



# Occupational Tax Renewal Application

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Updated **MAR 2026**

## NOTICE TO APPLICANT

Certain practitioners of professions may elect to pay \$400 per practitioner in lieu of reporting their number of employees. Check page 2 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. If you choose to pay the per practitioner fee, you do not pay the employee fee. Fees are due no later than March 31 to avoid penalties. Late fees are assessed April 1 and accrue monthly.

Permanent Legal Residents and Qualified aliens or non-immigrants under the Federal Immigration and Nationality Act with an alien number issued by the Dept. of Homeland Security or other federal immigration agency must submit a copy of their document with their application.

Applicants must fill out this form completely. Checks should be made out to the City of Pooler. Forms should be mailed to the City of Pooler, Attn: Finance Department/Business Registration, 100 US Highway 80 SW, Pooler, GA 31322.

## Business Information

Business Name	DBA (if applicable)	City License Number
Business Mailing Address	Mailing Address (if different)	
Contact Name	Contact Phone	Contact Email
NAICS# ( <a href="http://www.naics.com">www.naics.com</a> )		Business Type
FEIN or SSN		Sales Tax ID (if applicable)
Manager/Owner Name	DOB	Driver's License & State

## Renewal Information

Number of Full-Time W-2 Employees (part-time employees' total weekly hours should be divided by to determine full-time equivalent)	Amount Due (see page 2)
<input type="checkbox"/> Elect to Pay \$400 Per Practitioner Fee	Number of Practitioners: _____ Amount Due: _____

## Affidavit

If business has fewer than 10 employees, mark exempt. If business has greater than 10 employees, mark non-exempt and provide the E-Verify number below (4-6 digits, no letters).



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Exempt       Non-Exempt / E-VERIFY Number: \_\_\_\_\_

Applicant verifies one of the following with respect to this public benefit application (check one):

- I am a United States citizen.
- I am a legal permanent resident. \_\_\_\_\_  
Alien Number Expiration Date
- 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 Federal Agency Expiration Date

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.

Applicant Name Applicant Signature Date

## 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                               |

## Annual Occupational Tax (Business License) Fee Schedule

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.

Num. of Employees	Total Tax Rate	Num. of Employees	Total Tax Rate
0-1	\$125	12	\$675
2	\$175	13	\$725
3	\$225	14	\$775
4	\$275	15	\$825
5	\$325	16	\$875
6	\$375	17	\$925
7	\$425	18	\$975
8	\$475	19	\$1025
9	\$525	20	\$1075
10	\$575	21+	\$1075 + \$5/employee
11	\$625		