

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

Account No:	Calendar Year: 2020	Classification: Insurance Agencies/Broker	
PIN (if local):	Tax Type: INS		Account Class:
Location(s) (if local):			

Application and Full Payment are Due April 30, 2020.
(ALL FIELDS MUST BE COMPLETED)

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

Print Name _____ **Title** _____
Signature _____ **Date** _____

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