



TOWN OF BRASELTON
Business/Occupation Tax
Renewal Application

Instructions: Please print or type and return application in person or by mail with your payment. All renewals are due to Town Hall by November 15th. Attachments may be used IF there is insufficient room in this document to provide the required information.

Business Name: _____

Federal Tax ID or FEI (Federal Employment Identification) Number: _____

GA Sales Tax ID (if business collects GA sales tax): _____

NAICS (North American Industry Classification System) Number: _____
(you may go to <http://www.census.gov/cgi-bin/sssd/naics/naicsrch> to find the number that matches your business type)

Business Address: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____
(if different than business address)

County in which Business is located: Barrow Gwinnett Hall Jackson

Owner/Chief Officer: _____ Telephone: _____

Home Address: _____

Date of Birth: _____ Social Security: _____

E-mail Address: _____ Web Page: _____

Is this business based in your home? _____ (If yes, Home Occupation certification must be signed. See page 2)

Type of Ownership: _____ Single Proprietor _____ Partnership
_____ Corporation _____ Other: _____

If a partnership, list the names of the partners, or if a Corporation, please give State and Date Incorporated and directors and senior officers(use additional sheets if necessary): _____

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)

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.

Printed Name: _____

Signature: _____

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 of 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.

Printed Name: _____

Signature: _____

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/Occupation Tax Certificate, 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 or legal permanent resident 18 years of age or older;

OR

B_____ I am a 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: