DeKalb County Department of Planning & Sustainability
Lee May
Interim Chief Executive Officer
Andrew A. Baker, AICP
Director

SPECIAL LAND USE PERMIT APPLICATION

Amendments will not be accepted after 5 working days after the filing date.

Date Received: _____ Application No.: _____

APPLICANT NAME: Glory Be, Inc.

Daytime Phone #: 404-788-6414 Fax #: _____

Mailing Address: 2047 N. Ridgeway Rd. NE, Atlanta, GA 30345

E-mail: girleeatglorybe@yahoo.com

OWNER NAME: Gloria Lee
(If more than one owner, attach contact information for each owner)

Daytime Phone #: 404-788-6414 Fax #: _____

Mailing Address: 2047 N. Ridgeway Rd. NE, Atlanta, GA 30345

E-mail: girleeatglorybe@yahoo.com

SUBJECT PROPERTY ADDRESS OR LOCATION: 2047 N. Ridge Way Rd. NE,

Atlanta, DeKalb County, GA, 30345

District(s): 04 Land Lot(s): _____ Block(s): _____ Parcel(s): 18 195 09 020

Acreage or Square Feet: .71 Commission District(s): _____ Existing Zoning: R-100

Proposed Special Land Use (SLUP): hair salon

I hereby authorize the staff of the Planning and Development Department to inspect the property that is the subject of this application.

Owner: ✓ Agent: ____ (Check One)

Signature of Applicant: x Gloria Lee

Printed Name of Applicant: Gloria Lee (for GloryBe, Inc.)

Notary Signature and Seal:

D J Beard
NOTARY PUBLIC
DeKalb County, GEORGIA

exp. 11/27/2021

re: GloryBe Salon, 2047 N. Ridgeway Rd, Atlanta. 30345
SLUP application, Part B

A. The driveway next to the residence is wide enough to accommodate two cars side-by-side. The client schedule, by appointment only, would allow enough time between clients so that only one extra car will be present at any one time. The actual salon space is a converted double-car garage and is more than adequate to render services to clients.
B. The use of the property for a hair salon is compatible with the neighboring residential areas because there will be no continuous traffic or on-street parking that would interfere with the quality of life in the neighborhood.
C. All utilities are available and in use for the entire property (including the main residence of the owner Gloria Lee): water, sewer, electricity and gas.
D. The public street is more than adequate to accommodate the infrequent (usually one each hour) arrivals and departures of clients.
E. There will be no adverse impact on access routes to the location.
F. Ingress and egress to the property is very convenient to the business, located directly next to the salon. Due to the infrequent arrivals and departures of clients and the adequate driveway space, there will be no adverse effect on pedestrian or automotive safety. In the event of fire or other emergency, there is remaining adequate space in the driveway for extra vehicles.
G. The proposed business will not cause any noise, smoke, odor, dust, or vibration that would adversely affect surrounding areas.
H. The hours of operation are confined to daytime hours and will not cause any adverse impacts to the surrounding areas.
I. The hair salon operation is completely self-contained within four walls, and will not be visible to the outside (also no signage); and it will not cause any adverse impact to the surrounding areas.
J. The proposed business is consistent with the current residential zoning because, as stated above, it will be invisible to outside observers, and will not create noise or other unpleasant situations.
K. The proposed business is consistent with the policies of the Comprehensive Plan.
L. The proposed business, due to its unobtrusiveness, will not require any buffer zones.
M. The owner of the business, through her attached residence, already has garbage pickup service through the county; also, there is a minimal amount of extra trash associated with the business.
N. The special land use permit should be for an indefinite period of time, and should not be limited in duration.
O. There will be no proposed extra buildings associated with this business.
P. There are no adverse impacts on historic buildings or districts, nor on any archaeological resources.
Q. The proposed use satisfies the requirements contained within the Supplemental Regulations for a special land use permit.

R. The building is already a part of the existing residence and is only one story tall; it doesn't cast any shadow on neighboring residences.
S. The proposed business would not cause a disproportional proliferation of similar uses in the residential area,
T. The business would be consistent with the needs of the neighborhood and community, and would be compatible with the existing nature of the area. It would not conflict with the overall objectives of the comprehensive plan.

DeKalb County GEORGIA

DeKalb County Department of Planning & Sustainability

DeKalb County GEORGIA

BUSINESS NAME Glory Be, Inc. LICENSE #/OCCUPATION TAX # _____

NUMBER OF EMPLOYEES (COMPANY-WIDE) 1

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

SECTION 1. **Please check only one:**

☐ (A) On January 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10)** employees[1]

*** If you select Section 1(A), please fill out Section 2 and then execute below.

☑ (B) On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer** employees.

*** If you select Section 1(B), please **skip** Section 2 and execute Section 3 below.

SECTION 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

SECTION 3.

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

Executed on September, 8, 20 20 **in** Atlanta **(city),** GA **(state).**

x Gloria Lee
Signature of Authorized Officer or Agent

Gloria Lee President/owner
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 8th DAY OF September, 20 20.

D J Beard
NOTARY PUBLIC
My Commission Expires: 11/27/2021

D J Beard
NOTARY PUBLIC
DeKalb County, GEORGIA

[1] Sec. 15-27 Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2 but not a form I.R.S. 1099.

DeKalb County GEORGIA

DeKalb County Department of Planning & Sustainability

DeKalb County GEORGIA

Glory Be, Inc.
Business Name

License #/Occupation Tax #

☑ Business Occupation Tax Certificate
☐ Alcohol License

AFFIDAVIT VERIFYING STATUS FOR COUNTY PUBLIC BENEFIT APPLICATION

O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a Business License / Occupational Tax Certificate as referenced in O.C.G.A. § 50-36-1, from DeKalb County the undersigned applicant verifies one of the following with respect to my application for public benefit:

Do not check more than ONE option.

☑ 1) I am a United States citizen, 18 years of age or older.

☐ 2) I am a legal permanent resident of the United States 18 years of age or older.

☐ 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 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: _____.

The undersigned applicant also herby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: (i.e. driver's license, I-551, I-766, Passport, etc.)

_____

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, of the Official Code of the State of Georgia.
Executed on this the 8th day of September, 2020.

× Gloria Lee
Signature of Applicant

Gloria Lee
Printed Name of Applicant

404. 788. 6414
Applicant Phone Number

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 8th DAY OF September, 2020

D Beard
NOTARY PUBLIC
My Commission Expires: 11/27/2021

D J Beard
NOTARY PUBLIC
DeKalb County, GEORGIA

DeKalb County
GEORGIA

330 W. Ponce de Leon Ave
Decatur, GA 30030
www.dekalbcountyga.gov/planning
Office: 404-371-2155

Chief Executive Officer
Michael Thurmond

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Andrew A. Baker, AICP

BUSINESS REGISTRATION AFFIDAVIT

ALL STATEMENTS MUST BE INITIALED AND MUST BE EXECUTED UNDER OATH (NOTARIZED).

TO BE COMPLETED BY APPLICANT

✓ I do solemnly swear that the information on this application is true, and that no false or misleading statement is made herein to obtain a business occupation tax certificate.

✓ I understand that if I provide false or misleading information in this application, I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application.

✓ I understand that I must comply with all county ordinances and regulations.

✓ I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate.

✓ I hereby acknowledge receipt of the DeKalb County Smoke-Free Air Ordinance pursuant to Code Sec. 16-108(c). **Click link for PDF download, or Check Box to request hard copy, or Scan QR Code for web link**

CLICK FOR PDF DOWNLOAD | ☐ **REQUEST HARD COPY** | **SCAN FOR WEB LINK**

TO BE COMPLETED BY BUSINESS PREMISES OWNER

✓ I, the owner of the property, swear to maintain the business premises in accordance with all applicable property maintenance regulations under this Code as it currently exists or is hereafter amended, including but not limited to sign, debris, and vegetation regulations pursuant to DeKalb County Ordinance Code. Sec. 15-28(5)(g).

APPLICANT'S AUTHORIZATION

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 8th DAY OF September 20 20.

D J Beard

NOTARY PUBLIC

My Commission Expires: 11/27/2021

D J Beard
NOTARY PUBLIC
DeKalb County, GEORGIA

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on September, 8, 2020

In Atlanta (City) GA (State)

Gloria Lee, President/owner

Printed Name and Title of Applicant

× Gloria Lee

Signature of Applicant

BUSINESS PREMISES OWNER'S AUTHORIZATION IF DIFFERENT FROM APPLICANT

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____ 20_____.

NOTARY PUBLIC

My Commission Expires: _____

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

_____, _____, 20_____

In _____ (City)_____(State)

Printed Owner's Name

Signature of Owner

DeKalb County
GEORGIA

330 W. Ponce de Leon Ave
Decatur, GA 30030
www.dekalbcountyga.gov/planning
Office: 404-371-2155

Chief Executive Officer
Michael Thurmond

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Andrew A. Baker, AICP

DEKALB COUNTY
BUSINESS REGISTRATION APPLICATION INSTRUCTIONS

BUSINESS INFORMATION	
BUSINESS OWNERSHIP/ ENTITY	**CHECK ONLY ONE** • Sole Proprietor • Limited Liability Company (LLC) • Partnership ✓ Corporation • Trust • Other – provide details
BUSINESS TYPE	**CHECK ONLY ONE** ✓ For Profit • Non-Profit *(educational or charitable organization)*
FED EMPLOYER ID #	**ENTER Federal Employer's Identification Number (EIN)** ✓ Issued by the Internal Revenue Service (IRS) 58-2499881 • Used to identify business entity
GA SALES AND USE TAX #	**ENTER Georgia Sales and Use Tax Number** ✓ Issued by GA Department of Revenue 301-570399
FED WORK AUTHORIZATION #	**ENTER Federal Work Authorization Identification Number** • Also known as E-Verify Company ID number n/a • Required for ten (10) or more employees, if less than 10 employees enter **"N/A"**
PERMIT/ C.O.#	**ENTER Permit/ Certificate of Occupancy Number** ? • Issued by DeKalb County – Planning and Sustainability • REQUIRED FOR ALL COMMERCIAL LOCATION TYPES
LOCATION TYPE	**CHECK ONLY ONE** ✓ Homebased *(Using residential address as physical address)* ➢ *Home Occupation Supplemental Registration Form required* • Commercial *(Zoning requirements apply and may be subject to SLUP)* ➢ *Certificate of Occupancy Required* **(Physical location of the business and/or principal office address)**
SANITATION PROVIDER NAME	**ENTER "DEKALB COUNTY"** or the name of the Private Sanitation Company Provider
DEKALB COUNTY SANITATION #	**ENTER DeKalb County Sanitation Location Number** if DeKalb County Sanitation is provider, if not **ENTER "N/A"**
LEGAL/ ENTITY NAME	**ENTER** Legal Name for sole proprietor or entity name registered with the Secretary of State Glory Be, Inc.
TRADENAME/ DBA NAME	**ENTER** tradename if doing business different from legal/entity name • Trade Name MUST be registered with Clerk of Superior Court of DeKalb County, or provide franchise agreement Glory Be Salon
PRIMARY LINE OF BUSINESS TO BE CONDUCTED	**ENTER** Description of Dominant Line of Business Conducted. 812112 • Refer to the **NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)** for classifying business establishments personal care services

PRIMARY LINE OF BUSINESS TO BE CONDUCTED *(continued)*	• Line of Business which the greatest amount of amount of income is derived • Line of Business which the **Occupation Tax** category will be based on hair salon
OTHER LINE OF BUSINESS TO BE CONDUCTED	**ENTER** Description of Other Line of Business Conducted. • Line of business MUST also comply with zoning requirements of property n/a
PHONE	**ENTER** primary business phone number 404-876-7713
EMAIL	**ENTER** primary business email address girlee at glarybe@yahoo.com
PHYSICAL (LOCATION) ADDRESS	**ENTER** Physical address or location of business within county limits **(UNINCORPORATED DEKALB COUNTY ONLY)** • PO BOX NOT PERMITTED HERE • Office where a business, profession, or occupation is conducted or where services are provided 2047 N. Ridgeway Rd. NE Atlanta, GA 30345
BILL TO/MAILING ADDRESS	**ENTER** mailing or billing address • **PO BOX PERMITTED HERE** same
APPLICANT'S INFORMATION	
APPLICANT (INDIVIDUAL) FIRST & LAST NAME	**CHECK BOX,** if applicant is an individual **ENTER** Individual's First and Last Name. • MUST MATCH **driver's license.** n/a
DRIVER'S LICENSE #:	**ENTER** driver's license number • INDIVIDUAL APPLICANT ONLY
APPLICANT (BUSINESS ENTITY) LEGAL AND TRADENAME	**CHECK BOX ONLY,** if applicant is a business entity **ENTER** legal entity and Trade Name ✓ MUST BE REGISTERED AND ACTIVE GloryBe, Inc. d/b/a GloryBe Salon
STATE OR JURISDICTION REGISTERED	**ENTER** state or jurisdiction where business entity is registered with the secretary of state GA.
PHONE	**ENTER** applicant's phone number 404-788-6414
EMAIL	**ENTER** applicant's email address girlee at glarybe @ yahoo.com
ADDRESS	**ENTER** applicant's address • MUST MATCH **driver's license of applicant** 1412 Oakridge Circle Decatur, GA 30033
TITLE/ POSITION	**ENTER** Applicant's corporate officer Title and Position President / owner
AUTHORIZED AGENT	**CHECK ONLY ONE** ✓ • YES, authorized to receive legal process and notices on behalf of business • If NO, provide description of business relationship
OWNERSHIP INFORMATION List **EACH** owner with **10%** or more ownership interest. **SKIP** if applicant is sole owner with 100% ownership interest.	
OWNER 1 (INDIVIDUAL) FIRST & LAST NAME	**CHECK BOX,** if owner 1 is an individual **ENTER** Individual's First and Last Name. • MUST MATCH **driver's license.** Gloria Lee 1412 Oakridge Circle Decatur, GA 30033 100%
DRIVER'S LICENSE #:	**ENTER** driver's license number • INDIVIDUAL APPLICANT ONLY
OWNER 1 (BUSINESS ENTITY) LEGAL AND TRADE NAME	**CHECK BOX,** if owner 1 is a business entity **ENTER** legal entity and Trade Name • MUST BE REGISTERED AND ACTIVE n/a

STATE OR JURISDICTION REGISTERED *(continued)*	**ENTER** state or jurisdiction where business entity is registered with the secretary of state GA.
PHONE	**ENTER** owner 1 phone number 404-788-6414
EMAIL	**ENTER** owner 1 email address girlee at glory be @ yahoo.com
ADDRESS	**ENTER** owner 1 address 1412 Oakridge Circle, Decatur, GA 30033 *
TITLE/ POSITION	**ENTER** owner 1 corporate officer Title and Position President / owner
OWNERSHIP INTEREST PERCENTAGE (%)	**ENTER** owner 1 ownership interest of the business as a percentage. 100%.
OWNER 2 (INDIVIDUAL) FIRST & LAST NAME	**CHECK BOX,** if owner 2 is an individual **ENTER** Individual's First and Last Name. • MUST MATCH **driver's license.**
DRIVER'S LICENSE #:	**ENTER** driver's license number • INDIVIDUAL APPLICANT ONLY
OWNER 2 (BUSINESS ENTITY) LEGAL AND TRADE NAME	**CHECK BOX,** if owner 2 is a business entity **ENTER** legal entity and Trade Name • MUST BE REGISTERED AND ACTIVE
STATE OR JURISDICTION REGISTERED	**ENTER** state or jurisdiction where business entity is registered with the secretary of state
PHONE	**ENTER** owner 2 phone number
EMAIL	**ENTER** owner 2 email address
ADDRESS	**ENTER** owner 2 address
TITLE/ POSITION	**ENTER** owner 2 corporate officer Title and Position
(Attach Additional Sheet(s) As Needed)	Complete and Attached additional sheet(s) as needed for business with more than two owners. *(Please provide the same information required for owner 1 & 2)*
TOTAL NUMBER OF OWNERS	**ENTER** the sum of the number of owners. (1)
TOTAL OWNERSHIP INTEREST PERCENTAGE (%)	**ENTER** the sum of the percentage of the ownership interest. • MUST EQUAL TO 100% 100%.
BUSINESS OCCUPATION TAX	
LINE 1 GEORGIA GROSS RECEIPTS	**ENTER** Current year Estimated Gross Receipts as defined by DeKalb County Ordinance Section 15-27(9). $ 90,000.00
LINE 2 EXEMPTION	**$20,000.00** Allowance
LINE 3 TAXABLE GROSS RECEIPTS	**Subtract LINE 2 from LINE 1, If Negative ENTER "0"** $ 70,000.00
LINE 4 GROSS RECEIPT TAX	**STEP 1** Use the DeKalb County Business Occupation Tax Table to get the **Gross Receipt Tax Rate** that corresponds to the first three (3) digits of your **NAICS CODE**, which describes the primary business activity. .0013
	STEP 2 **ENTER Gross Receipt Tax Rate** identified in **STEP 1.** .0013

(moved 9/1/2020)

* 2047 N. Ridgeway Rd. NE
Atlanta, GA 30345

LINE 4 GROSS RECEIPT TAX *(continued)*	**STEP 3**	Multiply **LINE 3** by Gross Receipt Tax Rate entered in **STEP 2**. (if the total is more than $50,000.00 ENTER **($50,000.00)** 91.00
LINE 5 EMPLOYEE/ PRACTITIONER	**STEP 1**	Select **ONLY** one. *(Employee Fee or Professional election.)*
	STEP 2	**ENTER** number of Employee(s) or Practitioner(s) *(At least one (1), including owner or operator)* 1
	STEP 3	**ENTER Employee Rate** which corresponds with the first three (3) digits of your **NAICS CODE** from the DeKalb County Business Occupation Tax Table or; **ENTER Practitioner Rate of $400.00** 14.00
	STEP 4	Multiply the number of Employee(s) or Practitioner(s) identified on **LINE 5, STEP 2**, by Employee Rate or Practitioner Rate **LINE 5, STEP 3** 14.00
	PRACTITIONER as defined Sec. 15-27(17). The following Fees are **NOT INCLUDED** if Practitioner's election is made; • **GROSS RECEIPT TAX (LINE 4)** • **ADMINISTRATIVE FEE (LINE 6)** • **FLAT FEE (LINE 7)**	
LINE 6 ADMINISTRATIVE FEE	**$75.00** *(Nonrefundable or Nontransferable)*	75.00
LINE 7 FLAT TAX FEE	**$50.00 FEE**	50.00
LINE 8 TOTAL TAX DUE	***Enter Sum Lines 4, 5, 6 & 7***	$ 230.00
APPLICANT'S ACCEPTANCE AND ACKNOWLEDGEMENT		
PRINT APPLICANT'S NAME	**ENTER applicant's First and Last Name** *(Print)*	GLORIA LEE
APPLICANT'S SIGNATURE	**Applicant's Signature**	x Gloria Lee
DATE	**ENTER Date application executed**	9/8/2020

THE FOLLOWING OPTIONS ARE AVAILABLE FOR YOU TO SUBMIT YOUR FORMS AND PAY YOUR FEES:

Option 1 – Submit Forms via Email and Pay Online
Complete and submit the application along with the required documentation to blicense@dekalbcountyga.gov. Once received, allow one (1) week for review and processing. Upon completion, the department will generate fees and post to your account for online payment. (You must register online to make payments online).

Option 2 – Submit Forms and Payment via Mail
Complete and submit the application along with the required documentation and payment to DeKalb County Business License P.O. Box 100020 Decatur, GA. 30031-7020. Once received, allow two (2) weeks for review and processing.

Option 3 – Submit Forms and Payment in Person
Complete and bring your application along with the required documentation and payment to 330 W. Ponce de Leon Ave. 2nd floor Decatur, GA 30030. Intake will review the application for completeness. Please allow one (1) week for the final review after submission.

ALL APPROVED BUSINESS LICENSE WILL BE MAIL AND/OR EMAIL.

DeKalb County
GEORGIA

DEPARTMENT OF PLANNING & SUSTAINABILITY

DEKALB COUNTY BUSINESS REGISTRATION APPLICATION

BUSINESS INFORMATION

☐ SOLE PROPRIETOR ☐ LIMITED LIABILITY COMPANY (LLC) ☐ PARTNERSHIP ☒ FOR PROFIT
☒ CORPORATION ☐ TRUST ☐ OTHER _____ ☐ NON-PROFIT

FED EMPLOYER ID #	GA SALES AND USE TAX #	FED WORK AUTHORIZATION #	PERMIT / C.O.#
58-2499881	301-570399	n/a	

LOCATION TYPE	SANITATION PROVIDER NAME	DEKALB COUNTY SANITATION #
☒ HOME BASED ☐ COMMERCIAL	Dekalb County	SR# 2404205

LEGAL / ENTITY NAME: Glory Be, Inc.
TRADE NAME / DBA NAME: GloryBe Salon

PRIMARY LINE OF BUSINESS TO BE CONDUCTED: hair salon

OTHER LINE OF BUSINESS TO BE CONDUCTED: n/a

PHONE: 404-876-7713 EMAIL: girlee at glorybe @ yahoo.com

PHYSICAL (LOCATION) ADDRESS (Street, City, State, Zip) P. O. BOX NOT PERMITTED
2047 N. Ridgeway Rd. NE, Atl. GA 30345 | ⟶ | GA |

BILL TO/MAILING ADDRESS (Street City, State, Zip) (If different) P. O. BOX PERMITTED

APPLICANT'S INFORMATION

☐ APPLICANT (INDIVIDUAL)
FIRST NAME: _____
LAST NAME: _____
DRIVER'S LICENSE #: _____
PHONE: _____
ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____
TITLE / POSITION: _____

☒ APPLICANT (BUSINESS ENTITY)
LEGAL NAME: GloryBe, Inc.
TRADE NAME: Glory Be Salon
STATE OR JURISDICTION REGISTERED: Georgia
EMAIL: girlee at glorybe @ yahoo.com
ADDRESS (Street) _____ (City) Atlanta (State) GA (Zip) 30324
AUTHORIZED AGENT ☐ YES ☐ NO
if NO, Provide description of relationship to business: _____

OWNERSHIP INFORMATION

(List **EACH** owner with 10% or more ownership interest. **SKIP** if applicant is sole owner with 100% ownership interest.)

☑ OWNER 1 (INDIVIDUAL)
FIRST NAME: Gloria
LAST NAME: Lee
DRIVER'S LICENSE #: 004689304
PHONE: 404-788-6414
ADDRESS (Street) 1412 Oakridge Circle (City) Decatur (State) GA (Zip) 30033
TITLE / POSITION: President / Owner
OWNERSHIP INTEREST PERCENTAGE (%) 100

☐ OWNER 1 (BUSINESS ENTITY)
LEGAL NAME: _____
TRADE NAME: _____
STATE OR JURISDICTION REGISTERED: _____
EMAIL: _____
ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____
TITLE / POSITION: _____
OWNERSHIP INTEREST PERCENTAGE (%) _____

☐ OWNER 2 (INDIVIDUAL)
FIRST NAME: _____
LAST NAME: _____
DRIVER'S LICENSE #: _____
PHONE: _____
ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____
TITLE / POSITION: _____

☐ OWNER 2 (BUSINESS ENTITY)
LEGAL NAME: _____
TRADE NAME: _____
STATE OR JURISDICTION REGISTERED: _____
EMAIL: _____
OWNERSHIP INTEREST PERCENTAGE (%) _____

(Attach Additional Sheet(s) As Needed)

TOTAL NUMBER OF OWNERS: 1 TOTAL OWNERSHIP INTEREST PERCENTAGE: 100%

DeKalb County
GEORGIA

DEPARTMENT OF PLANNING & SUSTAINABILITY

BUSINESS OCCUPATION TAX		
1. **GEORGIA GROSS RECEIPTS** (Current Year Estimate)	$ 90,000.00	
2. **EXEMPTION**	$20,000.00	
3. **TAXABLE GROSS RECEIPTS** *(Subtract line 2 from line 1, if negative enter $0.00)*	$ 70,000.00	
4. **GROSS RECEIPT TAX** (Max. $50,000.00) *(Multiply line 3 by rate)*	NACIS: 812112 Rate: .0013	$ 91.00
5. ☒ **EMPLOYEE FEE** ☐ **PROFESSIONALS ELECTION** * (At least one, include owner/operator) *(Multiply # of Employees or Practitioners by Rate)* *Required E-Verify # if 10 or More Employees*	**Number of Employees or Practitioners** 1 **Rate** 14.00	$ 14.00
6. **ADMINISTRATIVE FEE $75.00** *(Nonrefundable/ Nontransferable)*		$ 75.00
7. **FLAT TAX FEE $50.00**		$ 50.00
8. **TOTAL TAX DUE** *(Enter Sum Lines 4, 5, 6 & 7)*		$ 230.00

APPLICANT'S ACCEPTANCE AND ACKNOWLEDGEMENT

Glory Be, Inc.	x Gloria Lee	09/08/2020
PRINT APPLICANT'S NAME	APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy)

ZONING DIVISION OFFICE USE ONLY

SAP/ SLUP APPROVAL ☐ YES ☐ NO ☐ NOT APPLICABLE	**DESCRIPTION OF USE:** _____ _____ **Code Section:** _____
OVERLAY DISTRICTS AND/ OR ZONING CONDITIONS ☐ YES ☐ NO ☐ NOT APPLICABLE	**DESCRIPTION/ COMMENTS:** _____ _____ _____
LOE APPROVAL ☐ YES ☐ NO ☐ NOT APPLICABLE	**DESCRIPTION/ COMMENTS:** _____ _____ _____

PRINT REVIEWER'S NAME	REVIEWER'S SIGNATURE	DATE (mm/dd/yyyy)

*Professionals Election O.C.G.A 48-13-9 (C)(2). Flat Fee of $400.00/ Professional Practitioner.

DeKalb County
GEORGIA

404.371.2155 (o)
404.371.4556 (f)
DeKalbCountyGa.gov

Clark Harrison Building
330 W. Ponce de Leon Ave
Decatur, GA 30030

Chief Executive Officer
Michael Thurmond

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Andrew A. Baker, AICP

HOME OCCUPATION SUPPLEMENTAL REGISTRATION FORM

BUSINESS INFORMATION

Description of Business

☐ Home Office For: _____

☒ Other: hair salon

Address *(Street, City, State, Zip)*

2047 N. Ridgeway Rd. NE	Atlanta	GA	30345

APPLICANT INFORMATION

First Name: Gloria	Last Name: Lee
Phone Number: 404-788-6414	Email: girleeatglorybe@yahoo.com
Address *If Different (Street, City, State, Zip)*	

APPLICANT'S ACCEPTANCE AND ACKNOWLEDGEMENT OF SEC. 27-4.2.31

A. A home occupation where no customer contact occurs shall be considered a Type I home occupation and may be conducted with administrative approval by the director of planning.

1. Up to two (2) full-time residents of the premises are allowed to conduct separate home occupations in the same dwelling. In reviewing such a request, the local government may consider the reason, potential residential impact, parking needs, hours of operation and other relevant factors.

B. All home occupations other than Type I home occupations shall be considered a Type II home occupation and shall require a special land use permit (SLUP). Additional conditions may be placed on the approval of a Type II home occupation in order to ensure the home occupation will not be a detriment to the character of the residential neighborhood.

1. Customer contact is allowed for Type II home occupations.
2. Up to two (2) full-time residents of the premises are allowed to conduct separate home occupations in the same dwelling. In reviewing such a request, the local government may consider the reason, potential residential impact, parking needs, hours of operation and other relevant factors.

C. All home occupations shall meet the following standards:

1. There shall be no exterior evidence of the home occupation.
2. No use shall create noise, dust, vibration, odor, smoke, glare or electrical interference that would be detectable beyond the dwelling unit.
3. The use shall be conducted entirely within the dwelling unit, and only persons living in the dwelling unit shall be employed at the location of the home occupation.
4. No more than twenty-five (25) percent of the dwelling unit and or five hundred (500) square feet, whichever is less, may be used for the operation of the home occupation.
5. No more than one (1) business vehicle per home occupation is allowed.
6. No home occupation shall be operated so as to create or cause a nuisance.
7. Home occupation shall not include the use of a dwelling unit for the purpose of operating any automobile repair establishment, or car wash.
8. Occupations that are mobile or dispatch-only may be allowed, provided that any business vehicle used for the home occupation complies with Section 6.1.3, and is limited to one (1) business vehicle per occupation.

DeKalb County
GEORGIA

404.371.2155 (o)
404.371.4556 (f)
DeKalbCountyGa.gov

Clark Harrison Building
330 W. Ponce de Leon Ave
Decatur, GA 30030

D. Private educational services shall comply with home occupation standards and no more than three (3) students shall be served at a time. Family members residing in the home are not counted towards the three (3) students allowed.

I agree to abide by the regulations listed above.

x Gloria Lee
Applicant's Signature

9/8/2020
Date

OWNER'S AUTHORIZATION

The property owner should complete this form, or a similar signed and notarized form, if the individual who is filling the application with the County is not the property owner. If there is more than one (1) property owner, please attach additional authorizations. n/a

TO WHOM IT MAY CONCERN.

(I), (We), _____
Name of Owners

Being (owner), (owners) of the subject property identified in this application, hereby delegate(s) authority to

_____ to use my property as a
Name of Applicant or Representative

Home Based Business in accordance with Sec. 27.4.2.31 of the DeKalb County Code.

_____ _____
Notary Public Owner(s)

Date: _____

Stamp/Seal:

ZONING OFFICE USE ONLY

Zoning Classification:	**APPROVED** YES NO
	DATE
Print Name / **Signature**	

DeKalb County
GEORGIA

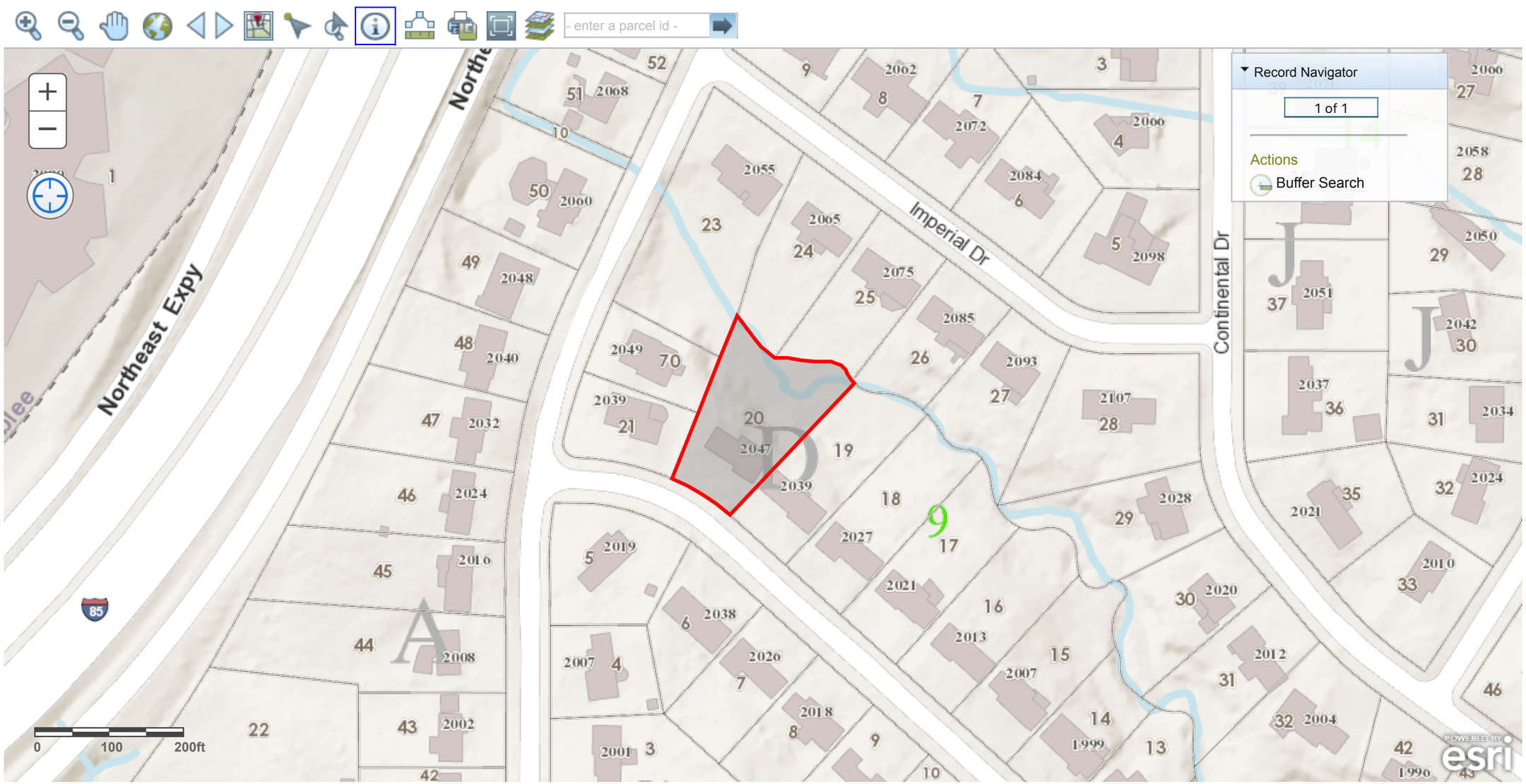
Property Search

Property Appraisal Home | Real Estate Search | Personal Property Search | Advanced/Sales Search | Map Search

- Profile
- Value History
- Appeals History
- Appeal by Year
- Current Values
- Commercial
- Detached Improvements
- Land
- **Map**
- Pictometry
- Permits
- Photos
- Residential Structure
- Sales
- Sketch
- Exemptions

PARID: 18 195 09 020
Tax Dist: 04-UNINCORPORATED
LEE GLORIA RUTH

2047 RIDGEWAY RD NE N



2047 N Ridgeway Rd

01/26/2020

Gmail

Search mail

Compose

- Inbox 701
- Starred
- Snoozed
- Important
- Sent
- Drafts
- Categories
  - Social 52
  - Updates 105
  - Forums 95
  - Promotions 514
- --TO DO--
- 916 Myrtle
- Berger
- Book Club

Meet

- New meeting
- Join a meeting

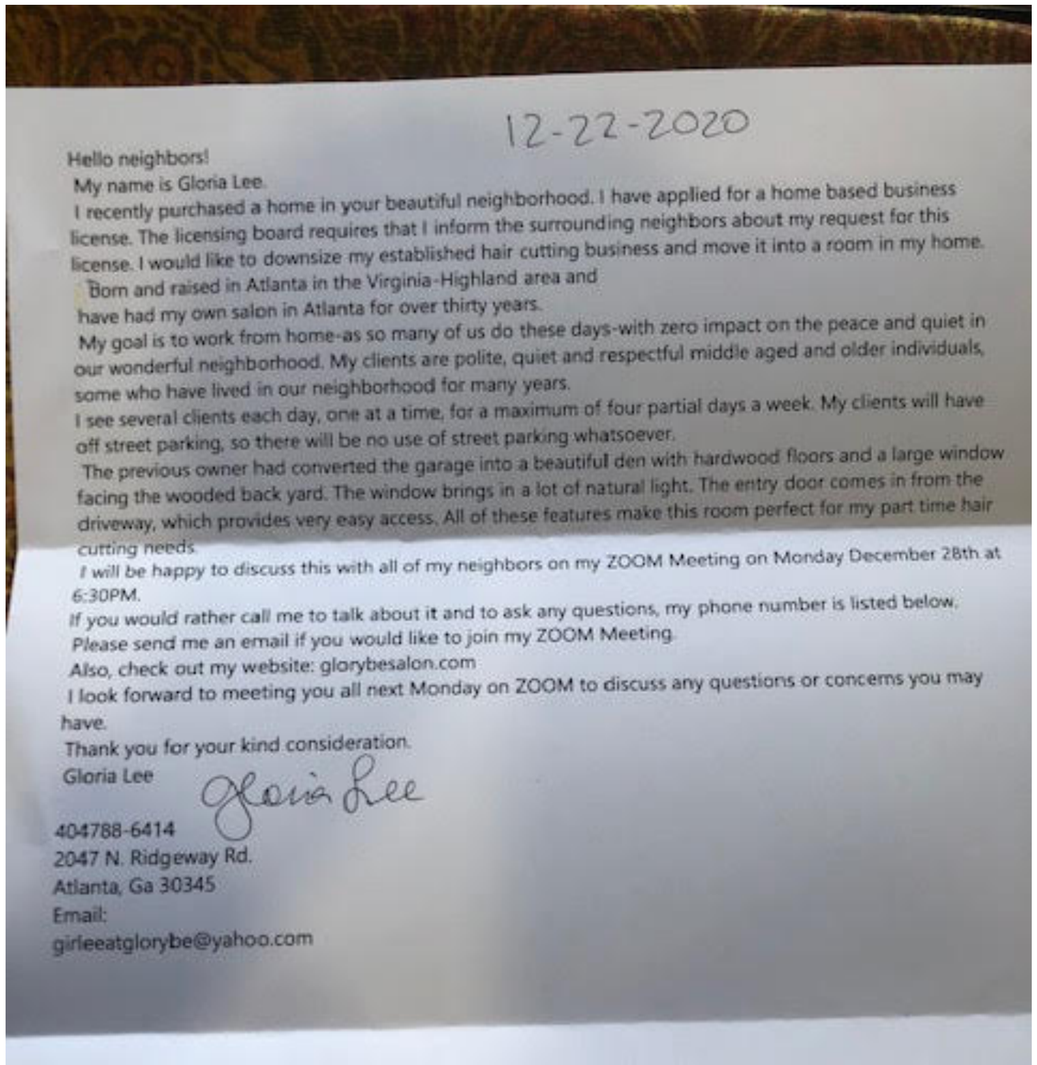
10 of 44,019

Photos

Inbox ×

Gloria Lee
to me

3:16 PM (6 hours ago)



Compose

Carina Mia 1
Coosawattee
Correspondence 10
deejayswp@yahoo.com
Deleted Messages
Diana Fitzgerald
Drafts 2
Family 1
GGS
Gloria
HBNL
Jackson Faulk
Nicholson
Personal
Sent Messages

Meet
New meeting
Join a meeting

Zoom meeting invitation - Gloria Lee's Zoom Meeting

Gloria ×

Gloria Lee
to Gloria, me

Mon, Dec 21, 1:24 PM (8 days ago)

Dec
28
Mon

Gloria Lee's Zoom Meeting

When Mon Dec 28, 2020 6:30pm – 7pm (EST)
Where https://us04web.zoom.us/j/79467180849?pwd=RHBXWUVmNGNQdCswa2YzVWJmb3BNQT09
Who Unknown Organizer*

Add to calendar »

Agenda

Mon Dec 28, 2020

No earlier events
6:30pm Gloria Lee's Zoom Meeting
No later events

Gloria Lee is inviting you to a scheduled Zoom meeting.

Topic: Gloria Lee's Zoom Meeting
Time: Dec 28, 2020 06:30 PM Eastern Time (US and Canada)

Join Zoom Meeting
https://us04web.zoom.us/j/79467180849?pwd=RHBXWUVmNGNQdCswa2YzVWJmb3BNQT09

Meeting ID: 794 6718 0849
Passcode: qE6Ctq

Sent from my iPad
Gloria Lee

COLEMAN ANDREW P
2007 N RIDGEWAY RD NE
ATLANTA GA 30345

BONNER JERALYN W
2027 N RIDGEWAY RD NE
ATLANTA GA 30345

CRAIN EDGAR ALLEN
2013 N RIDGEWAY RD NE
ATLANTA GA 30345

GILLS ZELDA Y
PO BOX 2596
DECATUR GA 30031

BALL JAMES MARCUS
765 EIDER DOWN CT
ALPHARETTA GA 30022

BACKUS JEFFREY
2068 FISHER TRL NE
ATLANTA GA 30345

DIEBOLD JOHN W
2066 CONTINENTAL DR NE
ATLANTA GA 30345

LUNDY WILLIAM P
2007 FISHER TRL NE
ATLANTA GA 30345

LANCE VERNE
1993 FISHER TRL NE
ATLANTA GA 30345

BRAUN OWEN V
2040 FISHER TRL NE
ATLANTA GA 30345

MENG GLENN E
2004 N RIDGEWAY RD NE
ATLANTA GA 30345

GREET RICHARD J
2024 FISHER TRL NE
ATLANTA GA 30345

WATKINS MICHAEL J
2095 FISHER TRL NE
ATLANTA GA 30345

BAILEY ZACHARY
2062 IMPERIAL DR
ATLANTA GA 30345

SHAFFER MARK A
2018 N RIDGEWAY RD NE
ATLANTA GA 30345

JACKSON JOSEPH F JR
2039 FISHER TRL NE
ATLANTA GA 30345

BRIDGES TONJA L
2039 N RIDGEWAY RD NE
ATLANTA GA 30345

SEWELL JENNIFER
2084 IMPERIAL DR NE
ATLANTA GA 30345

NEVINS CHRIS
1983 FISHER TRL NE
ATLANTA GA 30345

RISLEY KIRK
2107 IMPERIAL DR NE
ATLANTA GA 30345

BOWEN DANIEL DWIGHT
2085 IMPERIAL DR
ATLANTA GA 30345

CANNELLA SAM C
2016 FISHER TRL NE
ATLANTA GA 30345

FARAGOZA SABRINA
2002 FISHER TRL NE
ATLANTA GA 30345

ARDIZZONI JOSHUA M
2076 FISHER TRL NE
ATLANTA GA 30345

ROSS NICHOLAS A
2010 N RIDGEWAY RD NE
ATLANTA GA 30345

WHITAKER PAUL D
2026 N RIDGEWAY RD NE
ATLANTA GA 30345

MCGIMSEY BEN Q JR
1999 N RIDGEWAY RD
ATLANTA GA 30345

WINBURN JOHN G
2139 BRIARLAKE TRCE NE
ATLANTA GA 30345

GOETHE MARIA FORTES
2098 IMPERIAL DR
ATLANTA GA 30345

LEITCH DAVID KIRKWOOD IV
2056 FAIRWOOD LN
ATLANTA GA 30345

MORGAN GERALD BYRON
2019 FISHER TRL NE
ATLANTA GA 30345

BALDWIN GRANT T
2021 N RIDGEWAY RD NE
ATLANTA GA 30345

PINES TRENT D
2049 FISHER TRL NE
ATLANTA GA 30345

JANARIOUS JAMES
2020 CONTINENTAL DR NE
ATLANTA GA 30345

KENT DONALD CARL
2048 FISHER TRL NE
ATLANTA GA 30345

CONLEY KATHRYN V
2065 IMPERIAL DR
ATLANTA GA 30345

DURRETT JAMES III LIVING TRUST
2028 CONTINENTAL DR
ATLANTA GA 30345

LANDMAN UZI
580 IDLEWOOD DR NW
ATLANTA GA 30327

ANDERSON LARRY J
2076 CONTINENTAL DR NE
ATLANTA GA 30345

STREET JAMES L
2055 IMPERIAL DR NE
ATLANTA GA 30345

VARGAS MARTHA C
2032 FISHER TRL NE
ATLANTA GA 30345

CUNNINGHAM JOEL C
2008 FISHER TRL NE
ATLANTA GA 30345

ORMES JAMES
2084 FISHER TRL NE
ATLANTA GA 30345

SHIPPEN LINDA J
2048 FAIRWOOD LN NE
ATLANTA GA 30345

LEE GLORIA RUTH
2047 N RIDGEWAY RD NE
ATLANTA GA 30345

MULLIS LAWTON H JR
2038 N RIDGEWAY RD NE
ATLANTA GA 30345

ROOSA RANDALL J
2093 IMPERIAL DR NE
ATLANTA GA 30345

SUM BENNY
2060 FISHER TRL NE
ATLANTA GA 30345

RICHARDS NOTHANDO KHETIWE
2054 IMPERIAL DR
ATLANTA GA 30345

PROFESSIONAL LICENSING

GEORGIA SECRETARY OF STATE BRAD RAFFENSPERGER

CORPORATIONS • ELECTIONS • LICENSING • CHARITIES

Licensee Details

Licensee Information

Name: Gloria Ruth Lee

Address: 595 Wimbledon Rd
Atlanta GA 30324

Primary Source License Information

Lic #:	CO033339	**Profession:**	Cosmetology and Barbers	**Type:**	Master Cosmetologist
Secondary:		**Method:**	Examination	**Status:**	Active
Issued:	3/6/1979	**Expires:**	3/31/2022	**Last Renewal Date:**	3/9/2020

Associated Licenses

Relationship:	Supervisor				
Licensee:	Hunt, Candice Yvonne	**License Type:**	Cosmetology Apprentice		
License #:	COA010517	**License Status:**	Inactive		
Established:	4/19/2013	**Association Date:**	4/19/2013	**Expiry:**	
Type:	Prerequisite				

Public Board Orders

Please see Documents section below for any Public Board Orders

Other Documents

No Other Documents

Data current as of: September 12, 2020 8:41:27

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Close Window

PROFESSIONAL LICENSING

GEORGIA SECRETARY OF STATE BRAD RAFFENSPERGER

CORPORATIONS • ELECTIONS • LICENSING • CHARITIES

Licensee Details

Licensee Information

Name: Glory Be Hair Studio Beauty Salon **Owner:**

Address: 1412 Oakridge Cir
Owner: Gloria Lee
Decatur GA 30033

Primary Source License Information

Lic #:	COSA016980	**Profession:**	Cosmetology and Barbers	**Type:**	Cosmetology Salon
Secondary:		**Method:**	Application	**Status:**	Active
Issued:	10/23/1989	**Expires:**	6/30/2021	**Last Renewal Date:**	6/17/2019

Associated Licenses

Relationship:	Employment				
Licensee:	Hunt, Candice Yvonne	**License Type:**	Cosmetology Apprentice		
License #:	COA010517	**License Status:**	Inactive		
Established:	4/19/2013	**Association Date:**	4/19/2013	**Expiry:**	
Type:	Prerequisite				

Public Board Orders

Please see Documents section below for any Public Board Orders

Other Documents

No Other Documents

Data current as of: September 12, 2020 8:42:20

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STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

RECEIPT

Filer Information

Dee-Jay Beard
121 Inman Dr
Decatur, GA 30030

Transaction Details

Product Description	Business Name	Control No.	Shipped	Order Date	Item Cost	Expedite Fee	Service Charge	Total
Annual Registration	GLORY BE INC.	K941850	Online	03/22/2020	50.00	0.00	0.00	50.00

Invoice Total: $50.00

Payment Details

Payment Type	Check/Reference No.	Amount
Credit Card - Master Card	#####3768	50.00

Payment Total: $50.00

Validate Sales Certificate

Home › Validate Sales Certificate

1. Tips | 2. Enter STNs | 3. Search Results

Search Results

STN Status Results

Verified as of 9/11/2020

Enter Sales Tax Number Only	Status
301-570399	Active

Active Sales Tax ID: 1

Inactive Sales Tax ID Count: 0

Total Sales Tax ID Count: 1

Cancel

Previous

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Be sure to close the browser window when finished on GTC. Tax filing information remains in your browser memory until you close.

The Georgia Department of Revenue strives to provide taxpayers the most secure way possible to interact with us. To ensure this, we may occasionally require taxpayers to change their passwords. You are encouraged to create confidential and complex passwords. For assistance, please call 877-423-6711 Monday through Friday between 8:00 am and 6:30 pm.

Department of Revenue | Trucking Portal | Frequently Asked Questions | Georgia Tax Center Info | Appeal to the GA Tax Tribunal | Video Tutorials

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