



## NOTICE FOR ANNUAL BUSINESS & ALCOHOL LICENSE RENEWAL

Thank you for being a part of the City of Pooler's business community!

The City of Pooler Code of Ordinances mandates that all persons, firms, or corporations located or engaged in businesses in the City of Pooler register their businesses and obtain certificates by paying the required annual occupational taxes, alcohol license(if applicable) and administrative fees.

Pursuant to the City of Pooler Code of Ordinances (Article II § 26-41) all licenses are valid for a calendar year, January 1 through December 31. All certificates will be assessed a penalty in the amount of ten percent (10%), plus 1.5% interest per month on the amount owed for each calendar year or portion thereof for taxpayers who fail to file their renewal by March 31<sup>st</sup>.

**\*\*\*IMPORTANT PLEASE READ\*\*\***

**\*\*\*Additional Documentation Required\*\*\***

(notary services are provided free of charge at City Hall)

**Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1 through 3):** All businesses are now required to complete and return the "Affidavit Verifying Status of Benefit Applicant ". This form must be completed in full, signed by an officer of the company, notarized, and returned along with your *completed renewal worksheet and payment in full*. As specified on the Affidavit, you must also provide at least one "secure and verifiable" document with the completed Affidavit. Some examples of a secure and verifiable document are a current state issued ID, driver's license, or passport. For a full list of acceptable documents please visit the <https://law.ga.gov/immigration>. **The application will NOT be processed without a notarized copy of this affidavit, the renewal application, and a copy of a secure and verifiable document as required by Georgia law.**

**Immigration Legislation (HB87) Passed on April 14, 2011:** Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires. *All businesses are required to submit the Private Employer Affidavit even if the business is exempt.* **This application will NOT be processed without a copy of this notarized affidavit.**

**Remittance information:** We currently accept various payment methods including check, money orders, debit, or credit card (Visa or MasterCard only) to make your payment. *Make your check or money order payable to: City of Pooler.* You can mail your payment to:

City of Pooler  
Attn: Business Registration Office  
100 SW Hwy 80  
Pooler, GA 31322.

**Renewal payments will NOT be taken over the phone.**

**No longer conducting business in the City of Pooler?** If you are no longer operating a business in the City of Pooler, please visit our webpage <https://www.pooler-ga.gov/pooler-departments/business-registration>, complete the *Business Termination Notification* form and submit via email as indicated in the form.

**Has your business relocated?** If your business has relocated but is still located in the City of Pooler, please visit our webpage <https://www.pooler-ga.gov/pooler-departments/business-registration>, complete the *Change of Business Address Notification* form and submit with your renewal form and affidavits.

**Change in Ownership?** If yes, you must complete a new business registration and/or alcohol license application. Visit our website for an application <https://www.pooler-ga.gov/pooler-departments/business-registration>,

**Questions?** All questions regarding the payment of your business occupational tax or alcohol license should be directed to our Business Registration office.



# PAST DUE

## OCCUPATIONAL TAX & ALCOHOL BEVERAGE LICENSE RENEWAL APPLICATION

**1. BUSINESS INFORMATION:**

Business Name \_\_\_\_\_

FEIN # \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone No. \_\_\_\_\_

Name of Person Making Application for Renewal \_\_\_\_\_

Applicant Telephone No. \_\_\_\_\_

**2. RENEWAL INFORMATION:**

Please ✓ All That Apply	TYPE OF LICENSE	FEE
	<b>*PAST DUE LICENSES ACCRUE MONTHLY CHARGES, PLEASE CALL US BEFORE SENDING PAYMENT*</b>	
	Occupation/Business License: 0-1 Employees = \$55.00	\$
	Occupation/Business License: 2 to 21 Employees \$55.00 + \$38.50 per employee over 1 and under 21 employees # of Employees	\$
	Occupation/Business License: 21 and over employees \$786.50 + \$1.10 per employee over 20 employees # of Employees	\$
	Practitioners: Number of Practitioners: _____ x \$400/per practitioner <i>Practitioners of professions as described on OCGA § 48-139(c)(1)-(18) may elect the fee of \$400 per practitioner as qualified by the State's regulatory guidelines and framework.</i>	\$
	Live Entertainment Permit = \$100	\$
Yes <input type="radio"/> No <input type="radio"/>	ONLY OCCUPATIONAL/BUSINESS LICENSES <b>MUST</b> ADD A \$25.00 ADMIN FEE	\$25.00
	<b>Insurance Companies only: \$75.00 annual fee only (EXCLUDE ADMIN FEE)</b>	\$
	Retail Wine& Beer or Other Malt Beverages: \$460.00	\$
	Retail Liquor – Sale by Package Only: \$750.00	\$
	Retail Liquor/Distilled Spirits – Sale by Drink Only (for consumption on Premises): \$1,500.00	\$
	Retail Liquor – Sale by Package & Drink: \$2,000.00	\$
	Sunday Sales (Food Serving Establishments; Must Complete Additional Provided Affidavit): \$150.00	\$
	Sunday Sales by Retailers: \$150.00	\$
	Wholesale Beer or Other Malt Beverages: \$935.00	\$
	Wholesale Liquor: \$1,500.00	\$
	Wholesale Wine: \$150.00	\$
<b>TOTAL OF LICENSE FEES:</b>		<b>\$</b>

**ALL APPLICANTS MUST COMPLETE THE ENCLOSED SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (S.A.V.E.) AFFIDAVIT AND PRIVATE EMPLOYER AFFIDAVIT (E-VERIFY). COMPLETED FORMS SHOULD BE MAILED TO CITY OF POOLER, ATTN: FINANCE DEPT/OCCUPATIONAL TAX, 100 HIGHWAY 80 SW, POOLER, GA 31322. CHECKS SHOULD BE MADE OUT TO THE CITY OF POOLER.**

I declare under penalties of perjury that this application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State and City laws and regulations. I further understand that any false statements made above are grounds for denial and revocation of this business license or alcohol beverage license.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_



**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 an Occupational Tax Certificate required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Name of Private Employer \_\_\_\_\_

**Please check only one:**

\_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm or corporation employed more than ten (10) employees.

The employer has registered with and utilizes the federal work authorization program (E-Verify) 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 (E-Verify) user identification number and date of authorization are as follows:

\_\_\_\_\_ Federal Work Authorization (E-Verify) User Identification Number

\_\_\_\_\_ Date of Authorization

\_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm or corporation employed less than ten (10) employees.

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

My Commission Expires: \_\_\_\_\_



# AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate (type of public benefit), as referenced in O.C.G.A. § 50-36-1, from the City of Pooler, Georgia, the undersigned applicant verifies one of the following with respect to my application for public benefit.

1.) \_\_\_\_\_ I am a United States citizen.

OR

2.) \_\_\_\_\_ I am a legal permanent resident.

OR

3.) \_\_\_\_\_ I am 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.

If you chose #2 or #3, my alien number issued by the Department of Homeland Security or other federal immigration agency is:

\_\_\_\_\_

The undersigned applicant also hereby 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 be best classified as:

\_\_\_\_\_

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 and face criminal penalties as allowed by such criminal statute.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Name of Business

SUBSCRIBED AND SWORN BEFORE ME ON

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Seal

My Commission Expires: \_\_\_\_\_