

**INSURANCE MUNICIPAL LICENSE**  
 CITY OF SAVANNAH – REVENUE DEPARTMENT  
 (912) 651-6451  
 305 FAHM STREET  
 P O Box 1228  
 Savannah GA 31402-1228

<b>Account No:</b>	<b>Calendar Year:</b> 2021	<b>Classification:</b> Insurance Agencies/Broker	
<b>PIN (if local):</b>	<b>Tax Type:</b> INS		<b>Account Class:</b>
<b>Location(s) (if local):</b>			

**Application and Full Payment are Due April 30, 2021.**  
**(ALL FIELDS MUST BE COMPLETED)**

<b>1. Date Return Filed:</b>		<b>2. Date Business Closed:</b> <i>(if final return)</i>	
<b>3. Business Phone:</b>		<b>4. Fax #:</b>	
		<b>5. E-mail Address:</b>	
<b>6. Business Name:</b>			
<b>7. Business Address:</b>			
<b>8. Owner/Corporation Name:</b>			
<b>9. Owner's Address:</b>			
<b>10. FEIN #:</b>			
<b>11. Total License Fees Due</b>			
<b>A. Insurer Annual License Fee:</b>	\$ 150.00	\$	150.00
<b>Other Fees:</b>	<b>Number of Locations</b>	<b>Fees</b>	
<b>B. License Fees for Additional Business Locations:</b>	X	\$ 150.00	= \$
<b>C. Additional Business Locations with Certain Risks:</b>	X	\$ 52.50	= \$
<b>TOTAL AMOUNT DUE (A+B+C)</b>		\$	

Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please make all checks payable to the City of Savannah and mail to the address above.*