



2022 OCCUPATIONAL TAX RENEWAL APPLICATION

BUSINESS INFORMATION:

BUSINESS NAME: _____

DBA (if applicable): _____

MAILING ADDRESS: _____

BUSINESS ADDRESS: _____

CONTACT NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____

NAICS# (www.naics.com): _____ TYPE OF BUSINESS: _____

FEIN#: _____ SALES TAX ID# (if applicable): _____

MANAGER/OWNER'S NAME: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE#: _____ STATE: _____

RENEWAL INFORMATION:

NUMBER OF EMPLOYEES _____ TOTAL AMOUNT DUE (see instructions on back) \$ _____

NOTE: Certain PRACTITIONERS OF PROFESSIONS may elect to pay \$400 per practitioner in lieu of reporting their number of employees. Check the list of professions on the back of this form to determine eligibility for this option. If you are eligible, and management elects to pay the flat per-PRACTITIONER tax this year, check below and submit your payment with this application. See instructions on back.

NOTE: If you choose to pay the per practitioner fee, you DO NOT pay the employee fee.

WE ELECT TO PAY \$400 PER PRACTITIONER FEE NUMBER OF PRACTITIONERS: _____ TOTAL DUE \$: _____

PRIVATE EMPLOYER AFFIDAVIT

If business has more than 10 employees, please provide the E-Verify # (4-6 digits no letters) below. If business has less than 10 employees, please mark exempt.

E-VERIFY # _____ OR EXEMPT

AFFIDAVIT VERIFYING STATUS

The applicant verifies one of the following with respect to this public benefit application, please select one:

1. _____ U.S. Citizen
2. _____ Permanent Legal Resident (see below)
3. _____ Qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Dept. of Homeland Security or other federal immigration agency. (see below)

If you choose #2 or #3, provide the A# below and expiration date (please enclose a copy of this document it will be required for renewal)

A# _____ Exp. Date _____

ALL APPLICANTS MUST FILL OUT THIS FORM COMPLETELY. COMPLETED FORMS SHOULD BE MAILED TO CITY OF POOLER, ATTN: FINANCE DEPT/BUSINESS REGISTRATION, 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: _____



ANNUAL OCCUPATIONAL TAX (BUSINESS LICENSE) FEE SCHEDULE

The Occupational Tax fees are dependent on the number of employees located at each business location.

# Of Employees	Tax Rate with \$25 Admin Fee
0-1	\$75.00
2	\$110.00
3	\$145.00
4	\$180.00
5	\$215.00
6	\$250.00
7	\$285.00
8	\$320.00
9	\$355.00
10	\$390.00
11	\$425.00
12	\$460.00
13	\$495.00
14	\$530.00
15	\$565.00
16	\$600.00
17	\$635.00
18	\$670.00
19	\$705.00
20	\$740.00
21 or more	\$740 plus \$1.00 per employee

PRACTITIONERS OF PROFESSIONS that may elect to pay the \$400 per practitioner fee in lieu of reporting the number of employees. *NOTE: If you choose to pay the per practitioner fee, you DO NOT pay the employee fee.*

Lawyers
 Physicians
 Osteopaths
 Chiropractors
 Podiatrists
 Dentists
 Optometrists
 Psychologists
 Veterinarians
 Landscape Architects

Land Surveyors
 Practitioners of Physiotherapy
 Public Accountants
 Embalmers
 Funeral Directors
 Civil, Mechanical, Hydraulic, or Electrical Engineers
 Architects
 Marriage and Family Counselors
 Social Workers
 Professional Counselors