OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA
140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - ***Required Fields**

1. Is this a home-based business?* □Yes □ No
2. Legal Name of Business* Advance Lock & Key Solutions,LLC
3. Doing Business As (if applicable)
4. Phone Number* 678-732-8544
5. Street Address* 170 Cedar Creek Court
   City/State/Zip* Fayetteville, GA 30215
6. Mailing Address* 170 Cedar Creek Court
   City/State/Zip* Fayetteville, GA 30215
7. E-Mail Address* sirjw1@yahoo.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: Advance Lock & Key Solutions LLC
   Corporation Address 170 Cedar Creek Court
   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)***
    This is a mobile Locksmith business. No onsite sales at this address. Only business activity at this location is adminstrative.
11. NAICS Code* 561622 NAICS Descriptor* Locksmith services

APPLICANT/OWNER INFO

12. Name* James Williams III
13. Phone Number* (Home) 678-732-8544 (Cell)
14. Street Address* 170 Cedar Creek Court
    City/State/Zip* Fayetteville, GA 30215
15. Mailing Address* 170 Cedar Creek Court
    City/State/Zip* Fayetteville, GA 30215

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. □ 1 - 3 □ 4 - 6 □ 7 - 10 □ 11-15 □ 16 -25 □ 26 - 50 □ 51 - 100

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 841993481 GA Sales & Use Tax #* N/A E-Verify
18. Are you operating a home-based bakery? * □ Yes □ No Cottage Food License #
19. 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# 106240 BOTTS 7/14/2026 PD 7/14/2026

GEORGIA DEPARTMENT of REVENUE

GEORGIA TAX CENTER

GTC e-Services

FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-587-379-048
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	14-Jul-2026

106240

Your confirmation number is **0-587-379-048**.

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

Print Confirmation

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA

140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214

Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - ***Required Fields**

1. Is this a home-based business?* ■ Yes □ No
2. Legal Name of Business* Candi Pop Treats, LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 678-698-8212
5. Street Address* 115 Dragons Lair
   City/State/Zip* Fayetteville, Georgia 30215
6. Mailing Address* 115 Dragons Lair
   City/State/Zip* Fayetteville, Georgia 30215
7. E-Mail Address* barefootworshipers@gmail.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: Candi Pop Treats, LLC
   Corporation Address 115 Dragons Lair
   City/State/Zip Fayetteville, Georgia 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)***
    Cooking and packaging homemade stove top popcorn to be sold directly to consumers at festivals, vending events, and online.
11. NAICS Code* 311919 / 722330 NAICS Descriptor* Other snack food manufacturing; Mobile food services

APPLICANT/OWNER INFO

12. Name* Candice Ussery
13. Phone Number* (Home) 678-698-8212 (Cell) 678-698-8212
14. Street Address* 115 Dragons Lair
    City/State/Zip* Fayetteville, Georgia 30215
15. Mailing Address* 115 Dragons Lair
    City/State/Zip* Fayetteville, Georgia 30215

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ■ 1 - 3 □ 7 - 10 □ 16 -25 □ 51 - 100
    □ 4 - 6 □ 11-15 □ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 41-5176316 GA Sales & Use Tax #* 20315637829 E-Verify _____
18. Are you operating a home-based bakery? * □ Yes □ No Cottage Food License # N/A
19. Does your occupation require a state license? * □ Yes ■ No *If yes, please provide the license information below*
    License Type Serv Safe Food Handler State License # 82858067 Expiration Date 02/14/2029
    License Type _____ State License # _____ Expiration Date _____

Tracey Taylor

ACCT# 106247 PD 7/24/2026 BOTSS 7/28/2026

GEORGIA DEPARTMENT of REVENUE

GEORGIA TAX CENTER

GTC e-Services

< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-004-513-640
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	28-Jul-2026

106247

Your confirmation number is **1-004-513-640**.

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

Print Confirmation

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA
140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - ***Required Fields**

1. Is this a home-based business?* ☐ Yes ☑ No
2. Legal Name of Business* Divine Styles By Lu LLC
3. Doing Business As (if applicable) _____
4. Phone Number* (912) 314-5630
5. Street Address* 1572 Hwy 85 N. Suite 209
   City/State/Zip* Fayetteville Ga 30228
6. Mailing Address* _____
   City/State/Zip* _____
7. E-Mail Address* luvenia.smith83@gmail.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 371 Bridgemill Ln
   City/State/Zip Hampton Ga 30228
9. Exempt Status: ☐ Non-Profit** ☐ Disable Veteran Owned** ***Documentation Required** N/A
10. Business Activities* ***(be specific as to what type of activity will be performed at the business address)***
    Live selling shows via social media; packing + shipping orders.
11. NAICS Code* 458110 NAICS Descriptor* Clothing + Clothing Accessories Retailers

APPLICANT/OWNER INFO

12. Name* Luvenia Tillman
13. Phone Number* (Home) (912) 314-5630 (Cell) (912) 314-5630
14. Street Address* 371 Bridgemill Ln
    City/State/Zip* Hampton GA 30228
15. Mailing Address* *SAME AS ABOVE*
    City/State/Zip* _____

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ☑ 1 - 3 ☐ 4 - 6 ☐ 7 - 10 ☐ 11-15 ☐ 16 -25 ☐ 26 - 50 ☐ 51 - 100

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 87-1963861 GA Sales & Use Tax #* 30863292 3 E-Verify _____
18. Are you operating a home-based bakery? * ☐ Yes ☑ No Cottage Food License # _____
19. 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# 106241 PD 7/13/2026 BOTTS 7/13/2026

GEORGIA DEPARTMENT of REVENUE

GEORGIA TAX CENTER

GTC e-Services

FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-506-759-528
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	13-Jul-2026

Your confirmation number is **0-506-759-528**.

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

106241

Print Confirmation

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA
140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - ***Required Fields**

1. Is this a home-based business?* ☐Yes ☑No
2. Legal Name of Business* Get Jaded LLC
3. Doing Business As (if applicable)
4. Phone Number* 470-526-5750 / 470-461-6511
5. Street Address* 1572 Highway 85 N
   City/State/Zip* Fayetteville, Ga 30214
6. Mailing Address* 5558 Phillips Drive
   City/State/Zip* Morrow, Ga 30260
7. E-Mail Address* Shop.getjaded@gmail.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: Get Jaded LLC
   Corporation Address 5558 Phillips Drive
   City/State/Zip Morrow Ga, 30260
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)***

11. NAICS Code* 455219 NAICS Descriptor* General Merch. Retailer

APPLICANT/OWNER INFO

12. Name* Kiara-Jade Cordero / Jeffrey Duning
13. Phone Number* (Home) 470-526-5750 (Cell) 404-938-8300
14. Street Address* 5558 Phillips Drive
    City/State/Zip* Morrow, Ga 30260
15. Mailing Address*
    City/State/Zip*

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ☑ 1 - 3 ☐ 7 - 10 ☐ 16 -25 ☐ 51 - 100
    ☐ 4 - 6 ☐ 11-15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 87-2075865 GA Sales & Use Tax #* 309148327 E-Verify
18. Are you operating a home-based bakery? * ☐ Yes ☑No Cottage Food License #
19. 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# 106236 PD 7/7/2026 BOTTS 7/8/2026

GEORGIA DEPARTMENT of REVENUE

GEORGIA TAX CENTER

GTC e-Services

< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-099-062-120
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	08-Jul-2026

Your confirmation number is **0-099-062-120**.

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

106236

Print Confirmation

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA
140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business?* ☐Yes ☑No
2. Legal Name of Business* Greenrise Technologies, LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 803-231-9091
5. Street Address* 150 Tober Trl
   City/State/Zip* Fayetteville, GA 30214
6. Mailing Address* 621 Shore Rd
   City/State/Zip* Gilbert, SC 29054
7. E-Mail Address* morgan.quiroz@greenrise.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: Greenrise Technologies, LLC
   Corporation Address 525 Barker Rd
   City/State/Zip Readyville, TN 37149
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***)
    Erosion control
11. NAICS Code* 541715 NAICS Descriptor* Erosion control

APPLICANT/OWNER INFO

12. Name* Morgan Quiroz
13. Phone Number* (Home) _____ (Cell) 803-348-6031
14. Street Address* 621 Shore Rd
    City/State/Zip* Gilbert SC 29054
15. Mailing Address* _____
    City/State/Zip* _____

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ☐ 1 - 3 ☐ 7 - 10 ☐ 16 -25 ☐ 51 - 100
    ☑ 4 - 6 ☐ 11-15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 46-1896311 GA Sales & Use Tax #* _____ E-Verify 2243792
18. Are you operating a home-based bakery? * ☐ Yes ☑No Cottage Food License # _____
19. 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# 106245 pd7/16/2026 botts 7/20/2026

GEORGIA DEPARTMENT of REVENUE

GEORGIA TAX CENTER

GTC e-Services

< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-586-973-032
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	20-Jul-2026

Your confirmation number is **1-586-973-032**.

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

106245

Print Confirmation

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA
140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - ***Required Fields**

1. Is this a home-based business?* ☐ Yes ☑ No
2. Legal Name of Business* Martinez Tax Firm LLC
3. Doing Business As (if applicable) ____
4. Phone Number* 678-292-8408
5. Street Address* 1572 Highway 85 N Suite 212
   City/State/Zip* Fayetteville GA 30214
6. Mailing Address* 1572 Highway 85 N Suite 212
   City/State/Zip* Fayetteville GA 30214
7. E-Mail Address* Contact@martineztaxfirm.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: Martinez Tax Firm LLC
   Corporation Address 73 Elm St.
   City/State/Zip Griffin GA 30223
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)***
    Tax Preparer, notary, bookkeeping.
11. NAICS Code* 541213 NAICS Descriptor* Tax Preparation Services

APPLICANT/OWNER INFO

12. Name* Lupe Martines
13. Phone Number* (Home) ____ (Cell) 678-790-2878
14. Street Address* 73 Elm St.
    City/State/Zip* Griffin GA 30223
15. Mailing Address* 73 Elm St.
    City/State/Zip* Griffin GA 30223

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ☑ 1 – 3 ☐ 7 – 10 ☐ 16 -25 ☐ 51 - 100
    ☐ 4 – 6 ☐ 11-15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) # [redacted]-39-4761656 GA Sales & Use Tax #* ____ E-Verify ____
18. Are you operating a home-based bakery? * ☐ Yes ☑ No Cottage Food License # ____
19. 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 ____

Pd 7/16/26 Boless 7/8/26 Acct# 106212

GEORGIA DEPARTMENT of REVENUE

GEORGIA TAX CENTER

GTC e-Services

FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	1-239-912-808
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	08-Jul-2026

Your confirmation number is **1-239-912-808**.

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).

106212

Printable View

Print Confirmation

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA
140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - ***Required Fields**

1. Is this a home-based business?* ☐Yes ■ No
2. Legal Name of Business* medlife medical transport
3. Doing Business As (if applicable)_____
4. Phone Number* 3109012040
5. Street Address* 1572 hwy 85 n suite 621
   City/State/Zip* fayetteville Georgia 30214
6. Mailing Address* 1572 hwy 85 n suite 621
   City/State/Zip* fayetteville Georgia 30214
7. E-Mail Address* medlifenemt@icloud.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: medlife medical transport
   Corporation Address 100 hartsfield centre parkway, co
   City/State/Zip college parkway Georgia 30354
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)***
    activities include dispatching , scheduling patient transport, customer service , billing , record ke
    only 1 vehicle and 1 employee
11. NAICS Code* 485991 NAICS Descriptor* special needs transportation

APPLICANT/OWNER INFO

12. Name* mikal gray
13. Phone Number* (Home) 3109012040 (Cell) _____
14. Street Address* 3165 dogwood dr unit 102
    City/State/Zip* Hapeville Georgia 30354
15. Mailing Address* 3165 dogwood dr unit 102
    City/State/Zip* Hapeville Georgia 30354

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ■ 1 - 3 MG ☐ 7 - 10 ☐ 16 -25 ☐ 51 - 100
    X 4 - 6 ☐ 11-15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 415126318 GA Sales & Use Tax #* N/A E-Verify _____
18. Are you operating a home-based bakery? * ☐ Yes ■ No Cottage Food License # _____
19. Does your occupation require a state license? * ■ Yes (■ No) MG *If yes, please provide the license information below.*
    License Type _____ State License # _____ Expiration Date _____
    License Type _____ State License # _____ Expiration Date _____

Tracey Taylor

ACCT# 106242 PD 7/13/2026 BOTSS 7/13/2026

GEORGIA DEPARTMENT of REVENUE

GEORGIA TAX CENTER

GTC e-Services

< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-139-456-872
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	13-Jul-2026

106242

Your confirmation number is **0-139-456-872**.

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

Print Confirmation

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA
140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business?* X Yes ☐ No
2. Legal Name of Business* Mellie's Blessed Care Living Services, LLC
3. Doing Business As (if applicable) _____
4. Phone Number* 347-465 2256
5. Street Address* 788 New Hope Rd
   City/State/Zip* Fayetteville, GA 30214
6. Mailing Address* 788 New Hope Rd
   City/State/Zip* Fayetteville, GA 30214
7. E-Mail Address* mbclservices@yahoo.com
8. Business Structure: * ☐ Sole Proprietor ☐ Partnership X 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 788 New Hope Rd
   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)***
    Licensed Personal Care Home providing non-Medical personal care, supervision, meals, and assistance with activities of daily living for adults.
11. NAICS Code* 623311 NAICS Descriptor* Continuing Care Retirement Communities And Assisted Living Facilities for the Elderly.

APPLICANT/OWNER INFO

12. Name* Mellie Brice
13. Phone Number* (Home) 347-465 2256 (Cell) _____
14. Street Address* 788 New Hope Rd
    City/State/Zip* Fayetteville, GA 30214
15. Mailing Address* 788 New Hope Rd
    City/State/Zip* Fayetteville, GA 30214

EMPLOYEE INFO* ***(include all owners and employees you currently have or plan to hire)***

16. ☑ 1 - 3 ☐ 7 - 10 ☐ 16 - 25 ☐ 51 - 100
    ☐ 4 - 6 ☐ 11-15 ☐ 26 - 50

LICENSES AND REGISTRATION

State Tax ID:

17. Tax ID (EIN) #* 42-3969384 GA Sales & Use Tax #* 20318636494 E-Verify _____
18. Are you operating a home-based bakery? * ☐ Yes X No Cottage Food License # _____
19. Does your occupation require a state license? * X Yes ☐ No *If yes, please provide the license information below.*
    License Type _____ State License # _____ Expiration Date _____
    License Type _____ State License # _____ Expiration Date _____

* Pending Georgia Department of Community Health Approval

Tracey Taylor acct# 106248 pd 7/28/2026 botts 7/28/2026

GEORGIA DEPARTMENT of REVENUE

GEORGIA TAX CENTER

GTC e-Services

< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-540-338-536
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	28-Jul-2026

Your confirmation number is **0-540-338-536**.

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

10624?

Print Confirmation

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA
140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business?* ☐Yes ■ No
2. Legal Name of Business* RTTT CORPORATION
3. Doing Business As (if applicable) _____
4. Phone Number* 6784805005
5. Street Address* 198 KENWOOD RD
   City/State/Zip* FAYETTEVILLE GA. 30214
6. Mailing Address* Po Box 24
   City/State/Zip* RED OAK GA 30272
7. E-Mail Address* RONNIEHOLT842@GMAIL.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: RTTT CORPORATION
   Corporation Address Po Box 24
   City/State/Zip Rex Oak GA 30272
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***)
    NO ACTIVITY WILL BE PERFORMED THERE. OFFICE WORK NO WALK IN TRAFFIC.PAPER WORK ONLY.
    Po Box 24
11. NAICS Code* 56 1110 NAICS Descriptor* Office Administrative Services

APPLICANT/OWNER INFO

12. Name* Ronnie Holt
13. Phone Number* (Home) --- (Cell) 6784805005
14. Street Address* Po Box 24
    City/State/Zip* RED OAK GA 30272
15. Mailing Address* Po Box 24
    City/State/Zip* RED OAK 30272

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ■ 1 - 3 ☐ 7 - 10 ☐ 16 -25 ☐ 51 - 100
    ☐ 4 - 6 ☐ 11-15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 90 0779534 GA Sales & Use Tax #* N/A E-Verify _____
18. Are you operating a home-based bakery? * ☐ Yes ☑ No Cottage Food License # _____
19. 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# 106243 pd 7/20/2026 botss 7/20/2026

GEORGIA DEPARTMENT of REVENUE

GEORGIA TAX CENTER

GTC e-Services

< FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-073-148-776
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	20-Jul-2026

Your confirmation number is **0-073-148-776**.

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

106243

Print Confirmation

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA
140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - ***Required Fields**

1. Is this a home-based business?* ☐Yes ■ No
2. Legal Name of Business* Time With God Ministries
3. Doing Business As (if applicable) Time With God Ministries
4. Phone Number* 219-315-4457
5. Street Address* 101 kenwood Road
   City/State/Zip* Fayetteville Georgia 30214
6. Mailing Address* 7139 HWY 85 Mailbox 741363
   City/State/Zip* Riverdale Ga 30274
7. E-Mail Address* fulltimemin2045@hotmail.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: NA
   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)***
    Speak God's direct word, provide spiritual direction, and encourage the congregation and help people in many other ways.
11. NAICS Code* 813110 NAICS Descriptor* Ministry

APPLICANT/OWNER INFO

12. Name* Myrioneli Martin
13. Phone Number* (Home) _____ (Cell) 219-315-4457
14. Street Address* 7139 HWY 85
    City/State/Zip* Riverdale Ga, 30274
15. Mailing Address* 7139 HWY 85 mailbox 741363
    City/State/Zip* Riverdale Ga, 30274

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ☐ 1 - 3 ☐ 4 - 6 ☐ 7 - 10 ☐ 11-15 ☐ 16 -25 ☐ 26 - 50 ☐ 51 - 100

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 42-2643842 GA Sales & Use Tax #* _____ E-Verify _____
18. Are you operating a home-based bakery? * ☐ Yes ■ No Cottage Food License # _____
19. 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 106244 Bates 7/13/26

GEORGIA DEPARTMENT of REVENUE

GEORGIA TAX CENTER

GTC e-Services

FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-424-907-112
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	13-Jul-2026

Your confirmation number is **0-424-907-112**.

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

106244

Print Confirmation

OCCUPATIONAL TAX CERTIFICATE APPLICATION
FAYETTE COUNTY, GEORGIA
140 Stonewall Avenue W Suite 202 Fayetteville, GA 30214
Please Print & Answer All Questions. Complete Both Pages.

BUSINESS INFO - *Required Fields

1. Is this a home-based business?* ☑ Yes ☐ No
2. Legal Name of Business* Vazquez Floor Covering, Inc.
3. Doing Business As (if applicable) _____
4. Phone Number* 404-391-1509
5. Street Address* 220 Firethorn Ln
   City/State/Zip* Fayetteville, GA 30215
6. Mailing Address* 220 Firethorn Ln.
   City/State/Zip* Fayetteville, GA 30215
7. E-Mail Address* Vazquezfloors@hotmail.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: Vazquez Floor Covering, Inc.
   Corporation Address 220 Firethorn Ln
   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***)
    Flooring Contractor used as an office only
11. NAICS Code* 238330 NAICS Descriptor* Flooring Contractor

APPLICANT/OWNER INFO

12. Name* Ashley Vazquez
13. Phone Number* (Home) _____ (Cell) 404-391-1509
14. Street Address* 220 Firethorn Ln
    City/State/Zip* Fayetteville, GA 30215
15. Mailing Address* 220 Firethorn Ln
    City/State/Zip* Fayetteville, GA 30215

EMPLOYEE INFO* *(include all owners and employees you currently have or plan to hire)*

16. ☐ 1 - 3 ☑ 7 - 10 ☐ 16 - 25 ☐ 51 - 100
    ☐ 4 - 6 ☐ 11-15 ☐ 26 - 50

LICENSES AND REGISTRATION

17. Tax ID (EIN) #* 26-2556377 GA Sales & Use Tax #* N/A E-Verify _____
18. Are you operating a home-based bakery? * ☐ Yes ☑ No Cottage Food License # _____
19. 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# 106246 PD 7/28/2026 BOTTS 7/28/2026

GEORGIA DEPARTMENT of REVENUE

GEORGIA TAX CENTER

GTC e-Services

FAYETTE COUNTY

Confirmation

Submission Information

Logon	c056faye
Status	Submitted
Confirmation Number	0-808-773-992
Taxpayer Name	FAYETTE COUNTY
STI	20229623414
Submission Title	BOTSS Data Submission
Submitted	28-Jul-2026

Your confirmation number is **0-808-773-992**.

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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Print Confirmation