



# New Business Registration Application (Out of State)

Page 1 of 2

Updated JUNE 2025

## NOTICE TO APPLICANT

- ☐ **Complete Application.** Applications must be completed in their entirety and both affidavits must be notarized (notary services are available in our office if needed).
- ☐ **Provide Identification.** Attach a copy of at least one (1) secure and verifiable document (driver's license, passport, or I-551 permanent resident card). See the link for a complete list of acceptable forms of identification: <https://law.ga.gov/immigration-reports>
- ☐ **Provide All Required Documents.** For each person licensed under O.C.G.A Title 43 of the state license examining boards, attach a copy of the proper and current state licensure. Every type of business is different and some may require additional documentation. Contact Business Registration via phone or email to determine what other documentation may be required.
- ☐ **Make an Appointment.** Applications may be mailed, emailed, or delivered in person. Business Registration is located on the second floor of City Hall and can be reached at (912) 748-7261 ext. 118 or at [finance@pooler-ga.gov](mailto:finance@pooler-ga.gov).
- ☐ **Make Payment.** Payment for registration fees can be made in person, via mail, or over the phone with a debit/credit card. If applying after July 1 of any calendar year, the fees are prorated for the remainder of the year.
- ☐ **Await Review.** Upon submission and payment, applications will be reviewed by the Planning & Development Department. If approved, a signature and zoning classification will be provided.
- ☐ **Await Approval.** Upon final approval, licenses will be both emailed and mailed to the addresses provided in the application. Please allow at least 5-7 business days to process applications for existing locations. Additional time may be needed for new construction locations.

## BUSINESS REGISTRATION USE ONLY

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

License: \_\_\_\_\_ Date Issued: \_\_\_\_\_

## Applicant Information

☐ New ☐ Change in Ownership

Applicant Name Applicant Email Applicant Phone

Applicant Present Residential Address



# New Business Registration Application (Out of State)

Page 2 of 2

Updated JUNE 2025

## Business/Employer Information

Business Legal Name	DBA (if different)
Business Physical Address	Business Phone
Business Mailing Address (if different)	Business Email
Sales & Use Tax ID	FEIN
Ownership Type: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____	

## Occupational Tax Information

Type of Business	NAICS	Number of Employees
------------------	-------	---------------------

(An employee is defined as an individual who works 40 hours per week and receives a W-2 from an employer. Part-time employees' total weekly hours should be divided by 40 to determine the number of "full time" equivalents.)

## Affidavit

In accordance with the Chapter 26 of the Code of Ordinances of the City of Pooler, Georgia, I, the undersigned certify that I am the person duly authorized to make application for an occupational tax certificate to conduct the above-described business in the City of Pooler. By signature below, I affirm that the information provided is true, correct, and complete.

Applicant Name	Applicant Signature	Date
----------------	---------------------	------



# Occupational Tax (Business License) Fee Schedule

Page 1 of 1

Updated **SEPT 2023**

## NOTICE TO APPLICANT

Occupational Tax fees are dependent upon the number of employees located at each business location. Fees are due no later than March 31. Payments received after this date will be assessed penalties on a monthly accrual basis.

Practitioners may pay the \$400 per practitioner fee instead of reporting the number of employees. If an applicant chooses to pay the per practitioner fee, they DO NOT pay the employee fee.

## Annual Occupational Tax (Business License) Fee Schedule

Number of Employees	Total Tax Rate Due	Total Prorated Tax Rate After July 1
0-1	\$125	\$75
2	\$175	\$100
3	\$225	\$125
4	\$275	\$150
5	\$325	\$175
6	\$375	\$200
7	\$425	\$225
8	\$475	\$250
9	\$525	\$275
10	\$575	\$300
11	\$625	\$325
12	\$675	\$350
13	\$725	\$375
14	\$775	\$400
15	\$825	\$425
16	\$875	\$450
17	\$925	\$475
18	\$975	\$500
19	\$1025	\$525
20	\$1075	\$550
21+	\$1075 + \$5/employee	\$550 + \$5/employee

## Practitioners of Professions

Lawyers	Land Surveyors	Physicians Practitioners of Physiotherapy
Osteopaths	Public Accountants	Chiropractors Embalmers
Podiatrists	Funeral Directors	Dentists
Optometrists	Architects	Civil, Mechanical, Hydraulic, or Electrical Engineers
Psychologists	Veterinarians	Marriage and Family Counselors
Social Workers	Landscape Architects	Professional Counselors



# Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-G(d) (E-Verify)

Page 1 of 1

Updated **SEPT 2023**

## Affidavit

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

Check One: ☐ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed **greater 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 User Identification Number

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

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

I hereby declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Authorized Officer or Agent Name

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

\_\_\_\_\_  
Date of Execution

## Notary Public

\_\_\_\_\_  
Subscribed and Sworn This Day Of

\_\_\_\_\_  
Notary Name

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expiration

\_\_\_\_\_  
Seal



# Affidavit Verifying Status for City Public Benefit Application (SAVE)

Page 1 of 1

Updated **SEPT 2023**

## Affidavit

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.

Check One: ☐ I am a United States citizen.

☐ I am a legal permanent resident.

\_\_\_\_\_  
Alien Number Issued by the Department of Homeland Security or Other Federal Agency

☐ 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.

\_\_\_\_\_  
Alien Number Issued by the Department of Homeland Security or Other Federal Agency

The undersigned applicant also hereby verifies that they are 18 years of age or older and have 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:

\_\_\_\_\_  
Type of Document

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.

\_\_\_\_\_  
Authorized Officer or Agent Name

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

\_\_\_\_\_  
Date of Execution

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

## Notary Public

\_\_\_\_\_  
Subscribed and Sworn This Day Of

\_\_\_\_\_  
Notary Name

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expiration

\_\_\_\_\_  
Seal



State of Georgia  
**Department of Revenue**  
1800 Century Boulevard  
Atlanta, Georgia 30345

**Official Addendum to Business Occupancy License Application**

**Required Fields**

**Name of Business (Legal Name or Trade Name):**

**Mailing Address if Different From the Physical Address:**

**Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:**

**Sales Tax ID #, if Your Business is Required to Have One by Law:**

**Applicable North American Industry Classification System Code Number (Please list all NAICS):**

**NOTICE:**

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupancy tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.