



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, 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: _____



HOME BUSINESS OFFICE (TELEPHONE USE ONLY) VERIFICATION

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.

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

- Home 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.

I have read and understand the above-mentioned criteria for a Home Business Office and have acknowledged that criteria with my initials. I also understand that the Home Business Office license will expire on December 31st of each calendar year.

Signature and Printed Name

Date



HOME OCCUPATION VERIFICATION

Home Occupations: 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.

The application for Home Occupations will be approved as long as the zoning allows for and the following criteria is met:
(Please initial each line)

- _____ Home Occupation will be carried on by either the owner of the dwelling or his/herspouse.
- _____ 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 am and 7:00 pm
- _____ Home Occupation will display no sign or external indication of the home occupation.

I have read and understand the above-mentioned criteria for a Home Occupation and have acknowledged that criteria with my initials. I also understand that the Home Occupation license will expire on December 31st of each calendar year.

Signature and Printed Name

Date



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.