

Applicant's Signature

City of Snellville

DEPARTMENT OF PLANNING AND DEVELOPMENT 2342 OAK ROAD, 2ND FLOOR SNELLVILLE, GA 30078

www.snellville.org

(770) 985-3513 (770) 985-3514

CONTRACTOR REGISTRATION

PLEASE ATTACH A COPY OF YOUR CURRENT OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE), PROFESSIONAL & DRIVER'S LICENSES WITH THIS FORM. PLEASE MAIL FORMS OR HAND DELIVER.

PLEASE MARK THE APPROPRIATE SPACE

GENERAL CONTRACTOR: ELECTRICAL:	_ H/VAC: PLUMBING:
COMPANY NAME:	PHONE:
ADDRESS:	EMAIL:
CITY/STATE/ZIP:	
APPLICANT'S NAME:	PHONE:
ADDRESS:	CELL:
CITY/STATE/ZIP:	
STATE CARD NO: CLA	SSIFICATION:
OCCUPATION TAX CERTIFICATE NO:(Business License #)	EXP.DATE:
In filing this application for registration, I hereby certify that either familiar with, or will become familiar with all require set forth by the City of Snellville Planning & Development	ements and will abide by all the rules and regulations

Print Name