



OCCUPATIONAL TAX & ALCOHOL BEVERAGE LICENSE RENEWAL APPLICATION

1. BUSINESS INFORMATION:

ALL LICENSE#s: _____

Business Name

FEIN #

Business Address

NAICS# (www.naics.com)

Business Telephone No.

Name of Person Making Application for Renewal

Applicant Telephone No.

2. RENEWAL INFORMATION:

Please ✓ All That Apply	TYPE OF LICENSE	FEE
	Occupation/Business License: 0-1 Employees = \$50.00	\$
	Occupation/Business License: 2 to 21 Employees \$50.00 + \$35 per employee over 1 and under 31 employees # of Employees _____	\$
	Occupation/Business License: 21 and over employees \$715 + \$1.00 per employee over 20 employees # of Employees _____	\$
	Practitioners: Number of Practitioners: _____ x \$400/per practitioner <i>Practitioners of professions as described on OCGA § 48-139(c)(1)-(18) may elect the fee of \$400 per practitioner as qualified by the State's regulatory guidelines and framework.</i>	
	Live Entertainment Permit = \$100	
Yes <input type="radio"/> No <input type="radio"/>	ONLY OCCUPATIONAL/BUSINESS LICENSES MUST ADD A \$25.00 ADMIN FEE	\$25.00
	Insurance Company: \$75.00 annual fee only (EXCLUDE ADMIN FEE)	\$
	Retail Wine& Beer or Other Malt Beverages: \$460.00	\$
	Retail Liquor – Sale by Package Only: \$750.00	\$
	Retail Liquor/Distilled Spirits – Sale by Drink Only (for consumption on Premises): \$1,500.00	\$
	Retail Liquor – Sale by Package & Drink: \$2,000.00	\$
	Sunday Sales (Food Serving Establishments; Must Complete Additional Provided Affidavit): \$150.00	\$
	Sunday Sales by Retailers: \$150.00	\$
	Wholesale Beer or Other Malt Beverages: \$935.00	\$
	Wholesale Liquor: \$1,500.00	\$
	Wholesale Wine: \$150.00	\$
TOTAL OF LICENSE FEES:		\$

ALL APPLICANTS MUST COMPLETE THE ENCLOSED SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (S.A.V.E.) AFFIDAVIT AND PRIVATE EMPLOYER AFFIDAVIT (E-VERIFY). COMPLETED FORMS SHOULD BE MAILED TO CITY OF POOLER, ATTN: FINANCE DEPT/OCCUPATIONAL TAX, 100 HIGHWAY 80 SW, POOLER, GA 31322. CHECKS SHOULD BE MADE OUT TO THE CITY OF POOLER.

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.

SIGNATURE: _____ TITLE: _____ DATE: _____



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: _____



**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: _____