



GENERAL BUSINESS REGISTRATION CHECKLIST

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- ✓ **Complete the Applications.** The Business Registration application must be completed in its entirety including the attached Utility Services application (if applicable for your location) 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>
 - ✓ **Documents Required.** 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, please contact the Business Registration office via phone or email to determine what other documentation may be required.
 - ✓ **Appointment is Required.** Contact the Business Registration office, located on the second floor inside City Hall, to schedule an appointment at (912) 748-7261 ext. 109 or via email at finance@pooler-ga.gov. If a representative from the business is not available to come in person then please email your application instead.
 - ✓ **Utility Services Information.** For questions regarding Utility Services, you can contact (912) 748-4800 or via email at utilitybilling@pooler-ga.gov. *Both applications must be submitted on the same day.* The start date for utility services can be scheduled to a future date as needed.
 - ✓ **Payment Options.** Payment for business registration fees can be done in person, via mail, or over the phone with a debit/credit card. Please refer to the fee schedule page to determine the amount due for your fees. *Please note, if applying after July 1st of any calendar year, the fees are prorated for the remainder of the year.*
 - ✓ **Review Process.** Once 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.
 - ✓ **For existing locations only:** A building/fire inspector will reach out to you to schedule a Building/Life Safety inspection. Once completed and passed the application will be returned to the Business Registration office for final processing.
 - ✓ **For new construction only:** the Building & Zoning department will not sign off on your application until the Certificate of Occupancy has been issued. Please note, a license certificate will NOT be issued to a business holding a Temporary Certificate of Occupancy.
 - ✓ **Approval Process.** Upon final approval, all licenses will be emailed to the applicant's email provided in the application and a mailed copy will also be sent out to the mailing address on file. Please allow at least 5-7 business days for processing of applications for businesses starting at existing locations, more time may be needed for new construction locations.



OCCUPATIONAL TAX (BUSINESS LICENSE) FEE SCHEDULE

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

# Of Employees	Total Tax Rate Due	Total Prorated Tax Rate after July 1st
0-1	\$125.00	\$75.00
2	\$175.00	\$100.00
3	\$225.00	\$125.00
4	\$275.00	\$150.00
5	\$325.00	\$175.00
6	\$375.00	\$200.00
7	\$425.00	\$225.00
8	\$475.00	\$250.00
9	\$525.00	\$275.00
10	\$575.00	\$300.00
11	\$625.00	\$325.00
12	\$675.00	\$350.00
13	\$725.00	\$375.00
14	\$775.00	\$400.00
15	\$825.00	\$425.00
16	\$875.00	\$450.00
17	\$925.00	\$475.00
18	\$975.00	\$500.00
19	\$1,025.00	\$525.00
20	\$1,075.00	\$550.00
21 or more	\$1075 plus \$5 per employee	\$550 plus \$5.00 per employee

PRACTITIONERS OF PROFESSIONS may pay the \$400 per practitioner fee instead 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



Zoning:

PIN # _____ Zoning _____

Acceptable Use: Yes No N/A

Zoning Staff Signature: _____

Date: _____

Building/Life Safety: CO'd Yes No

Inspection Complete: Yes No N/A

Building/Life Safety Staff Signature: _____

Date: _____

APPLICATION FOR REGISTERING A BUSINESS

APPLICATION FOR: NEW BUSINESS CHANGE IN OWNERSHIP ADDRESS/LOCATION CHANGE

1. CONTACT INFORMATION:

Applicant _____

Mailing Address _____ Telephone _____

BUSINESS INFORMATION:

Legal Name of Business _____

DBA (if different) _____

Business Location/Address _____ Business Telephone _____

Mailing Address (if different) _____

Sales & Use Tax ID _____ FEIN# _____ Email Address _____

Ownership Type: Sole Owner Partnership Corporation Other (please specify): _____

Will this business be based out of your home? Yes No (if yes, please attach the applicable home occupation affidavit.)

3. OCCUPATIONAL TAX INFORMATION:

Type of Business _____ NAICS _____

Number of Employees: _____ (Employee is defined as an individual who works 40 hours per week and received a W-2 from an employer. Part-time employees' total weekly hours should be divided by 40 to determine the number of "full time" equivalent employees.)

4. CERTIFICATION:

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's Signature: _____ Date: _____

FOR OFFICE USE ONLY:				
Rcvd:	By:	Fee:	Lic#	Issued:



**PRIVATE EMPLOYER
AFFIDAVIT
PURSUANT TO
O.C.G.A. § 36-60-6(d)**

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

Please check only one:

On January 1st of the below-signed year, the individual, firm or corporation employed more 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 (E-Verify) User Identification Number

Date of Authorization

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

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed this _____ day of _____, 20_____.

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON
THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC/SEAL

My Commission Expires: _____



AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

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.

1.) I am a United States citizen.

OR

2.) I am a legal permanent resident.

OR

3.) 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.

If you chose #2 or #3, my alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has 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:

_____.

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.

Signature of Applicant

Date

Printed Name of Applicant

Name of Business

SUBSCRIBED AND SWORN BEFORE ME ON
THIS _____ DAY OF _____, 20_____.

Notary Public/Seal

My Commission Expires: _____



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.

Utility Billing Application

OFFICE USE ONLY

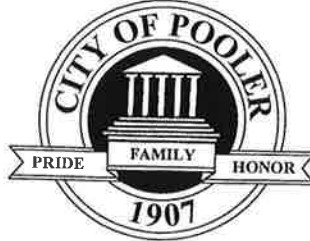
ACCT _____

SETTLEMENT PAPERS _____ COPY OF C.O. _____

DEPOSIT RECEIPT # _____ CHECK # _____

DATE ENTERED ____/____/____ BY: _____

COMMERCIAL APPLICATION



We accept cash, check, & debit
Applications by mail, fax, or email with required
documentation and drivers license
must be submitted to process application.
City of Pooler
100 SW Hwy 80
Pooler, GA 31322
Ph. (912) 748-7261

utilitybilling@pooler-ga.gov

Today's Date ____/____/____ Date to Start Service ____/____/____

Service Address _____

Own _____ Settlement Statement Required Rent _____ **Requires \$300 deposit & copy of lease**

Mailing Address (If different from service address) _____

City State Zip

Applicant/Owner Information

Business Name _____ Owner's Name _____ M.I. _____

Owner _____

Person (Ind. Contractor) Responsible for Bill _____ Business Manager _____

Business Mailing Address: _____ Federal Employer ID (FEI) or SS # _____

City _____ State _____ ZIP _____ Phone # _____

Phone # _____

Bill Delivery Options

I would like to receive bill by: *(please check)* **MAIL** **EBILL** *(email)*

Email (Ebill) address _____ Email address _____

*The following information is required by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observance or surname.

- White, not of Hispanic origin Hispanic Black, not of Hispanic origin
 Asian or Pacific Islander American Indian or Alaskan native

*This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.
Complaints of discrimination may be filed with the Secretary of Agriculture, Washington DC 20250*

Your signature below indicates that you, the applicant, have read and understand the following statements:
All information is correct to the best of your (the applicants) knowledge.
You agree to receive utility service(s) from the City of Pooler in accordance with current and future ordinances, regulations, and rates.

Utility Billing Application

Deposits shall not be returned until service is disconnected and the account balance has been paid in full.

All account changes must be submitted in writing to the City of Pooler's Utility Billing Department at 100 SW Hwy 80, Pooler, GA 31322.

The City of Pooler does not require you to be present at the business when service is established. It is your responsibility to ensure that all water faucets are off and there are no leaks during the cut on procedure. If there is any water running at the time of cut on, the water service will be turned off at the meter and a notice will be left on the door instructing you to call the Utility Billing Office to schedule connection.

You are responsible for any and all City of Pooler utility bills generated at the address of service until a request of disconnection is received in writing to the City of Pooler Utility Billing Office. Monthly charges will continue as long as service is furnished in the applicant's name at the service address. Charges for water and sewer services continue when service is active whether used or not.

A 10% late penalty will be applied to your account if the balance is not paid by the due date.

If service is suspended for nonpayment, you will be required to pay account balance in full plus a reconnection fee to have service restored.

Payments made after 5pm are posted the following business day. Any penalty or suspension of service due to payments received after 5pm are the sole responsibility of applicant

eBill is a convenience for utility customers. Applicants are solely responsible for updating eBill information; eBills not received are the sole responsibility of

X

Applicant

X

Date