SNELLVILLE
Planning and Development

City of Snellville
Department of Planning and Development
2342 Oak Road,
2nd Floor Snellville, Ga 30078
www.snellville.gov

770.985.3513
770.985.3514

OCCUPATIONAL TAX APPLICATION CHECKLIST

(BUSINESS LICENSE)

Submit in person. Electronic submittals are not accepted.

- ✓ **Verify that the business address** is in the municipal City limits of Snellville. Four different zip codes (30078, 30017, 30039, and 30052) have Snellville mailing addresses; however, not all addresses in these zip codes are located within the City limits. Please call our office to check the address before proceeding with this application; please be prepared to provide copies of your: lease, driver's license, and professional license (if applicable). You can also verify your address by our easy "Am I in the City" go to www.snellville.gov and scroll to the bottom of the home page for Helpful Links.

- ✓ **Verify that the business address is properly zoned** to allow the proposed use of the property. If the property is not properly zoned, a Rezoning Amendment, Land Use Plan Amendment, and/or Special Use Permit must be approved by the Mayor and Council prior to the issuance of a business license;

- ✓ **Obtain a Building Permit from the City of Snellville** if any interior/exterior improvements, additions, or alterations will be made to the business building or site. Please call our office or visit our website for a building permit application packet. Upon final inspection and approval by the City inspector, a Certificate of Occupancy will be issued by the City of Snellville;

- ✓ **Obtain a Safety inspection.** If a commercial business location has been unoccupied and needs electrical or gas service, a Safety Inspection must be requested and successfully passed before electrical and/or gas service can be restored to the business location. Please download the Utility Safety Inspection Request, submit with fee and schedule for the next available inspection day. Please submit by mail or in person only.

- ✓ **Obtain a Fire Marshal Certificate of Occupancy**- (Commercial locations) from the Gwinnett County Fire Marshal's Office (770-518-4980). Please refer to the "Obtaining a Permit/Inspection within a City Limits" form for additional information and procedures for inspection and Certificate of Occupancy;

- ✓ **Obtain a Food Service Permit** from the Gwinnett County Health Department if your business will be serving or preparing food. Please call the health department at (770) 963-5132 for additional information;

- ✓ **Obtain approval from the Gwinnett County Water Resources Department** for restaurant, car wash, and other water intensive uses for grease trap and backflow prevention requirements. Please call (678) 376-6800 for additional information;
- ✓ **Obtain approval from the Georgia Department of Agriculture** for food storage establishments (grocery and convenience stores) and fuel (gas) stations and provide a copy of the inspection results and permit. Please call (404) 656-3627 for additional information;
- ✓ **Complete the following applications** and forms in their entirety and allow five business days for processing:
    - Occupational Tax (Business License) Application;
    - U.S. Citizen / Qualified Alien Affidavit (requires notarized signature);
    - Georgia Sales and Use Tax Affidavit; (for all businesses required to collect sales tax)
    - Snellville Police Department Alarm Registration Form (not required for Home Business Applicants);
    - Solid Waste Affidavit & Disclosure Form and visit the Snellville Public Works Department for sanitation account and service (not required for Home Business Applicants);
- ✓ **Upon receiving the completed and signed Occupational Tax Application and supplemental forms**, the application will be accepted and fees collected. We accept Visa, MasterCard, Checks and cash. Please allow five (5) business days for processing and approval;

- ✓ **All signage** including temporary banners must be permitted by the City of Snellville Department of Planning & Development. Please call our office or go to our website for sign permit applications.

- ✓ **Provide Copies** of any Corporation Registration with State of Georgia, DBA Registration with Clerk of Superior Court for Gwinnett County, and or any Federal or State Professional Certifications/Registrations

CITY OF SNELLVILLE

DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3513 (770) 985-3514
www.snellville.org

E-Verify	____
BOTSS	____
S.A.V.E.	____
Sanitation	____
Fire Marshal	____
Health Dept.	____
Grease Trap	____
Scanned	____

FOR CITY USE ONLY
DATE RCVD _____
SIC_____CLASS_____
ZONING DISTRICT_____
USE PERMITTED_____

OCCUPATIONAL TAX
COMMERCIAL BUSINESS APPLICATION

BL#_____

FOR CITY USE ONLY
FEES DUE _____
PAID _____

IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR: ☐ **NEW BUSINESS** ☐ **RENEWAL** ☐ **CHANGE IN OWNERSHIP** ☐ **ADDRESS / LOCATION CHANGE**

CORPORATE NAME-		
BUSINESS NAME (D/BA)		**MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)**
FED. ID NO.-	DATE BUSINESS ESTABLISHED:	IN CARE OF
OWNER NAME(S)-		MAILING STREET ADDRESS
LOCAL PHYSICAL STREET ADDRESS-		MAILING P.O. BOX
CITY, STATE, ZIP –		CITY, STATE, ZIP

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ LLC_____
PLEASE PROVIDE COPY OF REGISTRATION

TYPE OF BUSINESS_____ **NUMBER OF EMPLOYEES**_____

LOCAL PHONE NUMBERS
BUSINESS (___)_____ CONTACT NAME_____
CELLULAR (___)_____ E-MAIL_____
CORPORATE (___)_____

PROFESSIONAL PRACTITIONERS *See List Below* FLAT BUSINESS TAX OPTION
NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS _____

Certain *PRACTITIONERS/ PROFESSIONALS* may elect to pay $300 **per practitioner** in lieu of reporting and paying a tax on gross receipts. If you are eligible, and if you and all members of your firm elect to pay the flat per-practitioner tax this year, check below and you will be charged accordingly.

_____ I ELECT TO PAY A FLAT TAX IN LIEU OF REPORTING GROSS RECEIPTS AND PAYING A TAX BASED ON GROSS RECEIPTS.

PLEASE INDICATE THE NUMBER OF PRACTITIONERS NEXT TO THE APPROPRIATE TYPE OF PROFESSION

_____ Architects	_____ Engineers (civil, etc.)	_____ Lawyer (Attorney at Law)	_____ Psychologist/Physiotherapy
_____ Chiropractor	_____ Funeral Director	_____ Optometrist	_____ Public Accountant
_____ Dentist	_____ Landscape Architect	_____ Osteopath	_____ Veterinarian
_____ Embalmer	_____ Land Surveyor	_____ Physician	

GROSS RECEIPTS ***(Sec. 54-176) Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to*** an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.

ENTER GROSS RECEIPTS FROM PREVIOUS CALENDAR YEAR. IF BUSINESS CONDUCTED FOR ONLY A PART OF THE PRECEDING YEAR, PART YEAR RECEIPTS MUST BE PRORATED TO FULL YEAR (12 MONTHS). IF NEW BUSINESS, GROSS RECEIPTS PROJECTED FOR CURRENT CALENDAR YEAR (THROUGH DEC. 31ST).

$ _____(**PLEASE FILL** IN AMOUNT **OF GROSS RECEIPTS**) PERIOD COVERED: _____THRU DEC. 31ST

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

_____ _____ _____
APPLICANT NAME (PLEASE PRINT) **SIGNATURE AND TITLE OF APPLICANT** **DATE**

O.C.G.A § 50-36-1(e)(2)

U. S. CITIZEN / QUALIFIED ALIEN AFFIDAVIT

(THIS FORM REQUIRED BY THE STATE OF GEORGIA)

As a result of recent law change, The City of Snellville, Georgia is required to obtain from each person applying for a particular public benefit (including new and renewal licenses) a signed and sworn affidavit verifying his or her lawful presence in the United States that is accompanied by a copy of at least one "secure and verifiable document." By executing this affidavit under oath, as an applicant for: (circle one) **Occupation Tax Certificate or Alcohol Beverage License** for (business name)

ENTER NAME OF BUSINESS _____as referenced in O.C.G.A. § 50-36-1, from The City of Snellville, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit (check one of the following):

a. _____ I am a United States citizen 18 years of age or older. **Submit a *legible* front and back copy of your current secure and verifiable document(s) such as driver's license, passport, or other document as indicated on back page.**

b. _____ I am a legal permanent resident of the United States 18 years of age or older.

c. _____I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. My **alien number** issued by the Department of Homeland Security or other federal immigration agency is:

_____(Required).

Submit a *legible* front and back copy of one of the following secure and verifiable document(s):

- □ U.S. Permanent Resident Card (I-551), or
- □ Valid Foreign Passport with I-94, or
- □ Temporary Resident Alien Card (I-688), or
- □ Employment Authorization Card (I-766 or I-688B), or
- □ Employment Authorization Document (I-688B), or
- □ Refugee Travel Document (I-571)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute. Furthermore, the undersigned applicant hereby verifies that applicant has provided at least one secure and verifiable document, as defined by O.C.G.A. § 50-36-2 with this affidavit.

SWORN TO AND SUBSCRIBED,

_____ _____

Signature of Applicant Print Name

Before me this ____day of _____, 20___;

Affix Seal Here >

_____ _____

Notary Public My Com. Expires

rev. 9.8.26

Secure and Verifiable Documents
Under O.C.G.A. § 50-36-2

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residence or immigration status.

_____ United States passport or passport card
_____ United States military identification card

_____ Driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, The Commonwealth of the Northern Marianas Islands, The United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.

_____ Identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, The Commonwealth of the Northern Marianas Islands, The United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.

_____ Tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.

_____ United States Permanent Resident Card or Alien Registration Receipt Card (I-551)
_____ Employment Authorization Document that contains a photograph of the bearer ((I-766)

_____ Passport issued by a foreign government
_____ Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard

_____ Free and Secure Trade (FAST) card
_____ NEXUS card
_____ Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card

_____ Driver's license issued by a Canadian government authority
_____ Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)

_____ Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)

_____ Other document or form of identification for proof or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular public benefit.

rev. 9.8.26

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GEORGIA SALES & USE TAX AFFIDAVIT

IN ACCORDANCE WITH O.C.G.A § 48-13-20.1, CITIES AND COUNTIES MAY COLLECT AND SUBMIT CERTAIN INFORMATION TO ENABLE THE GEORGIA DEPARTMENT OF REVENUE (877-423-6711) TO ENSURE THAT BUSINESSES ARE PROPERLY COMPLIANT WITH STATE AND LOCAL SALES TAX LAWS.

THE CITY OF SNELLVILLE, GEORGIA LEVIES AN OCCUPATION TAX OR REGULATORY FEE UNDER O.C.G.A § 48-13-1 ET SEQ., AND PASSED RESOLUTION 2011-04 ON FEB 28, 2011 TO PARTNER WITH THE GEORGIA DEPARTMENT OF REVENUE IN AN EFFORT TO ENSURE PROPER PAYMENT OF SALES AND USE TAX.

ANY PERSON WHO PERFORMS ANY BUSINESS, OCCUPATION OR PROFESSION SUBJECT TO AN OCCUPATION TAX OR REGULATORY FEE UNDER O.C.G.A. § 48-13-1 ET SEQ., IS REQUIRED TO PROVIDE THE CITY OF SNELLVILLE THE FOLLOWING INFORMATION WHEN PAYING SUCH OCCUPATION TAX OR REGULATORY FEE:

BUSINESS INFORMATION

Legal Name of the Business: _____

Does Business have a Trade Name or D/B/A: □ No □ Yes (Name): _____

Business Mailing Address: _____
Street Address or PO Box City State Zip

Business Physical Address: _____
Street Address Suite

Sales and Use Tax ID Number Assigned by the Georgia Department of Revenue: _____
(Do not provide Federal Taxpayer ID Number (FEIN)

☐ Check here if Georgia law does not require a Sales and Use Tax identification number for the business.

North American Industry Classification Code (NAICS): _____(leave blank if not known)

ACKNOWLEDGEMENT

I hereby understand and acknowledge that pursuant to O.C.G.A. § 48-13-20.1 the City of Snellville, Georgia may collect certain information which will be provided to the Georgia Department of Revenue to ensure that businesses are properly compliant with State and local sales and use tax laws and that if any person refuses or fails to provide the required information, the City of Snellville will notify the Georgia Department of Revenue. For questions, please contact the Georgia Department of Revenue at 877-423-6711 or website https://dor.georgia.gov/

Acknowledged By: _____ Date: _____

Print Name: _____ Title: _____

E-VERIFY AFFIDAVIT

Private Employer Compliance Pursuant to O.C.G.A. §36-60-6(d)

This form is required by the State of Georgia. Please have it notarized and return it with your completed application.

Number of Employees_____

Only Mark 1 box below:

☐ More than ten (10) employees.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, form or corporation employs more than ten (10) and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadline established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and the date of authorization are as follows:

Federal Work Authorization Number:_____

Date of Authorization:_____

-OR-

☐ EXEMPT - Less than (10) employees.

Exempt from O.C.G.A. §36-60-6 – By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with §36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven (11) and therefore, is not required to register with and or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines in O.C.G.A. §13-10-90.

Complete below in front of a Notary Public

I hereby declare under penalty of perjury that the foregoing is true and correct.

_____ _____

Signature of Authorized Agent or Business Owner **Print Name**

_____

Executed on (Today's Date)

Notary:

Subscribed and Sworn to me this _____Day of _____,20_____ (SEAL)

_____ _____

Signature of Notary Public **My Commission Expires**

Public Works Department
City of Snellville
2491 Marigold Road
Snellville, Georgia 30078
www.snellville.gov

(770) 985-3527
(770) 985-3540

SOLID WASTE AFFIDAVIT & DISCLOSURE FORM

IN ACCORDANCE WITH CHAPTER 46 OF THE SNELLVILLE CODE OF ORDINANCES, ALL REFUSE, RECYCLABLES AND YARD TRIMMINGS SHALL ONLY BE COLLECTED, CONVEYED AND DISPOSED OF BY THE FRANCHISEE.

THEREFORE, ALL APPLICANTS FOR A CITY OF SNELLVILLE BUSINESS LICENSE AND/OR BUILDING PERMIT ARE REQUIRED TO CONTACT THE CITY OF SNELLVILLE PUBLIC WORKS DEPARTMENT TO ARRANGE FOR SANITATION SERVICE FOR BUSINESS SOLID WASTE AND/OR CONSTRUCTION DEBRIS.

INSTRUCTIONS:

- Applicants for a City of Snellville Business License must complete BOX 1 and BOX 3.
- Applicants for a City of Snellville Building Permit must complete BOX 2 and BOX 3.

BOX 1

Name of Business: _____

Business Location (Address): _____ Suite: _____

Is Business Location in a Shopping Center: □ No □ Yes (Name): _____

If your sanitation service is provided by your landlord, please provide….

Landlord Name_____Phone_____

Landlord Signature_____Sanitation Account Number_____Date_____

BOX 2

Construction Project Name: _____

Project Location (Address): _____ Suite: _____

Scope of Project (check all that apply): □ New Construction □ Interior Remodel/Finish □ Demolition □ Site Work

BOX 3

I hereby understand and acknowledge that the City of Snellville Code of Ordinances and Franchisee Agreement requires that all solid waste be collected, conveyed and disposed of by the Franchisee and that an account for solid waste collection and disposal must be obtained and kept current through the City of Snellville Public Works Department.

Acknowledged By:_____Date:_____

Print Name:_____Title:_____

City Use Only: Account Number:_____
Public Works Staff Approved:_____Date:_____
Planning & Development Approved:_____Date_____

EMERGENCY DECAL / SECURITY ALARM PERMIT APPLICAITON

City of Snellville Police Department | 2315 Wisteria Drive| Snellville, GA 30078
PHONE (770) 985-3555 | FAX (770) 985-3579 | http://www.snellville.org

Please type or print clearly. All sections must be completed. Incomplete applications will be returned.

CHECK ALL THAT APPLY: ☐ NEW ☐ RENEWAL ☐ COMMERCIAL ☐ RESIDENTIAL

Business Name or Homeowner Name:	Telephone Number at Alarm Location:
Address and Suite or Apt#:	
City, State and Zip Code:	
Mailing / Billing Address (If different from above):	
Applicant (Please Print):	Applicant Home Phone: / Applicant Cell or e-mail Address:
Applicant Signature (Required):	Any Dangerous or Special Conditions Present at the Alarm Site:

IF Applicable: Rental Agent / Management Co. Information:

Name:	Phone Number:
Address, City, State and Zip Code:	

ALARM SYSTEM INFORMATION (CHECK THE APPROPRIATE BOXES)

- ☐ There is NO alarm system at this location.
- ☐ I have received training from the alarm company in the proper use of my alarm system, including training in how to avoid false alarms.
- ☐ I have given written operating instructions for the alarm system, including written guidelines on how to avoid false alarms.
- ☐ I understand that law enforcement response may be based on factors Such as availability of Police Units, Priority calls, Weather conditions, Emergency conditions, Staffing levels, etc.

Alarm Monitoring Company Name: ***Required for all Alarm Systems Except Those not monitored.***	Phone Number:
Address, City, State and Zip Code:	

REPSPONSIBLE PARTY INFORMATION

If you are NOT available, one of the following persons must respond to the alarm within 30 minutes of a police request.

Contact #1	Home Phone:	Work Phone:	Cell Phone:
Contact #2	Home Phone:	Work Phone:	Cell Phone:
Contact #3	Home Phone:	Work Phone:	Cell Phone:

DECAL INFORMATION

- ☐ I HAVE A DECAL ON MY BUSINESS / HOME THE NUMBER IS:
- ☐ PLEASE MAIL A DECAL FOR MY BUSINESS / HOME (Required) Replacement DECALS are $15 each.

New Decal No.

City Ordinance Agreement

____ By initialing this box, I have received a copy of the City Ordinance section 22-31 through 22-40.

Mail to: City of Snellville Police Department
Attn: Alarm Administrator
2315 Wisteria Drive
Snellville, GA 30078

SNELLVILLE
Planning and Development

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Department Of Planning and Development
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BUSINESS OWNER AFFIDAVIT

Today's Date: _____

Business Name: _____

Please initial each statement below after reading and acknowledging the information:

_____ Business license renewal packets are mailed annually in December. If you do not receive a renewal packet, please contact the Department of Planning & Development or visit our office during normal business hours. **Failure to receive a renewal packet does not excuse the business from renewing its license on time.** Blank renewal forms are also available at www.snellville.gov.

_____ Business licenses expire annually on **December 31.** A grace period is provided through **March 31.** **Please mark your calendar and renew your business license on time each year.**

_____ If the business moves, changes location, or closes for any reason, you are required to notify the Department of Planning & Development **in writing.** Failure to notify the City may result in citations or other enforcement action.

_____ For **commercial locations,** all business signage must have an approved permit issued by the Department of Planning & Development. Applications are available at:

Snellville.gov → Government → Planning & Development → Forms & Applications → Signage Applications

Select the appropriate signage application for your business.

For **residential locations,** business signage is not permitted on vehicles or posted on the property.

Only if this is applicable to you:

(Initial or mark N/A)

_____ A Conditional Business License may be issued by the City of Snellville to allow an applicant to obtain the required approval and licensing from the appropriate State Licensing Board.

A Conditional Business License does not authorize business operations. Before commencing operations, the applicant must obtain the required State Board approval and submit a copy of the approved State Board license to the City of Snellville Planning and Development Department. A full Business License must be issued by the City **prior to beginning any business operations.**

90-Day Suspension: If the applicant fails to contact the City or provide an update regarding the status of State Board approval within 90 days of the Conditional Business License issuance date, the Conditional Business License will be suspended.

December 31 Termination: If the applicant has not contacted the City regarding the status of the Conditional Business License by December 31 of the year of issuance, the Conditional Business License will be terminated, and a new Business License application will be required.

IMPORTANT: Operating a business under a Conditional Business License without obtaining the required State Board approval and a full City of Snellville Business License is prohibited.

ACKNOWLEDGMENT

The **City of Snellville appreciates your continued investment in our community and your commitment to doing business in Snellville.**

By signing below, I acknowledge that I am the **owner or authorized agent** of the business identified above and understand that it is my responsibility to renew the business license with the City of Snellville **on or before March 31 of each year.**

I further acknowledge that the Department of Planning & Development must be notified **in writing** if the business:

- Moves to another location within the City of Snellville;
- Moves outside the City limits; or
- Permanently closes or ceases operation.

I understand that failure to comply with these requirements may result in citations or other enforcement action.

SIGNATURES

Business Owner/Authorized Agent Signature:

Printed Name: _____

Date: _____

Witness Signature:

Date: _____

Thank you for being a valued business in the City of Snellville!

GWINNETT COUNTY
DEPARTMENT OF PLANNING AND DEVELOPMENT
446 West Crogan Street, Suite 300 | Lawrenceville, GA 30046-2440
678.518.6000
GwinnettCounty.com

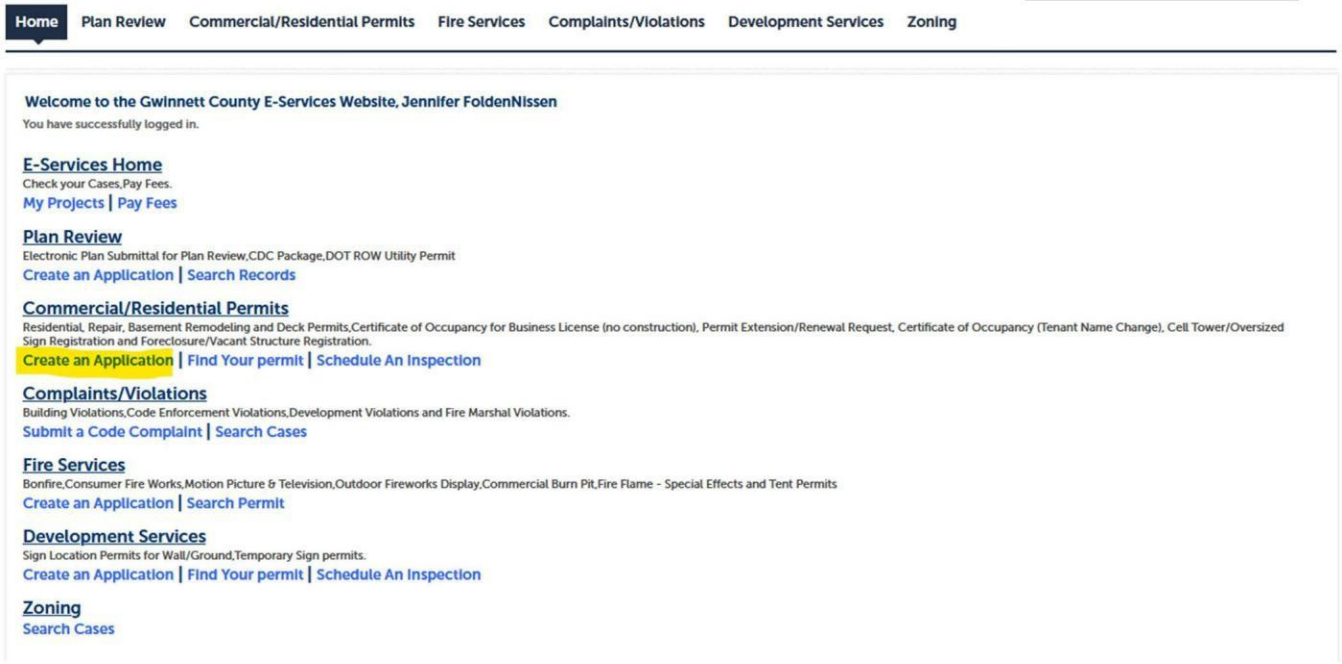
Tenant Name Change Guide Sheet

In order to apply for a Tenant Name Change Permit please follow these simple steps.

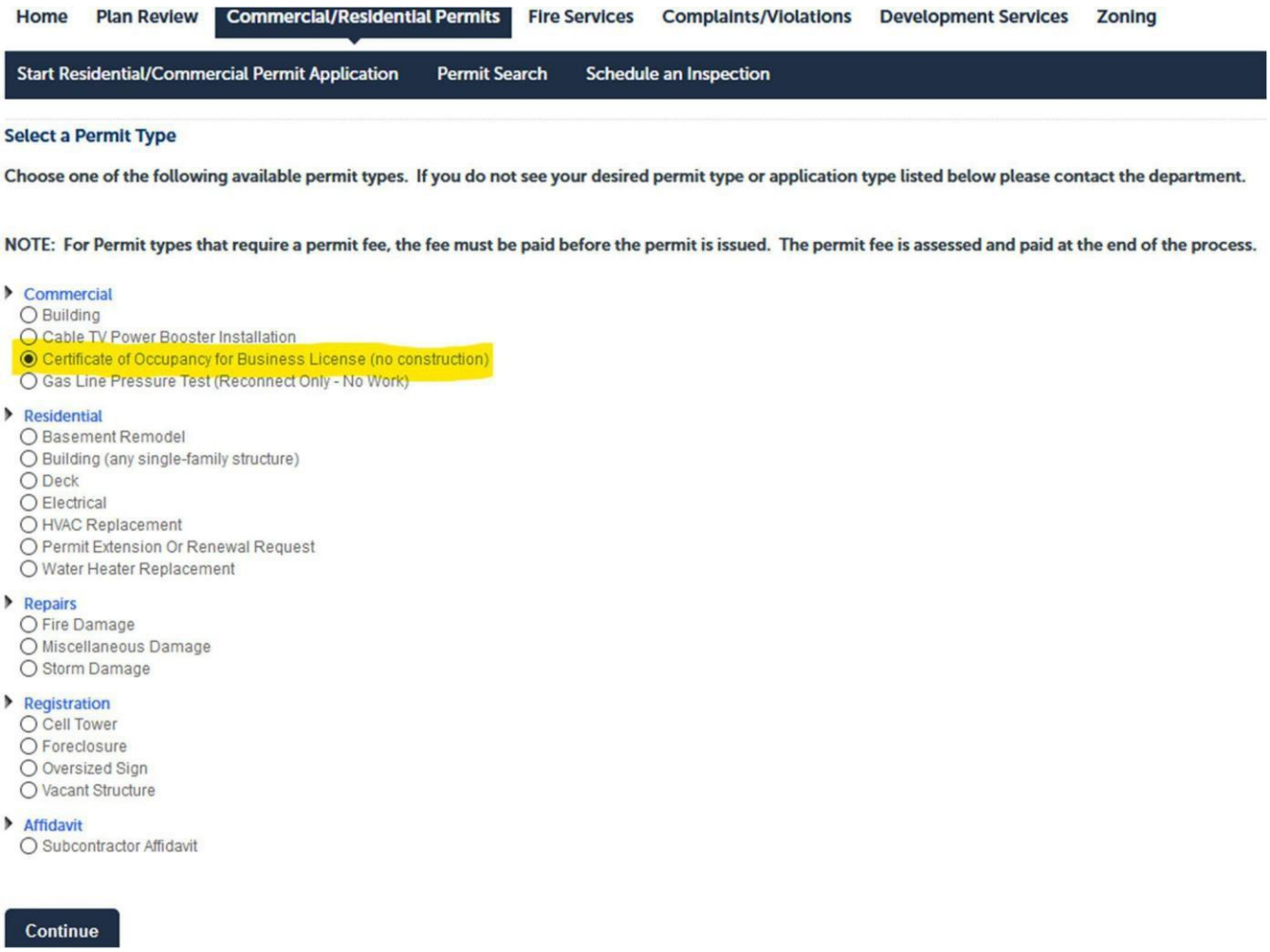
1. In order to apply you must be logged into your account at the Gwinnett County Citizen Access portal at the address below:

https://aca-prod.accela.com/GWINNETT/Welcome.aspx

2. Under Commercial/Residential Services, select "Create an Application".

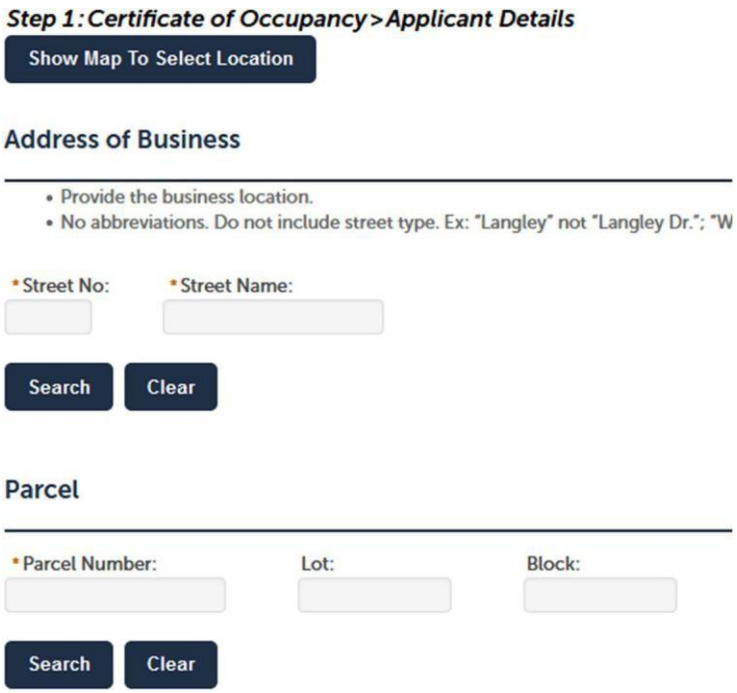


3. In the next menu, under "Commercial", select "Certificat of Occupancy for Business License (no construction)". Then click "Continue".



4. Read the following prompt to make sure that this type of application is right for what you are trying to do. If this matches your intent, click "Continue".

5. Fill In the required information. Be sure to verify the address by clicking the search button. You can also use your parcel number if you have that available to you. Once everything is filled in, click "Continue" at the bottom of the page.
It is recommended that you only fill in the first 3 or 4 letters of the street name.



5. Fill in the following form with the required information about your business, the click "Continue".

6. Review your information to make sure everything is correct. If everything looks correct, click "Submit".