



20__ New Business Registration Application (Commercial or Home-Based)

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Updated MAR 2026

NOTICE TO APPLICANT

Review the required documentation listed below carefully. Applications that are incomplete or submitted without the required supporting documents will not be accepted. Documentation requirements vary by business type, and additional materials may be required. Contact the Business Licensing Office by phone or email to confirm whether any additional documentation is needed. If you have questions or need assistance, please contact the Business Licensing Office at (912) 748-4800 ext. 119 or email Finance@pooler-ga.gov.

Requirements for All Applications
o Business Zoning Approval Form (Submitted through Pooler's Zoning Office. Required for all businesses, including Home Occupation businesses; Home office businesses do not require this)
o Completed application (may be mailed, emailed, or delivered in person.)
o Save Affidavit (notary services are available in our office if needed)
o E-Verify/Employer Affidavit (notary services are available in our office if needed)
o Verifiable ID (Driver's license, passport, or I-551 Permanent Resident Card.) For a complete list of acceptable identification, visit: https://law.ga.gov/immigration-reports
o Copy of Lease (First & Signature page, if applicable), or proof of property ownership
o Copy of State License (Corporations or LLCs, if applicable)
o Copy of State Professional license (For each person licensed under O.C.G.A. Title 43, attach a copy of the current and proper state licensure)
o If home-based business: Home Office (Phone Only) affidavit or Home Occupation affidavit (Available online at www.pooler-ga.gov , under applications & forms)
o If commercial business: Utility service application (if applicable) Questions regarding Utility Services may be directed to (912) 748-4800 or utilitybilling@pooler-ga.gov

Additional Requirements by Business Type
o Grocery stores or convenience stores: Copy of Department of Agriculture State License
o Restaurants/Food establishments/tattoos or body piercing studios/Spas/Tourist accommodations: Copy of Health Department Permit
o Daycares/preschools: Copy of Bright from the Start Certification

Application Process
Step 1: Submit completed application and all required documentation
Step 2: Planning & Development review. Once approved, an invoice will be provided.
Step 3: Make payment. Payment may be made in person, by mail, or online at www.poolerpay.com (invoice required).
Step 4 - For Existing Locations Only: Schedule a Building/Life Safety inspection (information will be provided after payment). If passed, the application will be returned to Business Licensing office for processing. The initial inspection is free, reinspection will incur a \$50 reinspection fee.
Step 4 - For New Construction Only: Planning & Development department will not sign off on an application until the Certificate of Occupancy has been issued. A license certificate will not be issued to a business holding a Temporary Certificate of Occupancy.
Step 5: Await Final Approval: Upon approval, licenses will be emailed and mailed to the addresses provided. Please allow 10-15 business days for processing of existing locations. Additional time may be required for new construction locations.



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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

Business/Employer Information

Business Legal Name DBA (if applicable, file with County Superior Court)

Business Physical Address Business Phone

Business Mailing Address (if different) Business Email

Sales & Use Tax ID (gtc.dor.ga.gov) State License # (attach, if applicable) FEIN (irs.gov)

Ownership Type: Sole Owner Partnership Corporation Other: _____

Business based out of applicant's home? No Yes (attach home occupation or home business office affidavit)

Will business serve alcohol? No Yes (alcohol license application required)

Is business a non-profit organization? No Yes (provide IRS 501(c)(3) determination letter)

Is applicant a disabled veteran? No Yes (provide Veteran Occ. Tax Exemption Certificate by Probate Court)

Is applicant legally blind? No Yes (provide Occ. Tax Exemption Certificate by Probate Court)

Occupational Tax Information

Type of Business Number of Employees Working in Pooler NAICS (naics.com)



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Detailed Description of Business (attach additional sheet, if needed)

(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 Chapter 26 of the Code of Ordinances of the City of Pooler, Georgia, I, the undersigned, certify that I am duly authorized to apply for an occupational tax certificate to operate the business described above within the City of Pooler. By signing below, I affirm that the information provided is true, correct, and complete. I understand that written notification must be provided to the City if any changes occur to the business, including changes to the business name, Federal Employer Identification Number (FEIN), mailing address, or business closure.

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



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

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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 1st of the below-signed year, the individual, firm, or corporation employed **greater than ten** (10) employees.

The employer has registered with an 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



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



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 occupation 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.