



# City of Pembroke

160 NORTH MAIN STREET  
POST OFFICE BOX 130  
PEMBROKE, GA 31321  
(912) 653-4413 – FAX (912) 653-4424



## OCCUPATIONAL TAX CERTIFICATE APPLICATION CHECKLIST

- Verify the physical business address is in the city limits of Pembroke. The property may have a Pembroke mailing address; however, it may not necessarily be located within the city limits.
- Verify that the property is zoned properly to allow the proposed use. Otherwise, a *Rezoning Amendment* and/or a *Conditional Use Permit* would need to be processed and approved.
- Obtain proof from the applicant that they are either leasing the property or that they own the property.
- Obtain a copy of the applicant's photo ID.
- Applicant will need to provide proof that all property and inventory taxes have been paid in full (City Code Sec. 2-5-35).
- A *Request for Occupational Tax Permit Facility Compliance* will need to be completed and sent to Robbie Jordan, the Bryan County Building Official. Once the inspection has passed, the request will be signed and sent back to the city.
  - Tim Staley  
Phone: (912) 661-0270  
Email: [tstaley@bryan.county.org](mailto:tstaley@bryan.county.org)
- Food service and preparation establishments (restaurants) need to provide a copy of their Food Service Permit from the Bryan County Health Department. They can be reached at (912) 756-2611 or (912) 653-4331.
- Food storage establishments (grocery and convenience stores) need to provide a copy of the inspection results and approval obtained from the Georgia Department of Agriculture.
  - Kathy Worthington  
Phone: (229) 386-3489  
Email: [Kathleen.Worthington@agr.georgia.gov](mailto:Kathleen.Worthington@agr.georgia.gov)
- **Each person licensed by the Professional Licensing Board of Georgia shall provide current state licensure (i.e. accountants, barbers, contractors, cosmetologists, beauty salons, barber shops, etc.)**
- Applicant needs to complete the following forms in their entirety (as applicable):
  - Occupational Tax Application
  - Affidavit Verifying Status for City Public Benefit Applicant O.C.G.A. § 50-36-1
  - Official Addendum to Business Occupancy License Application O.C.G.A. § 48-13-20
  - Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)
  - Commercial Utility Service Application
  - Sign Permit Application
- Applicant may obtain a Federal Employer Identification Number (FIN) by contacting the IRS at (800) 829-4933. If they need a Georgia State Tax/Employer ID Number, they can contact the Georgia Department of Revenue at (404) 417-4417. To incorporate their business, form a liability company or limited partnership, tell them to contact the Corporations Division of the Secretary of State at (404) 656-2817. To obtain an E-Verify number, they'll need to visit [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify).



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<b>FOR CITY USE ONLY</b> DATE RECEIVED _____ NAICS _____ TAX CLASS _____ ZONING _____ PERMITTED _____	<b>OCCUPATIONAL TAX APPLICATION</b> (FOR BUSINESS LICENSE)	<b>FOR CITY USE ONLY</b> ANNUAL FEE _____ ADMIN FEE _____ DATE PAID _____
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COMPLETE ALL SECTIONS. YOU WILL NOT BE ISSUED AN OCCUPATIONAL TAX CERTIFICATE IF YOU SUBMIT AN INCOMPLETE APPLICATION.

APPLICATION FOR:     NEW BUSINESS     CHANGE IN OWNERSHIP     ADDRESS CHANGE

CORPORATE NAME	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME	APPLICANT NAME
FED. ID NO. / SSN	IN CARE OF
BUSINESS OWNER NAME	MAILING STREET ADDRESS
LOCAL STREET ADDRESS	MAILING P.O. BOX
CITY, STATE, ZIP	CITY, STATE, ZIP

### LOCAL PHONE NUMBERS

BUSINESS ( ) \_\_\_\_\_  
 FAX ( ) \_\_\_\_\_  
 RESIDENCE ( ) \_\_\_\_\_  
 CELLULAR ( ) \_\_\_\_\_  
 EMAILS \_\_\_\_\_

**TYPE OF OWNERSHIP** (CHECK ONE) SOLE PROP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP \_\_\_\_\_ LLC \_\_\_\_\_

LIST NAMES AND TITLES OF ANY PARTNERS, CORPORATE OFFICERS, OR MANAGERS  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_  CHECK HERE IF BUSINESS IS IN RESIDENCE

STATE TAX ID #: \_\_\_\_\_ NUMBER OF EMPLOYEES ASSOCIATED WITH BUSINESS (including business owner): \_\_\_\_\_  
(IF YOUR BUSINESS IS REQUIRED TO HAVE ONE BY LAW)

I, \_\_\_\_\_, DO SOLEMNLY SWEAR THAT THE FACTS AND STATEMENTS MADE BY ME IN THE ABOVE APPLICATION ARE TRUE AND NO FALSE STATEMENTS ARE MADE THEREIN TO PRODUCE THE GRANTING OF SUCH LICENSE. I ALSO UNDERSTAND THAT THE ABOVE INFORMATION WILL BE PROVIDED TO THE GEORGIA DEPARTMENT OF REVENUE AND IF I REFUSE OR FAIL TO PROVIDE THE REQUIRED INFORMATION THE CITY WILL NOTIFY THE GEORGIA DEPARTMENT OF REVENUE OF THIS FACT.

BY SIGNING THIS STATEMENT, I UNDERSTAND THAT NO SIGNS ARE TO BE ERECTED UNTIL A SIGN APPLICATION IS FILED AND APPROVED BY THE CITY OF PEMBROKE.

\_\_\_\_\_  
APPLICANT NAME (PLEASE PRINT)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\* PLEASE BE ADVISED - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED \*\*\***

***Affidavit Verifying Applicant Status for  
City of Pembroke Public Benefit***

By executing this affidavit under oath, as an applicant for a public benefit referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my City of Pembroke, Georgia, application for:

- |   |  |
|---|--|
| <input type="checkbox"/> Business license or occupation tax certificate | <input type="checkbox"/> Contract with City                  |
| <input type="checkbox"/> Alcohol license                                | <input type="checkbox"/> Other public benefit Specify: _____ |
| <input type="checkbox"/> Taxi permit                                    |  |

**If person is applying on behalf of a business, specify the name and address of the business:**

\_\_\_\_\_

*I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under O.C.G.A. § 50-36-1(e)(2). Such documents are defined by O.C.G.A. § 50-36-2 and made available on the State Attorney General's website.*

PLEASE CHOOSE ONE:

- 1) \_\_\_\_\_ I am a United States citizen **OR**  
2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am otherwise a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

If No. 2 is selected above, a copy of one of the following documents MUST be attached to the affidavit:

- |  |   |
|--|---|
| 1. Unexpired foreign passport            | 7. Naturalization Certificate   |
| 2. Employment Authorization Card (I-766) | 8. Machine Readable Immigrant Visa (with Temporary I-551 language)          |
| 3. Refugee Travel Document (I-571)       | 9. Temporary I-551 Stamp (on passport or I-94)                              |
| 4. Permanent Resident Card (I-551)       | 10. I-94 (Arrival/Departure Record) in Unexpired foreign passport           |
| 5. Reentry Permit (I-327)                | 11. Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20) |
| 6. Certificate of Citizenship            | 12. Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)   |

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 Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Alien registration number for non-citizens

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\* Note: O.C.G.A. § 5-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_

\*\*\*

An Equal Opportunity Employer

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an occupational tax certificate as referenced in O.C.G.A. § 36-60-6(d), from City of Pembroke, the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of business] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section if the current date is on or after July 1, 2013. **Select Only One.**

- (a) \_\_\_\_\_ On **January** 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If you have selected 1(a) please fill out Section 2 below.*
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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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 allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS THE \_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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) 417-6758 or e-mail David.Smith@dor.ga.gov .



**City of Pembroke**  
P.O. Box 130  
Pembroke, Georgia 31321

**Utility Service Application - COMMERCIAL**  
\$150.00 Deposit Required - \$15.00 Administrative Fee  
Photo ID Required

**All businesses operating inside the City of Pembroke MUST have a current Occupational Tax Certificate. If required, a copy of your State License and Health Permit is needed to begin service.**

Business Name \_\_\_\_\_

Desired Connection Date \_\_\_\_\_

Service Address \_\_\_\_\_

Responsible Party for Billing \_\_\_\_\_

Mailing Address if Different from Above \_\_\_\_\_

EIN/SSN \_\_\_\_\_ Phone Number \_\_\_\_\_

Will you  Own or  Lease this Property? **Verification is required.**

Landlord \_\_\_\_\_ Phone Number \_\_\_\_\_

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against 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 evaluating 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 observation or surname.”

**Gender**  Male or  Female

**White, not of Hispanic origin**

**Black, not of Hispanic origin**

**Hispanic**

**American Indian or Alaskan native**

**Asian or Pacific Islander**

**Other**

“This is an Equal Opportunity Program. Federal Law prohibits discrimination. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, DC 20250.”

THE UNDERSIGNED HEREBY REQUESTS TO BE SUPPLIED WITH WATER AND/OR SEWER SERVICE BY THE CITY OF PEMBROKE FOR THE PURPOSE SHOWN HEREON, AND NONE OTHER, FOR WHICH I AGREE TO PAY MONTHLY AT THE REGULAR SCHEDULE OF RATE, AND TO COMPLY WITH THE RULES AND REGULATIONS OF THE CITY, MAKING THEM A PART OF THIS AGREEMENT. I AGREE TO CLAIM NO DAMAGE ON ACCOUNT OF THE STOPPAGE OF THE FLOW OF WATER RESULTING FROM ACCIDENT, OR WHERE NECESSARY TO MAKE ALTERATIONS, REPAIRS OR IMPROVEMENTS, AND I AGREE TO KEEP ALL PLUMBING AND FIXTURES ON MY PREMISES IN REPAIR AND PROMPTLY STOP ALL LEAKS. I FURTHER AGREE TO PAY THE WATER RENT AND SEWER CHARGE FOR THE PREMISES SUBSCRIBED FOR BY ME AT THE OFFICE OF THE CITY OF PEMBROKE UNTIL I ORDER THE WATER CUT OFF, OR GIVE NOTICE TO THE CITY OF REMOVAL FROM SAID PREMISES. I FURTHER AGREE AND GRANT TO THE CITY OF THE AUTHORITY OR ITS DULY AUTHORIZED AGENT TO HAVE ACCESS TO MY PROPERTY AT ALL HOURS FOR THE PURPOSE OF INSTALLING OR REMOVING CITY PROPERTY, INSPECTING PIPING, READING AND TESTING METERS OR FOR ANY OTHER PURPOSE IN CONNECTION WITH THE WATER SERVICE AND ITS FACILITIES AND THE SEWER SERVICE AND ITS FACILITIES. THE RIGHT HERIN GRANTED IS SPECIFICALLY FOR THE PURPOSE OF INGRESS, EGRESS AND REGRESS IN AND OVER SUCH PORTIONS OF MY PROPERTY AS DEEMED NECESSARY BY THE AGENTS OF THE CITY FOR THE OPERATION OF SAID SEWER AND WATER SYSTEMS. I FURTHER UNDERSTAND THAT THE CITY MAY CUT OFF THE WATER FROM SUCH PREMISES WITHOUT NOTICE TO ME.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Deposit Collected by \_\_\_\_\_ Date Collected \_\_\_\_\_

Check  No. \_\_\_\_\_ Cash  Credit Card  Auth. No. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Delinquent Account  Yes  No

Account No. \_\_\_\_\_ Route/Sequence No. \_\_\_\_\_ Meter No. \_\_\_\_\_ Work Order No. \_\_\_\_\_

APPLICATION IS HEREBY MADE TO THE PEMBROKE PLANNING AND  
ZONING COMMISSION FOR A **SIGN PERMIT**

RETURN TO:

Pembroke Planning and Zoning  
Commission  
Post Office Box 130  
Pembroke, GA 31321

Do Not write in this space

PPC FILE NO:

**GENERAL INFORMATION**

Type or print and attach additional sheets if necessary to fully answer any of the following sections. Include a copy or sketch of the proposed sign with dimensions.

Name, address and phone number of owner and authorized agent where correspondence is to be sent \_\_\_\_\_

Phone: \_\_\_\_\_

**Information Required:**

1. Address where sign is to be located.
2. Location of the sign at this address (attached sketch).
3. Zoning classification of property:
4. Owner of property (if same as applicant, write "same")

Phone No.:

Address:

5. Total area of property (acres or square feet):
6. Type of sign:
7. Will sign placement interfere with any infrastructure (water/sewer, roads, electrical Drainage, etc)?

**\$25 Application Fee**

Date received: \_\_\_\_\_

Approved by: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Planning & Zoning Secretary: \_\_\_\_\_