
Fully describe type of business: _____

Estimated gross receipts for current year
from sales & services to customers in Georgia: _____

Number of Employees, including owners, for Braselton location: _____
(Full time employees or full-time equivalents)

PLEASE NOTE – If you lease space in your business or building to another individual who is not your employee and collects their own payments, they must have their own license.

***If you are required to hold a state license to operate your business, a copy of your State license must be attached to this application.**

I certify the above information is true and correct and contains no false or fraudulent information. In addition, I understand my business must conform to all zoning rules and regulations. I understand that I am required, upon request, to provide the Town with records regarding overall sales, sales tax collection and amount in sales tax sent to the State of Georgia.

Sworn to and subscribed

Signature: _____

Before me this ____ day
Of _____, 20__:

Notary Public
My Commission Expires:

Seal

Required Attachments/Documents to First-Time Applicants for
Braselton Business/Occupation Tax Application

1. Evidence of ownership of the building or a copy of the lease.
2. Building Permit *(If there is new construction or remodeling, a Building Permit may be required. Please schedule an appointment with the Planning and Development Department to determine whether a Building Permit or any trade permit will be required.)*
3. If you are required by the State of Georgia to hold a professional license, a copy of your valid license must be attached to your application.
4. Home Occupation Certification *(required only for Home Occupations) (See Page 4)*
5. Certificate of Occupancy from the Town of Braselton *(If no Building Permit is required, a new Certificate of Occupancy must still be obtained from the Town of Braselton. An application for a Certificate of Occupancy inspection is found on page 6. This is not applicable for Home Occupations.)*
6. Certificate of Occupancy from the County Fire Marshal *(for Barrow, Gwinnett, Hall Counties)(If a new Building Permit was issued for construction, Fire Marshal documentation will be handled as part of the Building Permit process.)*.
7. Affidavits for Citizenship or Legal Alien status (page 5).

Affidavit A is to be completed by the applicant who is either a United States citizen or legal permanent resident.

Affidavit B is to be completed by applicant and who is either a qualified alien or nonimmigrant lawfully present in the United States.

8. Affidavits for Private Employer E-Verify Compliance (page 6).

RULES AND REGULATIONS – HOME OCCUPATION

HOME OCCUPATION: Any use, occupation or activity conducted entirely within a dwelling by the residents thereof, which is clearly incidental and secondary to the use of the dwelling for residence purposes and does not change the character thereof. Such occupations should only consist of the use of a computer, telephone, facsimile and other similar office equipment. Home occupations may also include minor fabrication or manufacturing of such historical cottage industry craft such as quilts, jewelry, dolls, etc. Home Occupations shall not have employees that are employed on the premises, or require more than twice weekly delivery/pickup visits to the residence by a delivery provider, or require daily visits by customers, or require alteration of the dwelling or consume more square footage of the dwelling than used for residential uses.

REQUIREMENTS FOR HOME OCCUPATIONS: In addition to the limitations imposed on “Home Occupations” under the above definition, the following requirements shall also be met:

1. The applicant must be the owner of the property on which the home occupation is to be located, a member of the property owner’s immediate family who resides on the property, or must have written approval of the owner of the property if the applicant is a tenant;
2. The home occupation shall be operated only by members of the family residing on the premises;
3. The home occupation shall be restricted to the main building only and shall not occupy more than twenty five (25) percent of the floor area within said building and cannot occupy and proposed addition to the existing building;
4. There shall be no outside storage associated with the home occupation;
5. The home occupation shall not generate excessive traffic or produce obnoxious odors, glare, noise, vibration, electrical disturbance, radioactivity or other conditions detrimental to the character of the surrounding area;
6. Any business sign placed on the premises shall not be larger than two (2) square feet in sign area, and shall not be directly illuminated by any means;
7. Only professional or personal services shall be rendered;
8. The entrance to the home occupation portion of the dwelling shall be through an existing outside entrance;

I hereby certify that I have read and understand the above requirements for operating a Home Occupation. I understand that failure to comply with these regulations may result in the revocation of my Business/Occupation Tax License and may result in fines of \$1000 per violation, jail time, or both.

Signature

Date

U.S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath pursuant to O.C.G.A. 50-36-1(e), as an applicant for a Town of Braselton Business License, I swear or affirm under oath the following with respect to my application for a Town of Braselton Business License for:

Business Name

Check (X) One of the Following:

A _____ I am a United States citizen and 18 years of age or older.
A copy of a valid and verifiable ID must be presented as part of this affidavit.

OR

B _____ I am either a legal permanent resident of the United States or qualified alien or non-immigrant under the Federal Immigration and Nationality Act and 18 years of age or older and lawfully present in the United States of America.

Alien Registration number for non-citizens: _____ (Required)

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20

Sworn to and subscribed

Signature of Applicant

Print Name

Before me this ____ day
Of _____, 20__:

(SEAL)

Notary Public
My Commission Expires:

PLEASE EXECUTE THE APPLICABLE AFFIDAVIT BELOW FOR E-VERIFY COMPLIANCE. IF YOUR BUSINESS MEETS ONE THE EXEMPTION CRITERIA(see next page), PLEASE EXECUTE THE EXEMPTION AFFIDAVIT

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees 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 User Identification Number

Date of Authorization

Name of Private Employer

OR

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

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 employees 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.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20

Sworn to and subscribed

Signature of Applicant

Print Name

Before me this ____ day
Of _____, 20__:

(SEAL)

Notary Public
My Commission Expires:

Private Employer Exemptions for E-Verify

If your business falls into one of the below categories, it is exempt.

- After January 1, 2012 – Employers of 500 or more on January 1
- After July 1, 2012 – Employers of 100 to 499 as of January 1
- After January 1, 2013 – Employers of 11 to 99 as of January 1
- Never – Employers of 10 or less on January 1



Braselton, Georgia
Planning and Development Department
4986 Hwy. 53, Braselton, Georgia 30517

CERTIFICATE OF OCCUPANCY REQUEST

For a change in use or occupant where no Building Permit is required

Owner Name/Authorized Agent: _____

Date Submitted: _____

Name of Business: _____

Type of Business: _____

Contact Number: _____

Site Address:

Street: _____

Suite Number: _____

City: _____

Zip Code: _____

***A Certificate of Occupancy from the County Fire Marshall must be obtained and presented to the Town before the Town of Braselton will issue a Certificate of Occupancy or Business License.**

I certify that I am the owner or authorized agent of the structure and business identified above and all information presented in this application is correct. I also certify that I have the proper authority to submit this application for the structure and business indicated above.

Print Name

Owner Signature

CO Inspection Fee: \$200

For Town Use Only

Date Inspection Passed: _____

Approved By: _____

Signature of Building Inspector