BUSINESS REGISTRATION CHECKLIST

- ✓ Complete Application. Application must be completed in its entirety.
- ✓ Have application approved by the City of Pooler Building & Zoning Department. The Building & Zoning Department is located on the second floor of City Hall. If approved, the Building & Zoning Department will indicate the zoning classification and sign the application in the appropriate location.
- ✓ Have Building/Fire Inspector verify that Building/Life Safety Inspection has been performed by signing off on the application in the appropriate location. If scheduling of this inspection is needed, please call (912) 748-6652 or (912) 667-0881.
- ✓ Attach the *Private Employer Affidavit* – **Please be sure form is notarized**. A blank form is attached for your convenience.
- ✓ Attach the *Affidavit Verifying Status for City Public Benefit Application* – **Please be sure form is notarized**. A blank form is attached for your convenience.
- ✓ 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 complete list of acceptable forms of identification – https://law.ga.gov/immigration-reports.
- ✓ If new construction,
  - □ Attach a copy of Certificate of Occupancy; and
  - □ Provide water/sewer/sanitation account #:_____. If an account has not been established, an application can be found at https://www.pooler-ga.gov/pooler-departments/utility-billing or at the Customer Service window on the Second Floor of City Hall.
- ✓ For all Home Occupations, attach either the *Criteria for Home Business Office Verification form* or the *Criteria for Home Occupation Verification form* whichever applies. A blank form is attached for your convenience.
- ✓ For each persons licensed under O.C.G.A Title 43 of the state license examining boards, attach a copy of the proper and current state licensure.
- ✓ If sales tax collection is required, attach a copy of the State of Georgia Department of Revenue's *Official Addendum to Business Occupancy License Application.* A blank form is attached for your convenience.
- ✓ If food is being served, attach a copy of your Food Service Permit from the Chatham County Health Department.
- ✓ Provide payment for license. Each application requires an Administrative Fee of $25 plus the fees as set forth below.

Number of Employees:	Tax Amount:
0-1	$50.00
2-20	$50.00 plus $35.00 per employee over 1 and under 21 employees
21 and Over	$715.00 plus $1.00 per employee over 20 employees

Licensed professionals may choose to pay tax based on employees or a flat rate of $400.00 per practitioner.

- ✓ Once all the above items are complete, please return all documentation to the Customer Service window on the second floor of City Hall. If **all** documentation has been completed properly and payment has been received, the application will be processed and a license will be issued.

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, fictious 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 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.