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

USED INTERNET CAR DEALER

Checklist & Application Packet

Mark off each when completed or N/A if not applicable

- ▫ Complete the Business License application.
- ▫ Complete the Sworn Affidavit.
- ▫ Notary service is provided in our office. You must sign the forms in front of a Notary.
- ▫ Complete top ½ of Georgia Zoning Certification form.
- ▫ Submit completed forms. Once approved the fees will be collected before releasing the Conditional License.
- ▫ Submit a signed and executed Lease Agreement.
- ▫ Submit copy of a photo I.D. (Driver's License).
- ▫ If applicable: submit Sanitation Agreement and Fire Marshal Certificate of Occupancy.

A Conditional License will be issued for the business. This Conditional License is only to be used to apply to the State of Georgia Used Car Dealer Board. It is not an approval to operate. Once The State of Georgia has issued the Dealer License for the address in the City Limits of Snellville provide a copy to have your Business License released to operate.

REV 9.14.26

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FOR CITY USE ONLY	**OCCUPATIONAL TAX**	*FOR CITY USE ONLY*
DATE RCVD_____	**COMMERCIAL BUSINESS APPLICATION**	FEES DUE _____
ZONING DISTRICT_____		
SIC CODE_____	**BL#**_____	PAID _____
USE PERMITTED_____		

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 STREET ADDRESS-		MAILING P.O. BOX
CITY, STATE, ZIP –		CITY, STATE, ZIP

TYPE OF OWNERSHIP (CHECK ONE) SOLE PROPRIETOR ____ PARTNERSHIP ____ CORPORATION ____ LLC_____

BRING COPY OF REGISTRATION

TYPE OF BUSINESS_____ NUMBER OF EMPLOYEES_____

LOCAL PHONE NUMBERS

BUSINESS (___)_____ CONTACT NAME_____
FAX (___)_____ CELLULAR (___)_____
E-MAIL_____ CORPORATE (___)_____

PROFESSIONAL PRACTITIONERS *See List Below*

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**

SWORN AFFIDAVIT

FOR USED MOTOR VEHICLE DEALERS IN INTERNET VEHICLE SALES

City of Snellville
Planning & Development Department
2342 Oak Road, 2nd Floor
Snellville, GA 30078
Phone 770.985.3513 OR 770.985.3514 www.snellville.org

[RCVD STAMP HERE]

PROJECT # _____

I, _____ AS PRINCIPAL OWNER OF BUSINESS (NAME): _____ AM APPLYING FOR AN OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE) FROM THE CITY OF SNELLVILLE, GEORGIA TO SELL USED MOTOR VEHICLES ON THE INTERNET,

DO SOLEMNLY SWEAR AND AFFIRM:

- THERE WILL BE NO TEMPORARY OR PERMANENT DISPLAY, PARKING, DELIVERY, OR STORAGE OF ANY SALE VEHICLE ON THE PREMISES AT ANY TIME.
- I UNDERSTAND THAT A SPECIAL USE PERMIT APPROVED BY THE MAYOR AND COUNCIL IS REQUIRED, SUBJECT TO THE USE STANDARDS OF SEC. 206-5.13.J (SEE REVERSE) TO ALLOW FOR THE DISPLAY, PARKING, DELIVERY OR STORAGE OF SALE VEHICLES ON THE PREMISES.
- I UNDERSTAND ZONING VIOLATIONS WILL RESULT IN ISSUANCE OF CITATION(S) TO THE BUSINESS OWNER AND/OR PROPERTY OWNER FOR APPEARANCE IN THE SNELLVILLE MUNICIPAL COURT.
-

_____ _____

Signature of Applicant Date

MUST SIGN IN FRONT OF A NOTARY OF PUBLIC:

_____

NOTARY SIGNATURE

AFFIX NOTARTY STAMP HERE

_____

NOTARY EXPIRES:

Sec. 206-5.13.J. Vehicles Sales, Rental, or Auction

Where vehicles sales, rental, or auction is allowed as a special use in the BG, HSB, and LM Districts, it is subject to the following:

a. The minimum lot size is 2 acres.

b. The property must have at 200 feet of frontage along a street.

c. One thousand linear feet of separation must exist between said business and any other vehicle sales or leasing business. For purposes of this requirement, distance is measured by the most direct route of travel on ground in the following manner:

   i. From the main entrance of the proposed establishment from which vehicle sales or leasing shall occur;

   ii. In a straight line to the nearest public sidewalk, walkway, street, road or highway by the nearest route;

   iii. Along such public sidewalk, walkway, street, road or highway by the nearest route;

   iv. To the main entrance of the existing establishment from which vehicle sales or leasing will occur.

d. All vehicles on the sales lots must be in generally good and operable condition at all times. Wrecked or partially wrecked, dismantled, or non-operable vehicles are not allowed.

e. All vehicles in sales lots shall be parked on a hard-surface marked/striped spaces only and only in areas designated for the display of vehicles for sale and may not be parked in landscape or grassy areas or elevated by the use of a ramp, post or other device higher than 5 feet above grade.

f. Vehicles for sale may not be parked in areas reserved for customer or employee parking.

g. No outdoor incidental uses such as carwashes or air compressors are allowed.

h. The sides and rear of the facility must be screened from view of surrounding properties by an opaque 8-foot high fence.

i. All service and repair work must be performed in a covered service bay with opaque walls on all sides, except at vehicular entrances and exits.

j. Showrooms and/or service bays that keep new/used/service vehicles within building structures must meet all applicable federal, State, County, and local building and life-safety codes (at the time of application for an occupation tax certificate) regarding the storage of hazardous materials.

k. Before the issuance of an occupational tax certificate from the City, all applicants must provide a current copy of required dealer licenses obtained from the State of Georgia.

l. Anyone found to be in violation of these use standards is subject to citation(s) of up to $1,000.00 per day and/or up to 60 days in jail so long as the violation(s)are present on the property.

O.C.G.A § 50-36-1(e)(2)

This Form is Required by the State of Georgia

U. S. CITIZEN / QUALIFIED ALIEN AFFIDAVIT

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:

Occupation Tax Certificate or Alcohol Beverage License

(Business Name) _____ 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 not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or 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 Commission Expires: _____

Rev. 9.14.26

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.

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 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**

Rev. 9.14.26

ZONING CERTIFICATION

Business Owner to complete:

This is to certify that the property listed as:

DEALERSHIP NAME _____ OWNER _____

STREET ADDRESS _____ CITY, STATE, ZIP CODE _____

is currently zoned for use as a Used Motor Vehicle Dealer or Used Motor Vehicle Parts Dealer establishment in the county / city of _____and that current zoning standards will allow a permanent sign on the property that apprises consumers of the dealership.

☐ This Used Motor Vehicle Dealer is ***NOT*** allowed to store inventory or display used motor vehicles for sale at any time.

☐ This Used Motor Vehicle Dealer will operate an "Open Lot" and may display a maximum of _____vehicles for sale at any one time.

_____
Signature of Zoning Commissioner

_____
Printed Name of Zoning Commissioner

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____DAY OF _____, 20___

_____
NOTARY PUBLIC

My Commission Expires _____

Georgia requires a legible ink seal for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal legible when digitized.

NOTARY SEAL

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

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 www.etax.dor.ga.gov.

Acknowledged By: _____ Date: _____

Print Name: _____ Title: _____

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

(770) 985-3527
(770) 985-3540
FAX (770) 985-3542

SOLID WASTE AFFIDAVIT & DISCLOSURE FORM

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

THEREFORE, ALL APPLICANTS FOR A CITY OF SNELLVILLE BUSINESS LICENSE ARE REQUIRED TO CONTACT THE CITY OF SNELLVILLE PUBLIC WORKS DEPARTMENT TO ARRANGE FOR SANITATION SERVICES,

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/Date_____
- Sanitation Account number_____

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.

Signature of Applicant: _____ Date: _____

Print Name: _____ Title: _____

For City Use Only

_____ _____ _____
Approved By (Public Works): Date Account No.

_____ _____
Approved By (Planning & Development): Date

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

STRICTLY FOLLOW INSTRUCTIONS FOR TENANT NAME CHANGE NO CONSTRUCTION. IF THERE WAS CONSTRUCTION STOP NOW AND FILE FOR A BUILDING PERMIT (FIRE SAFETY REVIEW) WITH GWINNETT COUNTY. ONCE APPROVED BY THE COUNTY SUBMIT TO THE THE CITY OF SNELLVILLE FOR A BUILDING PERMIT (BUILDING CODE APPROVAL).

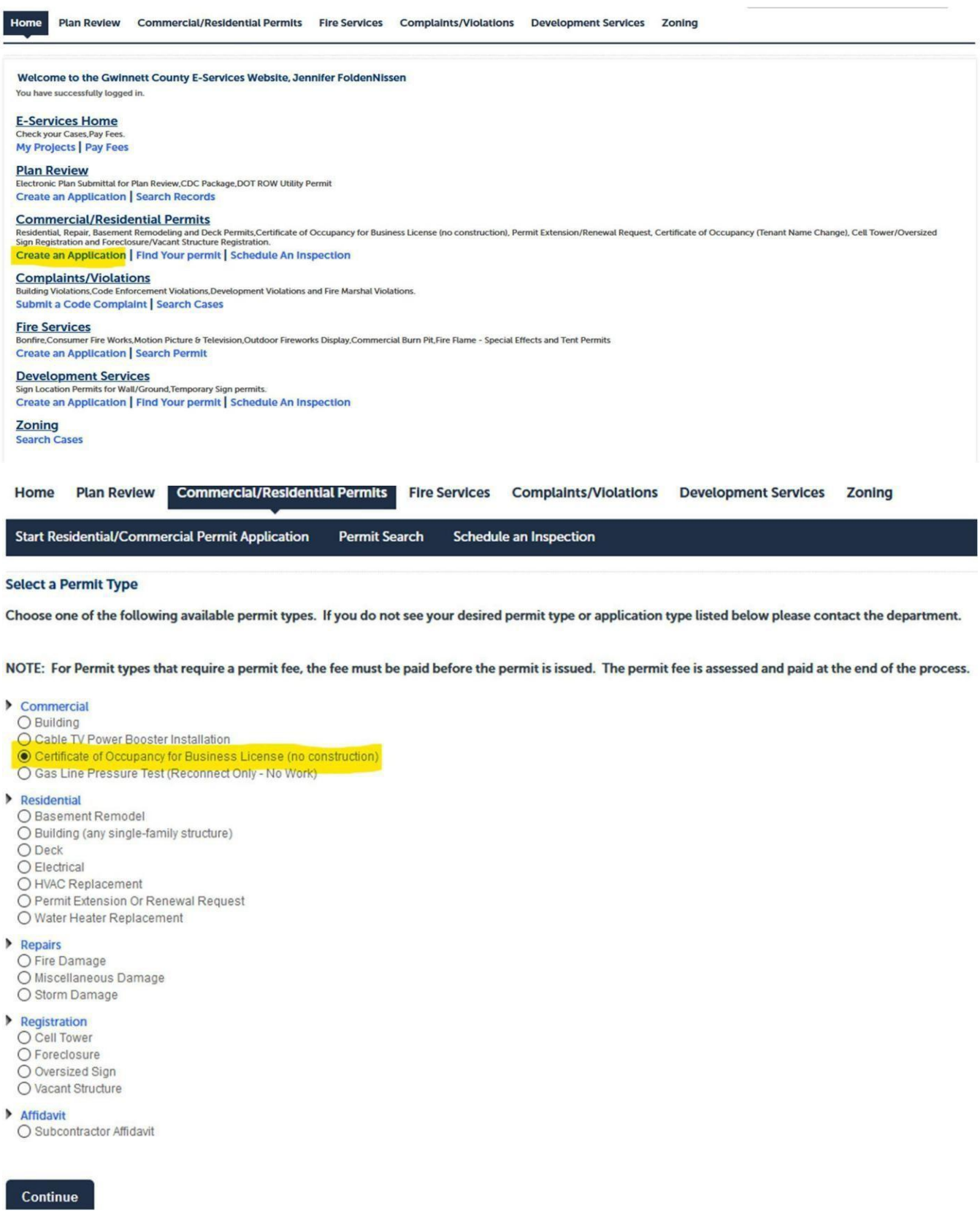
In order to apply for a Tenant Name Change Permit please follow these simple steps.

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

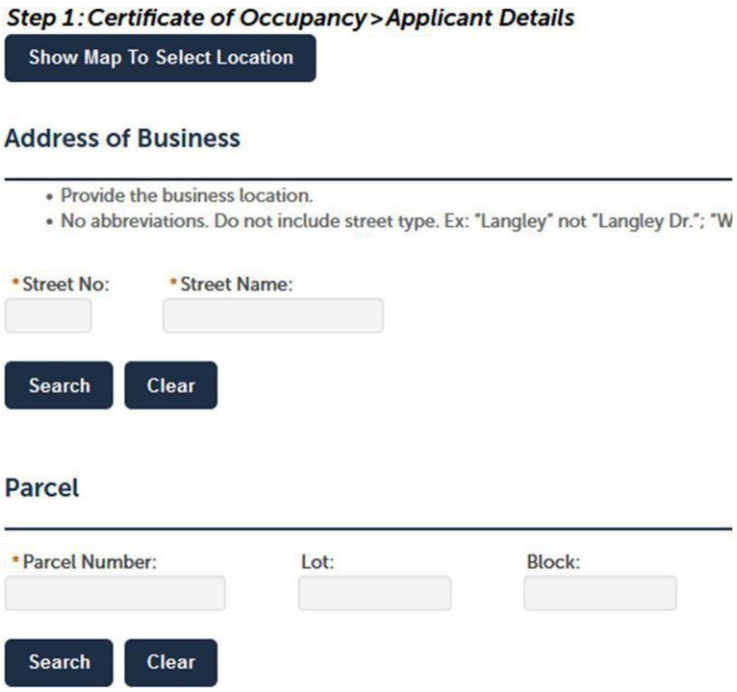
2. Under Commercial/Residential Services, select "Create an Application".

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".

AFFIDAVIT

Business license renewal packets are mailed out every year in December. If you do not receive a packet, contact our office or stop in during normal business hours. **Failure to receive the packet does not excuse the business from renewing on time.** Blank forms will be posted on the website at snellville.gov.

Business licenses expire every year on December 31. A grace period is given until March 31. **Mark your calendar now! After April 1 late fees and citations begin.**

Should the business move or close down for any reason you are required to notify our office in order to avoid possible citations.

For commercial locations signage requires an approved permit issued by Planning & Development. Go to Snellville.org > Government > Planning & Development > Forms & Applications > Scroll to Signage Applications and choose the appropriate application. For residential locations, business signage is not allowed to be posted on vehicles or on the property.

By signing below you are acknowledging that you have received this Information and are aware that it is your sole responsibility to renew the Occupational Tax License (Business License) yearly on or before April 1st.

_____	_____	_____
Print Name	Signature	Date

_____

City of Snellville Staff (Witness Name) Date