



New Business Registration Application (Home-Based)

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Updated **DEC 2025**

NOTICE TO APPLICANT

- ☐ **Complete the Application.** Applications must be completed in their entirety including having both affidavits 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 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.
- ☐ **Verify Residency.** Applicant residency will be verified through our utility services. If the utility services are not in the applicant's name, then other proof of residency will be required (i.e., utility bill, driver's license or ID with current address, lease agreement).
- ☐ **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.
- ☐ **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.** Once the application is submitted and paid we will forward your application to the City of Pooler Building & Zoning Department. If approved, the Building & Zoning department will indicate the zoning classification and sign the application in the appropriate location.
- ☐ **Await Approval.** Upon final approval, licenses will be both emailed and mailed to the addresses provided in the application. Please allow at least 3-5 business days for processing.

BUSINESS REGISTRATION USE ONLY

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

License: _____ Date Issued: _____

PLANNING & DEVELOPMENT / LIFE SAFETY USE ONLY

PIN: _____ Zoning: _____ Acceptable Use: ☐ Yes ☐ No ☐ N/A

CO: ☐ Yes ☐ No ☐ N/A P&D Staff: _____ Date: _____

Inspection: ☐ Yes ☐ No ☐ N/A Building/LS Staff: _____ Date: _____



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Applicant Information

☐ New ☐ Change in Ownership ☐ Address/Location Change

Applicant Name Applicant Email Applicant Phone

Applicant Present Residential Address

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: ☐ Sole Owner ☐ Partnership ☐ Corporation ☐ Other: _____

Will this business be based out of the applicant's home? ☐ No ☐ Yes (attach Home Occupation Affidavit)

Occupational Tax Information

Type of Business NAICS Number of Employees

Detailed Description of Business

(An employee is someone who works 40 hours a week and gets a W-2 from their employer. Part-time employees' hours are divided by 40 to calculate their "full-time equivalent".)

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

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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



Home Business Office (Telephone Use Only) Verification

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Updated **SEPT 2023**

NOTICE TO APPLICANT

Home Business Office (Telephone Use Only): An office within a dwelling which is secondary to the use of the structure for dwelling purposes. The office may be for the purpose of service or trade workers who customarily work at various locations, such as electricians, plumbers, appraisers or individuals who work at home, such as writers or computer programmers. Home Business Office (Telephone Use Only) are not offices for on-site customer servicing. Customers are prohibited from visiting the office and there may be no signs indicating the presence of such office on the premises.

Applicant Information

The application for Home Business Office will be approved, as long as the zoning allows for, and the following criteria is met: (Initial each line.)

- _____ Business Office shall have no sign or external indication of the business office.
- _____ Home Business Office will have no more than one (1) vehicle used in the conduction of the business to be parked at the home location.
- _____ Home Business Office will have no material, other than office supplies, stored on the site.
- _____ Home Business Office will not occupy more than 20% of the floor area of the principal structure.
- _____ Home Business Office will be located in the principal structure.
- _____ Home Business Office will be operated by the homeowner or spouse of the homeowner.
- _____ Home Business Office will only conduct business by phone or off-premises (no walk-in customers).
- _____ Home Business Office will conduct all monetary exchanges off-site.

Affidavit

The application for Home Business Office will be approved as long as the zoning allows for and the following criteria is met: (Initial each line)

Applicant Name

Applicant Signature

Date



Home Occupation Verification

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Updated **SEPT 2023**

NOTICE TO APPLICANT

Home Occupation: An occupation customarily carried on within a home by the owner or spouse of the owner for gain or support, involving the sale of only those articles, products, or services produced on the premises, conducted entirely within a dwelling unit and conducted entirely by persons residing in that dwelling unit, using only that equipment as is customarily found in a home and involving no display of articles or products.

Applicant Information

The application for Home Occupation will be approved, as long as the zoning allows for, and the following criteria is met: (Initial each line.)

- _____ Home Occupation will be carried on by either the owner of the dwelling or their spouse.
- _____ Home Occupation will be conducted entirely within the principal building.
- _____ Home Occupation will utilize not more than 20 percent of the total floor area of the principal building.
- _____ Home Occupation will produce no alteration or change in the character or exterior or change in the principal building from that of a residential dwelling.
- _____ Home Occupation involves the sale or offering for sale of articles produced or assembled on the premises or products not produced on site, but, related and accessory to the service provided.
- _____ Home Occupation will not generate pedestrian or vehicular traffic or demand for parking, beyond that which is normal to the particular neighborhood.
- _____ Home Occupation will create no disturbing or offensive noise, vibration, smoke, dust, odor, heat, glare, traffic hazard, unhealthy, or unsightly condition.
- _____ Home Occupation is not located within 1,000 feet of an existing home occupation.
- _____ Home Occupation will operate between the hours of 7:00 a.m. and 7:00 p.m.
- _____ Home Occupation will display no sign or external indication of the home occupation.

Affidavit

The application for Home Business Office will be approved as long as the zoning allows for and the following criteria is met: (Initial each line)

Applicant Name	Applicant Signature	Date
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Affidavit Verifying Status for City Public Benefit Application (SAVE)

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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



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

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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 1st 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 1st 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



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.