Kite Lake Tri
	City/State/Zip* Faye Heuille, GA 30214
7.	E-Mail Address* diercon @ yahoo, com
8.	Business Structure: DSole Proprietor D Partnership LLC* DLLP** D Corporation** **Documentation Required
	If the business is an LLC or corporation, please indicate the complete name and address exactly as it is
	registered with the Georgia Secretary of State's Office: DIERCON Congulting Group
	Corporation Address 904 Kite Lake Trl
	City/State/Zip Fave He ville, BA 30214
9.	Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
	Business Activities* (be specific as to what type of activity will be performed at the business address)
	Licensed General Contractor for Construction Management
_	Occupational Safety and Health Consultation
11.	NAICS Code* Management Consulting Services
• • •	541618
۸D	PLICANT/OWNER INFO
	T 1 11 (1) 11
	A company to the company of the company of
13.	Phone Number* (Home) 954 - 854-1534 (Cell) 954 - 854-1534 Street Address 904 Kitc Lake Trl
14.	
15.	Mailing Address 904 Kite Lake TH
	City/State/Zip_ Faye Heville, GA 30214
	PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)
	Total <u>Hours</u> worked by all Part-Time employees/week: *
	Total Equivalent Full-Time employees (divide the answer "16" by 40): *
18.	Total <u>Number</u> of Full-time employees who work 40+ hours/week: *
19.	Total Number of Workers (add "17" and "18") *
	ENSES AND REGISTRATION
20.	Tax ID (EIN) #* 93 - 350 4791 GA Sales & Use Tax #* E-Verify
21.	Are you operating a home-based bakery? * Ves V No Cottage Food License #
22	Does your occupation require a state license? * 🗹 Yes 🖂 No If yes, please provide the license information below.
	License Type General Contractor State License # OCCO 009586 Expiration Date 6/30/2024
	License Type State License # Expiration Date
	Tracey Taylor acct# 105812 botss 5/1/2024

GEORGIAGO/

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e-Services





< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

0-335-111-208

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

01-May-2024

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

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

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

Printable View

OK

05812

Print Confirmation

Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials

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

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

BU	SINESS INFO - *Required Fields
1.	Is this a home-based business?* Yes No
2.	Legal Name of Business* Dinah Rainey, LLC
3.	Doing Business As (if applicable)
4.	Phone Number* (770) 727-7100
5.	Street Address* 525 Persimmon Point
	City/State/Zip* Fayetteville, GA 30214
6.	Malling Address 525 Persimmon Point
	City/State/Zip* Fayetteville, GA 30214
7.	E-Mail Address* dinah@dinahrainey.com
8.	Business Structure: DSole Proprietor D Partnership & LLC* DLLP** D Corporation** **Documentation Required
	If the business is an LLC or corporation, please indicate the complete name and address exactly as it is
	registered with the Georgia Secretary of State's Office: Dinah Rainey, LLC
	Corporation Address 525 Persimmon Point
	City/State/Zip Fayetteville, GA 30214
9.	Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required*
10.	Business Activities* (be specific as to what type of activity will be performed at the business address) This business will provide online coaching and courses to women.
11.	NAICS Code* 812990 NAICS Descriptor* All Other Personal Services
ΔD	PLICANT/OWNER INFO
	Name* Dinah Rainey
12.	Phone Number* (Home) (404) 259-0745 (Cell) (404) 259-0745
14	Street Address 525 Persimmon Point
1-11	City/State/Zip* Fayetteville, GA 30214
15	Mailing Address 525 Persimmon Point
	City/State/Zip Fayetteville, GA 30214
	City/State/Eip
EM/	PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)
	Total Hours worked by all Part-Time employees/week: *
	Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add #17" and #10") *
	Total Number of Workers (add "17" and "18") *
19.	Total Nulliber of Workers (and 17 and 16)
	THE SALE PROPERTY AND
	ENSES AND REGISTRATION
	Tax ID (EIN) #* 93-4328439 GA Sales & Use Tax #* N/A E-Verify
	Are you operating a home-based bakery? * Yes No Cottage Food License #
22.	Does your occupation require a state license? * ☐ Yes ☑ No If yes, please provide the license information below.
	License Type State License # Expiration Date
	License Type State License # Expiration Date
	Tracey Taylor ACCT# 105825 BOTTS 5/30/2024

GEORGIAGOV

Help

e-Services





< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

2-059-021-352

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

30-May-2024

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

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

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

Printable View

OK

825

Print Confirmation

Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials

OCCUPATIONAL TAX CERTIFICATE APPLICATION FAYETTE COUNTY, GEORGIA

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

BU	SINE 22 INLO - Ledanted Heids
1.	Is this a home-based business?* Yes 🗆 No
2.	Legal Name of Business* Ewillinsure LLC
3.	Doing Business As (if applicable)
4.	Phone Number* 828 342 7627
5.	Street Address* 100 Majesty In
	City/State/Zip* Forgetteville GA 30215
	Mailing Address
	City/State/Zip*
7.	City/State/Zip* E-Mail Address* E2 @ EWILLINGURE - COM Business Structure: = Sole Proprietor = Partnership #LLC* = LLP** = Corporation** ***Decumentation Paguired
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: EWILINGUYE LLC
	Corporation Address 5 Concourse PKWY STE 3016, Atlanta GIA, 30328
	City/State/Zip
9.	Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
10.	Business Activities* (be specific as to what type of activity will be performed at the business address) 100 f inspection
	the murance claims, re-rooting Insurance services
	Broker insurance
API 12.	NAICS Code* 524289 NAICS Descriptor* All other Inurance related Activity PLICANT/OWNER INFO Name* Emanuel Williams Phone Number* (Home) 828 342 7627 (Cell)
API 12. 13. 14.	PLICANT/OWNER INFO Name* Emanuel Williams Phone Number* (Home) 128 342 7627 (Cell) Street Address 100 majesty lave City/State/Zip* faytherille GA 30215
API 12. 13. 14.	PLICANT/OWNER INFO Name* Emanuel Williams Phone Number* (Home) 128 342 7627 (Cell) Street Address 100 majesty lane City/State/Zip* faytherille GH 30215 Mailing Address
API 12. 13. 14.	PLICANT/OWNER INFO Name* Emanuel Williams Phone Number* (Home) 128 342 7627 (Cell) Street Address 100 majesty lave City/State/Zip* faytherille GA 30215
API 12. 13. 14.	PLICANT/OWNER INFO Name* Emanuel Williams Phone Number* (Home) 128 342 7627 (Cell) Street Address 100 majesty lave City/State/Zip* faytherfle GH 30215 Mailing Address City/State/Zip
API 12. 13. 14.	PLICANT/OWNER INFO Name* EMANUEL WILLIAMS Phone Number* (Home) 128 342 7627 (Cell) Street Address 100 Majcsty lave City/State/Zip* faytheutile GA 30215 Mailing Address City/State/Zip PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)
API 12. 13. 14.	PLICANT/OWNER INFO Name* EMANUEL WILLIAMS Phone Number* (Home) 128 342 7627 (Cell) Street Address 100 Majcsty lave City/State/Zip* faytheurille G. A 30215 Mailing Address City/State/Zip PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: *
API 12. 13. 14. 15. EM 16.	Phone Number* (Home) \$28 342 7627 (Cell) Street Address 100 majcsty lave City/State/Zip* Layetteville Gth 30215 Mailing Address City/State/Zip PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): *
API 12. 13. 14. 15. EM 16. 17.	Phone Number* (Home) \$28 342 7627 (Cell) Street Address 100 majcsty lave City/State/Zip* taytheuille Gth 30215 Mailing Address City/State/Zip PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: *
API 12. 13. 14. 15. EM 16. 17.	Phone Number* (Home) \$28 342 7627 (Cell) Street Address 100 majcsty lave City/State/Zip* Layetteville Gth 30215 Mailing Address City/State/Zip PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): *
API 12. 13. 14. 15. EM 16. 17. 18.	PLICANT/OWNER INFO Name* E MORNUC WILLIAMS Phone Number* (Home) \$28 342 7627 (Cell) Street Address 100 Majcsty ave. City/State/Zip* Layer Compared to the control of
API 12. 13. 14. 15. EM 16. 17. 18.	PLICANT/OWNER INFO Name* E MORNUC WILLIAMS Phone Number* (Home) \$28 342 7627 (Cell) Street Address 100 Majcsty ave. City/State/Zip* Layer Compared to the control of
API 12. 13. 14. 15. EM 16. 17. 18. 19.	PLICANT/OWNER INFO Name* EMONUME Williams Phone Number* (Home) \$28 342 7627 (Cell) Street Address 100 Majesty lave City/State/Zip* Lave City/State/Zip* Lave Mailing Address City/State/Zip PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") * ENSES AND REGISTRATION Tax ID (EIN) #* 87 ~ 236 8327 GA Sales & Use Tax #* E-Verify
API 12. 13. 14. 15. EM 16. 17. 18. 19.	PLICANT/OWNER INFO Name* E MORNUC WILLIAMS Phone Number* (Home) \$28 342 7627 (Cell) Street Address 100 Majcsty ave. City/State/Zip* Layer Compared to the control of
API 12. 13. 14. 15. EM 16. 17. 18. 19. LIC 20.	PLICANT/OWNER INFO Name* EMONUME Williams Phone Number* (Home) \$28 342 7627 (Cell) Street Address 100 Majesty lave City/State/Zip* Lave City/State/Zip* Lave Mailing Address City/State/Zip PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") * ENSES AND REGISTRATION Tax ID (EIN) #* 87 ~ 236 8327 GA Sales & Use Tax #* E-Verify
API 12. 13. 14. 15. EM 16. 17. 18. 19. LIC 20.	PLICANT/OWNER INFO Name* EMANUAL WILLIAMS Phone Number* (Home) \$28 342 7627 (Cell) Street Address 600 Majcsty lave City/State/Zip* Layber

SEGRSLAGOY

Help

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

1-407-454-248

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

22-May-2024

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

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

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

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105776

Print Confirmation

Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutoriais

OCCUPATIONAL TAX CERTIFICATE APPLICATION FAYETTE COUNTY, GEORGIA

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

BU	SINESS INFO - *Required Fields
1.	Is this a home-based business?* Vers on No Flore For Sixo For Conico III
2.	Legal Name of Business* Lord Elaine Empire Enterprise, LLC
3.	Doing Business As (if applicable)
4.	Phone Number* 404 - 859 - 9305
5.	Street Address* 135 Cherokee Rose Lane
	City/State/Zip* Fave Heville, GH 30214
6.	Mailing Address 35 Cherokee Rose Lane
	City/State/Zip* Fov. etteville; GA 30214
7.	E-Mail Address* elaine brynta yahoo. com
8.	Business Structure: Sole Proprieto 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: Elaine Empire Enterprise
	Corporation Address 135 Cherokee Rose Laire
	City/State/Zip Fayetteville, GA 30214
9.	Exempt Status: a Non-Profit** a Disable Veteran Owned** **Documentation Required
10.	Business Activities* (be specific as to what type of activity will be performed at the business address)
	Inbound Outboud calls for dispatching
	TO ME TO THE TO
11.	NAICS Code* 484110 NAICS Descriptor* O general freight trucking local
AP	PLICANT/OWNER INFO
12.	Name*Bryant
13.	Phone Number* (Home) 404-869-9385 (Cell)
14.	Street Address 30 herokee hose CHIDE
	City/State/Zip* Faye + te ville, Ga 30214
15.	Mailing Address 135 Chero Kee Ruse Ln
	City/State/Zip Faye Heville, GA 30314
EM	PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)
16.	Total <u>Hours</u> worked by all Part-Time employees/week: *
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") *
LIC	ENSES AND REGISTRATION
20.	Tax ID (EIN) #* 99-158 195 GA Sales & Use Tax #* E-Verify
	Are you operating a home-based bakery? * Yes No Cottage Food License #
22.	Does your occupation require a state license? * 🗆 Yes Vo If yes, please provide the license information below.
	License Type State License # Expiration Date
	License Type State License # Expiration Date

Tracey Taylor

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Help

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

0-459-738-152

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

22-May-2024

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

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

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

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Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials

OCCUPATIONAL TAX CERTIFICATE APPLICATION FAYETTE COUNTY, GEORGIA

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

DU	STATES TAPO Required Fields
1.	Is this a home-based business?* pYes No
2.	Legal Name of Business* Goodman Truck Repair LLC
3.	Doing Business As (if applicable)
4.	Phone Number* (678-(685-500(6
5.	Street Address* 1162 Highway 54 East
	City/State/Zip* Tayl + EVIYL AA 3029
6.	Mailing Address 1099 TVESTLE RO
	City/State/Zip* Ariffin AA 30223
7.	E-Mail Address* goodman-truck repair@gmail.com
8.	Business Structure: aSole Proprietor a Partnership a LLC* a LLP** a Corporation** **Documentation Required
	If the business is an LLC or corporation, please indicate the complete name and address exactly as it is
	registered with the Georgia Secretary of State's Office: Goodman Truck Repair LLC
	Corporation Address 1091 TVESTLE ROL
	City/State/Zip Gyilfin FiA 30773
9.	Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
10.	Business Activities* (be specific as to what type of activity will be performed at the business address)
	Truck repair
	#101 <i>(</i>)
11.	NAICS Code* \$11310 NAICS Descriptor* T 699
	PLICANT/OWNER INFO
12.	Name*Chadwick Smith
13.	Phone Number* (Home) (Cell) 678-683-5006
14.	Street Address 1091 TVeStle Rd
	City/State/Zip* Griffin BA 30223
15.	Mailing Address
	City/State/Zip
EM	PLOYEE INFO (Include all owners and employee you currently have or plan to hire in the calculations)
16.	Total <u>Hours</u> worked by all Part-Time employees/week: *
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") *
LIC	ENSES AND REGISTRATION
20.	Tax ID (EIN) #* 99-1515294 GA Sales & Use Tax #* NA E-Verify
	Are you operating a home-based bakery? * 🗆 Yes 🖃 No Cottage Food License #
	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
	Explication Date

acct# 105818 BOTTS 5/22/2024

Tracey Taylor

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon

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Status

Submitted

Confirmation Number
Taxpayer Name

0-752-880-680

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FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

22-May-2024

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

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

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

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105818

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Department of Revenue

Trucking Portal

Appeal to the GATTEX Tribunal

Video Tutorials



OCCUPATION TAX CERTIFICATE APPLICATION

FOR BUSINESSES LOCATED IN UNINCORPORATED FAYETTE COUNTY ONLY

RENEWAL DUE BY JANUARY 31 EACH YEAR

Business Name Healing Thry Health Inc.	DBA (if different)		Phone 470-69	6-3902	Home Occupation Commercial
Physical Address	Unit/Suite	City		State	Zip Code
180 Walter way STE	102	Fayet	eville	94	302 lH
Mailing Address (if different)	Unit/Suite	City '		State	Zip Code
Owner Name	Co Owner		Phone 14 70 /	0/2002	E-Mail @ gma; Com
Lance Dossie I	Co Owner		Phone 4706	6	heal-nothruhealth
Owner Address	Unit/Suite	City	11	State	Zip Code
300 Fairfield Cir		Laye	Heville	GA	30214
	l., r. (2. 1)	la.		la	
Property Owner Mark Wurster	Unit/Suite	City	Hev:11e	State GA	Zip Code 3021H
Marin Worster		1 OCY P	nevine	MA	30217
Emergency Contact 1	Phone	Emergency	/ Contact 2		Phone
Wendy Dossie	678 658 59	19			
Do you hold a state license for you		State Card #		Expiration	Issued To
Yes (Documentation Required)	No				
Sole Proprietor	orietorship "	Business Typ	Center	713940	Tax Identification # 52-3217999
Limited Liability Corporation*	ooration*	# Employees		-	GA Sales Tax #
General Partnership Part	nership-unknown type	1		(0)	
Exemptions		Annual T	ax Schedule		pleted Application & Payment:
	bled Veteran*		16-25 \$500.00		r, cash, or credit card to:
*Documentation is require		1	26-50 \$750.00		wall Avenue West, Suite 101
I swear under penalty of law that the above info			51-100 \$1,000.00		yetteville, GA 30214
correct. I understand that this is a tax certificate comply with any zoning, Fire Marshal, Health, or			101+ \$10.00 each Tax \$1,500.00	Make Chec	ks Payable to Fayette County
understand that information I provide herein (or			Business Owner		Date
provide required information) will be shared with		411	PT		11-17 2 2
Department of Revenue.		My			11-17-2023
Finance Department U	se:		Planni	ing & Zoning	Use:
License	#	District _	Land Lot		Zoning District
	5813	5	217		C-H
Cash Check # Money Order	X Credit/Debit Card	Allowable f	or Business Use	Not	t Allowable for Business Use
Finance Signature Date 5/2	X BOTSS Reporting	Planning 8/Z	dhing signature	my	Date 11/17/23

Help

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

1-509-827-624

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

02-May-2024

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

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

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

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Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials

OCCUPATIONAL TAX CERTIFICATE APPLICATION FAYETTE COUNTY, GEORGIA

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

<u>BUS</u>	INESS INFO - *Required Fields
1.	Is this a home-based business?* Ves 🗆 No
2.	Legal Name of Business* Independent Mobile Technicians, LLC
3.	Doing Business As (if applicable) LMT
4.	Phone Number* 770-742-5068
5.	Street Address* 125 Estancia Lane
	City/State/7in* FaveHewille GA 3025
6.	Mailing Address 320 W. Lanier Avenue. Suite 200
	City/State/Zip* Faretteville, GA 30214 E-Mail Address* Int Dindependent Mobile technicians. com
7.	E-Mail Address* Int Dindependent Mobile technicians. com
8.	Business Structure: aSole Proprietor a Partnership LLC* a LLP** a Corporation** **Documentation Required
	and address exactly do it is
	registered with the Georgia Secretary of State's Office: Independent Mobile Technicians, LLC
	Corporation Address
	City/State/Zip
9.	Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
10.	Business Activities* (be specific as to what type of activity will be performed at the business address)
	5 11/2 5 I Sourism Phinting Hungary
	The same of the sa
11.	NAICS Code* 5 6/1/0, x 38880 NAICS Descriptor 1
11.	NAICS Code* 561210, 238220 NAICS Descriptor* Facilities Support Services, Phinting Human
ΔΙ	PPLICANT/OWNER INFO
ΔΙ	PPLICANT/OWNER INFO
12	PPLICANT/OWNER INFO Name* Danell Walker (Cell) 770-371-279
12	PPLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-279/
12 13 14	PPLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estencia Lene City/State/7in* Feyetten/le, GA 302/5
12 13 14	PPLICANT/OWNER INFO Name* Darnell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estencia Lene City/State/Zip* Fayettenille, GA 30215
12 13 14	PPLICANT/OWNER INFO Name* Darnell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estencia Lene City/State/Zip* Fayettenille, GA 30215
12 13 14	PPLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estencia Lene City/State/7in* Feyetten/le, GA 302/5
12 13 14	PPLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-279/ Street Address 125 Estancia Lane City/State/Zip* Fayetteville, GA 30215 City/State/Zip Fayetteville, GA 30215
12 13 14 15	PPLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estancia Lane City/State/Zip* Fayetteville, GA 30215 Mailing Address 125 Estancia Lane City/State/Zip Fayetteville, GA 30215 MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)
12 13 14 15	PPLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estencia Lene City/State/Zip* Fayetteville, GA 30215 Mailing Address 125 Estencia Lene City/State/Zip Fayetteville, GA 70215 MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: *
12 13 14 15 EI 16 17	PPLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estancia Lane City/State/Zip* Faretteville GA 30215 Mailing Address 125 Estancia Lane City/State/Zip Faretteville GA 30215 MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Equivalent Full-Time employees (divide the answer "16" by 40): *
12 13 14 15 EI 16 17 18	PPLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address /25 Estancia Lane City/State/Zip* Feet Heville, GA 30215 Mailing Address /25 Estancia Lane City/State/Zip Feet eville, GA 70215 MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * 90 Total Equivalent Full-Time employees (divide the answer "16" by 40): * 1 Total Number of Full-time employees who work 40+ hours/week: * 1
12 13 14 15 EI 16 17 18	PPLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estancia Lane City/State/Zip* Faretteville GA 30215 Mailing Address 125 Estancia Lane City/State/Zip Faretteville GA 30215 MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Equivalent Full-Time employees (divide the answer "16" by 40): *
12 13 14 15 16 17 18	PLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estancia Lane City/State/Zip* Faretteville GA 302/5 Mailing Address 125 Estancia Lane City/State/Zip Faretteville, GA 702/5 MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * 90 Total Equivalent Full-Time employees (divide the answer "16" by 40): * 2.25 Total Number of Full-time employees who work 40+ hours/week: * 1 Total Number of Workers (add "17" and "18") *
12 13 14 15 16 17 18	PLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estancia Lane City/State/Zip* Faretteville GA 302/5 Mailing Address 125 Estancia Lane City/State/Zip Faretteville, GA 702/5 MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * 90 Total Equivalent Full-Time employees (divide the answer "16" by 40): * 2.25 Total Number of Full-time employees who work 40+ hours/week: * 1 Total Number of Workers (add "17" and "18") *
12 13 14 15 16 17 18	PLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estancia Lane City/State/Zip* Faretteville GA 302/5 Mailing Address 125 Estancia Lane City/State/Zip Faretteville, GA 702/5 MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * 90 Total Equivalent Full-Time employees (divide the answer "16" by 40): * 2.25 Total Number of Full-time employees who work 40+ hours/week: * 1 Total Number of Workers (add "17" and "18") *
12 13 144 155 EE 166 177 188 199 LU 200 21	PLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estancia Lane City/State/Zip* Feyetteville GA 702/5 Mailing Address 125 Estancia Lane City/State/Zip Fayetteville, GA 702/5 MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week:* Total Equivalent Full-Time employees (divide the answer "16" by 40):* Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") * CENSES AND REGISTRATION Tax ID (EIN) # 88 - 4207894 GA Sales & Use Tax #* Are you operating a home-based bakery? * □ Yes \square No Cottage Food License #
12 13 144 155 EE 166 177 188 199 LU 200 21	PPLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address / 25 Estracia Lane City/State/Zip* Feyetteville GA 302/J Mailing Address / 25 Estracia Lane City/State/Zip Feyetteville GA 702/J Mailing Address / 25 Estracia Lane City/State/Zip Feyetteville GA 702/J MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the cakulations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") * CENSES AND REGISTRATION Tax ID (EIN) #* 88-4207894 GA Sales & Use Tax #* Are you operating a home-based bakery? * Dyes DNo Cottage Food License # Are you operating a home-based bakery? * Dyes DNo Cottage Food License #
12 13 144 155 EE 166 177 188 199 LU 200 21	Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address 125 Estancia Lane City/State/Zip* Feyetteville GA 302/J Mailing Address 125 Estancia Lane City/State/Zip Feyetteville GA 702/J Mailing Address 125 Estancia Lane City/State/Zip Feyetteville GA 702/J MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * 90 Total Equivalent Full-Time employees (divide the answer "16" by 40): * 2.25 Total Number of Full-time employees who work 40+ hours/week: * 1 Total Number of Workers (add "17" and "18") * CENSES AND REGISTRATION Tax ID (EIN) #* 88-7207874 GA Sales & Use Tax #* M/A E-Verify M/A Are you operating a home-based bakery? * Yes No Cottage Food License # M/A Does your occupation require a state license? * Wes No If yes, please provide the license information below.
12 13 144 155 EE 166 177 188 199 LU 200 21	PPLICANT/OWNER INFO Name* Danell Walker Phone Number* (Home) (Cell) 770-371-2791 Street Address / 25 Estracia Lane City/State/Zip* Feyetteville GA 302/J Mailing Address / 25 Estracia Lane City/State/Zip Feyetteville GA 702/J Mailing Address / 25 Estracia Lane City/State/Zip Feyetteville GA 702/J MPLOYEE INFO (include all owners and employee you currently have or plan to hire in the cakulations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") * CENSES AND REGISTRATION Tax ID (EIN) #* 88-4207894 GA Sales & Use Tax #* Are you operating a home-based bakery? * Dyes DNo Cottage Food License # Are you operating a home-based bakery? * Dyes DNo Cottage Food License #

botss 5/1/2024

Tracey Taylor

acct# 105791

GEORGIAGOV

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e-Services





< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

0-918-430-760

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

01-May-2024

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

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

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

Printable View

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Print Confirmation

Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials



OCCUPATION TAX CERTIFICATE APPLICATION

FOR BUSINESSES LOCATED IN UNINCORPORATED FAYETTE COUNTY ONLY

RENEWAL DUE BY JANUARY 31 EACH YEAR

Business Name	DBA (if different)		Phone 305-989-1175		✓ Home Occupation	
MASON MANOR				11/3	Commercial	
Physical Address	Unit/Suite	City	,	State	Zip Code	
150 Timberlane Drive	Fage Hevi		1/2 /200000		30214	
Mailing Address (if different)	Unit/Suite	City		State	Zip Code	
Owner Name	Co Owner		Phone		E-Mail	
David Mason		305-989-11		75	masonsnl@aol.com	
Owner Address	Unit/Suite	City		State	Zip Code	
150 Timberlane Drive		Fayetteville		Georgia	30214	
Property Owner	Unit/Suite	City		State	Zip Code	
David Mason		Fayettevill	е	Georgia	30214	
Emergency Contact 1	Phone	Emergency	Contact 2		Phone	
David Mason	305-989-1175	Michelle			954-243-9071	
Do you hold a state license for you	ur occupation?	State Card #		Expiration	Issued To	
	/No	ocute cora #		Expiración	255202 10	
Form of Ownership		Business Type		NAICS	Tax Identification #	
	orietorship	Tayint Accountding (Rental)		72119	261-77-8137	
<u>v</u>	1	# Employees		E-Verify #	GA Sales Tax #	
	nership-unknown type	# Lilipioyees		L veilly w	GA Suics Tux #	
		Annual Tax Schedule Bring Completed Application & Pay			lated Application & Bayments	
Exemptions	blad Matanant					
Non Profit 501 c 3* Disabled Veteran*		0-3 \$75.00 16-25 \$500.00 check, cash, or credit				
*Documentation is require		1 1			wall Avenue West, Suite 101	
I swear under penalty of law that the above information is true and				yetteville, GA 30214		
correct. I understand that this is a tax certificate. I must separately		11-15 \$375.00 101+ \$10.00 each Make Che		ks Payable to Fayette County		
comply with any zoning, Fire Marshal, Health, o	r other rules. I	Maximum Tax \$1,500.00				
understand that information I provide herein (or	my refusal to	Signature of Business Owner		,	Date	
provide required information) will be shared with the Georgia		David Mason		10-26-2023		
Department of Revenue.						
Finance Department U	sel		Planni	ng & Zoning	Use:	
Figure 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mer extitution of the state of	District	Land Lot		Zoning District	
X New Update License	311	5	156		(-40	
Gash Check # Money Order	X Credit/Debit Card		or Business Use	No	t Allowable for Business Use	
Finance Signature Date	lates on the condition of the foreign of	Planing & 7	oning Signature	William Control	Date	
Tracey Taylor 511	2024	11/1	10/10/	Λ	11/1/1005	

GEORGIAGO7

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

2-042-504-232

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

01-May-2024

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

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

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

Printable View

OK

05811

Print Confirmation

Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials

OCCUPATIONAL TAX CERTIFICATE APPLICATION FAYETTE COUNTY, GEORGIA

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

BU	SINESS INFO - *Required Fields
1.	Is this a home-based business?* To No
2.	Legal Name of Business* Nessus Place
3.	Doing Business As (if applicable)
4.	Phone Number* 770 940 0722
5.	Street Address* 180 Door forcest Tr
	City/State/Zip* Canetter le GA 2021
6.	Mailing Address Sevil
	City/State/Zip*
7.	E-Mail Address* Josephine 1720 agmail-Com
8.	Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation** **Documentation Required
	If the business is an LLC or corporation, please indicate the complete name and address exactly as it is
	registered with the Georgia Secretary of State's Office:
	Corporation Address
	City/State/Zip
9.	Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
	Business Activities* (be specific as to what type of activity will be performed at the business address)
	Short term rental
11	NAICS Code* 721100 NAICS Descriptor* Tourist Accommodation
11,	Which code
A D	DI ICANIT/OWNED INFO
12	Name* Jesephine Okunseri
	Phone Number* (Home) (Cell) 770 940 0722
	Street Address 180 Dear Forest Tol
14.	City/State/Zip* four Herrie GA 30214
15.	
	City/State/Zip
	PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)
	Total <u>Hours</u> worked by all Part-Time employees/week: *
	Total Equivalent Full-Time employees (divide the answer "16" by 40): *
	Total <u>Number</u> of Full-time employees who work 40+ hours/week: *
19.	Total Number of Workers (add "17" and "18") *
	·
	ENSES AND REGISTRATION
	Tax ID (EIN) #*
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.
	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

Fayette County Code Enforcement Department

	Departmenta	l Check Li	st for a Tourist A	Accommod	ation
	Address: 130 Dear Grest Tr	City: Fa	gefferelle	_,GA	Zip: <u>30214</u>
		1		_	
1 02°1 2.0°	1. Planning and Zoning Department		770-305-5421 Zor		
	2. Environmental Health - (Suite 20) Printed Name: Austin Kirkland Reviewed By: Austin Kahl	(SEPTIC SY Date: 4/2/2	15 //STEM CAPACITY N //4 Approved:/ 'A Permit Required: \	_ Denied: _	N/A:
1,	Printed Name: And Kirkland Reviewed By: And Kirkland		305-5403 (FOR A-R B		
	4. Fire Marshal Office - (Suite 214) Printed Name: Reviewed By:		rented and/or	kitchen cookir	ig is accessible
	5. Code Enforcement - (Suite 202) 7		Approved:	Denied:	N/A:
	Printed Name: Reviewed By:		Approved:	Denied:	
		*** NOTICE	***		

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

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e-Services





< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

1-332-153-384

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

22-May-2024

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

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

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

Printable View

OK

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Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

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OCCUPATION TAX CERTIFICATE APPLICATION

FOR BUSINESSES LOCATED IN UNINCORPORATED FAYETTE COUNTY ONLY

RENEWAL DUE BY JANUARY 31 EACH YEAR

Business Name Peachtree Detox LLC	DBA (if different)	Phone 404-450-87		' 16	Home Occupation Commercial	
Physical Address 1008 GA Hwy 54 W	Unit/Suite	City Fayetteville		State GA	Zip Code 30214	
Mailing Address (if different) 14225 Birmingham HWY		city Milton		State GA	Zip Code 30004	
Owner Name Co Owner Benjamin Thurston		Phone 404-650-87		7 16	benpthurston@gmail.com	
Owner Address 14225 Birmingham Hwy	Unit/Suite	City Milton		State GA	zip Code 30004	
p	γ	·			Y	
Property Owner NWE18, LLC	Unit/Suite 2400	City Atlanta		State GA	Zip Code 30309	
					y	
Emergency Contact 1 Jason Flaig	Phone 5134971982	Emergency Contact 2 Danielle Craig		Phone 561-797-3264		
Do you hold a state license for you yes (Documentation Required)	ur occupation?	State Card #		Expiration	Issued To	
Form of Ownership Sole Proprietor Prop	rietorship	Business Typ Substance A	e buse Services	NAICS 6232ZU	Tax Identification # 92-3528604	
	oration* nership-unknown type	# Employees		E-Verify	GA Sales Tax #	
Exemptions		Annual Tax Schedule Bring Completed Application & Pay				
Non Profit 501 c 3*	bled Veteran*			, cash, or credit card to:		
*Documentation is require	4-6 \$150.00 26-50 \$750.00 140 Stonewall Avenue West, Su		wall Avenue West, Suite 101			
I swear under penalty of law that the above info		51-100 \$1,000.00				
correct. I understand that this is a tax certificate.	i i	101+ \$10.00 each	Make Chec	ks Payable to Fayette County		
comply with any zoning, Fire Marshal, Health, or understand that information I provide herein (or		Tax \$1,500.00 Business Owner		Date		
provide required information) will be shared with the Georgia		7			4/20/2023	
Department of Revenue.		Koc		***	1/20/2025	
Finance Department U	se:	0-	Planni	ing & Zoning	Use	
License License	#)5814	District	Land Lot		Zoning District	
Cash Check* Money Order	X Eredit/Debit Card	Allowable (or Business Use	Not	Allowable for Business Use	
Finance Signature Date Tracky Taylor 5/3	X 80755 Reporting 72024	Planning & Z	oning Signature		Date No. 10	

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

2-113-496-104

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

01-May-2024

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

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

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

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Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribuna

Video Tutorials

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* SS Studio Rentals LLC
3.	Doing Business As (if applicable)
4.	Phone Number* (805) 201-4961
5.	Street Address* 426 Davis Rd.
	City/State/Zip* Fayetteville Ga. 30215
6.	Mailing Address 1426 Davis Ka
	City/State/Zip* Fayetteville Ga. 30215
7.	E-Mail Address* SSStudioventals/ICP, amail. COM
8.	Business Structure: pSole Proprietor p Partnership XLLC* pVLP** p Corporation** **Documentation Required
	If the business is an U.C. or corporation, please indicate the complete name and address exactly as it is
	registered with the Georgia Secretary of State's Office:
	Corporation Address 426 Davis Rd Fayetteville GA 30215 WSA
	City/State/Zip
9.	Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
10.	Business Activities* (he specific as to what type of activity will be performed at the business address)
	Billing and Invoicing - Studio equipment ventals
11.	NAICS Code* 537490 NAICS Descriptor* Diney Commercial and
ΔD	PLICANT/OWNER INFO
	But and Welson Hewart
17	
12.	Phone Number* (Home) (Cell) (805) 201-49(6)
13	Phone Number* (Home) (Cell) (Day) Rd
13. 14.	Street Address H24 Davis Rd City/State/Zip* FaveHeville GA 30216
13. 14.	Street Address H24 Davis Rd City/State/Zip* FaveHeville GA 30216
13. 14.	Street Address H24 Davis Rd City/State/Zip* Favetteville GA 30216 Mailing Address (Same as above)
13. 14.	Street Address H24 Davis Rd City/State/Zip* FaveHeville GA 30216
13. 14. 15.	Phone Number* (Home) Street Address HZIE Davis Ra City/State/Zip* FaveHeville FA 30216 Mailing Address (Same as above) City/State/Zip
13. 14. 15.	Street Address H24 Davis Rd City/State/Zip* Fave-Kevillo FA 30216 Mailing Address (Same as above) City/State/Zip PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)
13. 14. 15.	Phone Number* (Home) Street Address
13. 14. 15. EM 16.	Phone Number* (Home) Street Address
13. 14. 15. EM 16. 17.	Street Address H24 Davis Ra City/State/Zip* Fave-Kevillo FA 30215 Mailing Address (Same as above) City/State/Zip PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: *
13. 14. 15. EM 16. 17.	Phone Number* (Home) Street Address
13. 14. 15. EM 16. 17. 18. 19.	Street Address H2W Davis Ra City/State/Zip* Faveteville GA 301/5 Mailing Address (Same as above) City/State/Zip IPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") *
13. 14. 15. EM 16. 17. 18. 19.	Street Address H2W Davis Rd City/State/Zip* Fayetteville GA 30216 Mailing Address (Same as above) City/State/Zip IPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") *
13. 14. 15. EM 16. 17. 18. 19.	Street Address
13. 14. 15. EM 16. 17. 18. 19.	Phone Number* (Home) Street Address
13. 14. 15. EM 16. 17. 18. 19.	Phone Number* (Home) Street Address
13. 14. 15. EM 16. 17. 18. 19.	Phone Number* (Home) Street Address
13. 14. 15. EM 16. 17. 18. 19.	Phone Number* (Home) Street Address
13. 14. 15. EM 16. 17. 18. 19.	Phone Number* (Home) Street Address

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

0-082-650-152

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

06-May-2024

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

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

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

Printable View

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Print Confirmation

Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials

OCCUPATIONAL TAX CERTIFICATE APPLICATION FAYETTE COUNTY, GEORGIA

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

BL	JSINESS INFO - *Required Fields
1.	Is this a home-based business?*
2.	Legal Name of Business* Southern Wares Awards and Gifts
3.	Doing Business As (if applicable)
4.	Phone Number* 404-274-4053
5.	Street Address* 305 Lace Court
	City/State/Zip* Fayetteville, GA 30215
6.	Mailing Address
	City/State/Zip* Same Fayetteville 16A 3025
7.	E-Mail Address* info@swag-ga.com
3.	Business Structure: □Sole Proprietor □ Partnership ø LLC* □ LLP** □ Corporation** **Documentation Required
	If the business is an LLC or corporation, please indicate the complete name and address exactly as it is
	registered with the Georgia Secretary of State's Office: Southern Wares Awards and Gifts, LLC
	Corporation Address 305 Lace Ct
	City/State/Zip Fayetteville, GA 30215
9,	Exempt Status: Non-Profit** Disable Veteran Owned** **Documentation Required
10.	Business Activities* (be specific as to what type of activity will be performed at the business address) Trophies, Awards, custom gifts and appearal
11.	NAICS Code* 2017 Code - 453998 NAICS Descriptor* All Other Miscellaneous Store Retailers (except Tobacco S
<u>AP</u>	PLICANT/OWNER INFO
<u>AP</u> 12.	PLICANT/OWNER INFO Name* Jennifer Keller
AP 12. 13.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404 - 274 - 4053
AP 12. 13.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404-774-4053 Street Address 305 Lace Court
<u>AP</u> 12. 13. 14.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404-274-4053 Street Address City/State/Zip* Fayetteville, GA 30215
AP 12. 13. 14.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404-774-4053 Street Address 305 Lace Court City/State/Zip* Fayetteville, GA 30215 Mailing Address Same* 305 (ACC Cf
AP 12. 13. 14.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404-274-4053 Street Address City/State/Zip* Fayetteville, GA 30215
AP 12. 13. 14. 15.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404-774-4053 Street Address 305 Lace Court City/State/Zip* Fayetteville, GA 30215 Mailing Address City/State/Zip Same 404-274-4053 City/State/Zip Same 405-274-4053 Mailing Address 305 Lace Court City/State/Zip Same 405-274-4053
AP 12. 13. 14. 15.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404-774-4053 Street Address 305 Lace Court City/State/Zip* Fayetteville, GA 30215 Mailing Address City/State/Zip Same Fayelleville, GA 30215 City/State/Zip Same Fayelleville, GA 30215 IPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * 20
AP 12. 13. 14. 15. EN 16. 17.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404 - 274 - 4053 Street Address 305 Lace Court City/State/Zip* Fayetteville, GA 30215 Mailing Address 305 Lace Court City/State/Zip* Same* 305 Lace Cf City/State/Zip* Same* 305 Lace Court City/State/Zip* Same* 305 Lace Court City/State/Zip* Same* 305 Lace Court City/State/Zip* Same* 305 Lace Cf City/State/Zi
AP 12. 13. 14. 15. EM 16. 17.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404 - 274 - 4053 Street Address 305 Lace Court City/State/Zip* Fayetteville, GA 30215 Mailing Address City/State/Zip Same Fayetteville, GA 30215 IPLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: *
12. 13. 14. 15. EM 16. 17. 18.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404 - 274 - 4053 Street Address 305 Lace Court City/State/Zip* Fayetteville, GA 30215 Mailing Address 305 Lace Court City/State/Zip* Same* 305 Lace Cf City/State/Zip* Same* 305 Lace Court City/State/Zip* Same* 305 Lace Court City/State/Zip* Same* 305 Lace Court City/State/Zip* Same* 305 Lace Cf City/State/Zi
AP 12. 13. 14. 15. EM 16. 17. 18.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404 - 274 - 4053 Street Address 305 Lace Court City/State/Zip* Fayetteville, GA 30215 Mailing Address Same 305 Lace Cf City/State/Zip Same 105 Lace Court Cit
AP 12. 13. 14. 15. 16. 17. 18.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404 - 774 - 4053 Street Address 305 Lace Court City/State/Zip* Fayetteville, GA 30215 Mailing Address Same 305 (ACC Cf City/State/Zip Same 404 Leleville, GA 30215 IPLOYEE INFO (Include all owners and employee you currently have or plan to hire in the calculations) Total Hours worked by all Part-Time employees/week: * 20 Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Number of Full-time employees who work 40+ hours/week: * Total Number of Workers (add "17" and "18") *
EN 15. 16. 17. 18. 19.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404 - 274 - 4053 Street Address 305 Lace Court City/State/Zip* Fayetteville, GA 30215 Mailing Address Same 305 Lace Cf City/State/Zip Same 105 Lace Court Cit
AP 12. 13. 14. 15. 16. 17. 18. 19.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404 - 274 - 4053 Street Address 305 Lace Court City/State/Zip* Fayetteville, GA 30215 Mailing Address City/State/Zip* Same 205 Lace Cf City/State/Zip Same 205 Lace Court City/State/Zip Same 205 Lace Cf City/State/Zip Same 205 La
AP 12. 13. 14. 15. EM 16. 17. 18. 19. LIC 20. 21.	PLICANT/OWNER INFO Name* Jennifer Keller Phone Number* (Home) 404-274-4053 (Cell) 404 - 274 - 4053 Street Address 305 Lace Court City/State/Zip* Fayetteville, GA 30215 Mailing Address City/State/Zip* Same* 305 Lace Cf City/State/Zip* Same* 305 Lace Court City/State/Zip* Same* 305 Lace Cou

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< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

1-515-244-584

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

28-May-2024

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

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

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

Printable View

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Print Confirmation

Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials

An official website of the 50% of Georgia

https://gtc.dor.ga.gov/_/#5

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

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

BU	SINESS INFO - *Required Fields
1.	Is this a home-based business?* □Yes ✔No
2.	Legal Name of Business* True medical Solutions LLC
3.	Doing Business As (if applicable)
4.	Phone Number* 909-733-1074
5.	Street Address* 1572 Hwy 85 N Ste 336
	City/State/Zip* Fayette viile GA 30214
6.	Mailing Address 1572 Hwy 85 N Ste 336
	City/State/Zip* Faxeffe Ville CA 30214
7.	E-Mail Address* Marchetucker 8989 @ gmart. com
8.	Business Structure: Sole Proprietor Partnership LLC* LLP** Corporation** **Documentation Required
	If the business is an LLC or corporation, please indicate the complete name and address exactly as it is
	registered with the Georgia Secretary of State's Office: True medical Sobutions LLC
	Corporation Address
	City/State/Zip Faxetteville GA 30214
	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)
	Dirable Medical equipment selling medical equipment Braces,
	wheel chairs walkers,
11,	NAICS Code* 123110 NAICS Descriptor* Dirable Medical Equipment Supplies
	339 tr
	PLICANT/OWNER INFO
	Phone Number* (Home) 909 733 1074 (Cell)
	the second secon
14.	Street Address 375 Gardan Walk Blud Apt 66
	City/State/Zip* College Park GA 3=349
15.	Mailing Address
	City/State/Zip
	INLOVER INCO.
	PLOYEE INFO (include all owners and employee you currently have or plan to hire in the calculations)
	Total Hours worked by all Part-Time employees/week: *
	Total Equivalent Full-Time employees (divide the answer "16" by 40): * Total Name have of Full times appropriate to a vide answer "16" by 40): *
	Total Number of Full-time employees who work 40+ hours/week: *
19.	Total Number of Workers (add "17" and "18") *
ш	ENSES AND REGISTRATION
20.	Tax ID (EIN) #* 99-1714 965 GA Sales & Use Tax #* N/A E-Verify
	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 ************************************

CECRCLAGOY

Help

e-Services





< FAYETTE COUNTY

Confirmation

Submission Information

Logon

c056faye

Status

Submitted

Confirmation Number

0-118-017-064

Taxpayer Name

FAYETTE COUNTY

STI

20229623414

Submission Title

BOTSS Data Submission

Submitted

29-May-2024

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

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

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

Printable View

OK

05/195

Print Confirmation

Department of Revenue

Trucking Portal

Appeal to the GA Tax Tribunal

Video Tutorials