



USED INTERNET CAR DEALER

- Complete the Business License application packet.
- Complete the Sworn Affidavit. (unless located on McGee Rd)
- Notary service is provided in our office.
- Complete top 1/2 of Zoning Certification form.
- Submit completed forms and the Occupation Tax Fee (Business License fee)

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. Do not 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.



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 _____
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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 _____

TYPE OF BUSINESS _____ **NUMBER OF EMPLOYEES** _____

LOCAL PHONE NUMBERS

BUSINESS (____) _____
 FAX (____) _____
 E-MAIL _____

CONTACT NAME _____
 CELLULAR (____) _____
 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

[RCVD STAMP HERE]

PROJECT # _____

www.snellville.org

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

SWORN before me in person on this day _____ of month _____ 20____.

Signature of Notary Public

AFFIX NOTARY SEAL

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 ;

Notary Public

My Commission Expires:

AFFIX SEAL HERE

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 renewal application.

Number of Employees _____

More than ten (10) employees, check this box.

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, firm 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 deadlines 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 date of authorization are as follows:

Federal Work Authorization Number _____ Date of Authorization _____
.....

Exempt-Less than ten (10) employees, check this box.

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 O.C.G.A. § 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 established in O.C.G.A. § 13-10-90.

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

Executed on _____, _____, 20____ in _____, (city) _____ (state)

Signature of Authorized Officer or Agent _____

Printed name and Title of Authorized Officer or Agent _____

NOTARY:

Subscribed and sworn to me this _____ DAY OF _____, 20_____

NOTARY PUBLIC
MY COMMISSION EXPIRES _____

(SEAL)