



Town of Braselton Occupational Tax Certificate Application

NEW: Return original copy before commencing operations
RENEWAL: Return original copy before November 15th
REMIT TO: Town of Braselton
4982 Hwy 53
P.O. Box 306
Braselton, GA 30517

**PAYMENT MUST ACCOMPANY APPLICATION
MAKE CHECKS PAYABLE TO THE TOWN OF BRASELTON**

FOR STAFF USE ONLY
Tax Year _____
Certificate NO. _____
NAICS Code _____
Paid _____ Check# _____
Date Processed _____
CO Inspection Required Yes No
\$200 CO Fee PD CK # _____

SEE REVERSE SIDE FOR INSTRUCTION COMPLETE ALL SECTIONS

1. Business Corporation Name & "Doing Business As" Name _____

Email: _____

2. Business Physical Address _____

3. Business Mailing Address _____

4. Business Telephone Number (s) _____

***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.**

12. Type of Business _____ General _____ Professional

13. Type of ownership
_____ Sole Ownership _____ Corporation
_____ Partnership _____ LLC

14. Type of Registration: New Renewal Addition

15. County: Barrow Hall Jackson Gwinnett

OWNER OR RESPONSIBLE PARTY INFO

5. Name/Title _____
*Social Security _____
Name/Title _____
Home Address _____

6. Property Owner (if different than business owner, provide lease/rental agreement and approval of business)
Name _____
Address _____
Telephone _____

7. Fully Describe Type of Business _____

8. Estimated Gross Receipts _____

9. Sales Tax Number if Applicable _____

10. Federal Employer Identification Number (EIN) _____

GENERAL OCCUPATION TAX SCHEDULE

16. Occupational Tax Liability
of FULL TIME Employees OR full time equivalents _____
2 Part time employees equal 1 full time
0-2 \$70+
3-6 \$100 +
7-10 \$130 +
11-20 \$160 + \$5.00 per employee over 11
21-50 \$275 + \$4.00 per employee over 21
51-100 \$400 + \$3.50 per employee over 51
101-200 \$600 + \$3.50 per employee over 101
201-300 \$900 + \$3.50 per employee over 201
301-400 \$1,250 + \$3.50 per employee over 301
401 & more \$1,500 + \$3.50 per employee over 401

17. Base Fee \$ _____

18. Penalty due after Dec 1st \$50 \$ _____

19. Penalty due after Dec 31st \$450 \$ _____

20. Administrative Fee \$ 15.00

21. TOTAL DUE (lines 15-19) \$ _____

The refusal to provide the information above shall be provided to the Georgia Department of Revenue. The failure or refusal of such person to provide such information shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20

11. Is this Business a Home Occupation?
_____ YES _____ NO

PLEASE INITIAL – HOME OCCUPATIONS ONLY

I attest that I have read and will abide by the Rules and Regulations for Home Occupation _____

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.

Signature _____

Title _____ Date _____

Notary Public _____

**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.*) 706-654-3915 ext. 1006
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 Acknowledgement (*required only for Home Occupations*)
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 5. This is not applicable for Home Occupations.*)
6. Certificate of Occupancy from the County Fire Marshal Jackson 706-654-2500, Barrow 770-307-2987 ext: 5802, Gwinnett 678-518-4980, Hall 770-531-6838
(*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.
8. Affidavits for Private Employer E-Verify Compliance. Must be completed each year if your status is exempt. (under 11 employees)

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 any 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;

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 HAS 10 OR FEWER EMPLOYEES, THEN EXECUTE THE EXEMPTION AFFIDAVIT. PER O.C.G.A. § 36-60-6(d), ALL BUSINESSES WITH 11 OR MORE EMPLOYEES MUST PROVIDE THEIR E-VERIFY NUMBER IN ORDER TO OBTAIN A LICENSE.

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:

