

City of Savannah – Revenue Department
132 E. Broughton St. P O Box 1228 Savannah, GA 31402-1228 (912) 651-6445

SAINT PATRICK'S BUSINESS TAX RETURN

Account No. _____ Calendar Year 2016 NAICS No. 454390

Tax Class A Classification: **Transient Merchant Fixed Location Non-Food Vendor**

Application must be fully completed before processing. Please Type or Print with Ballpoint Pen. All tax certificates expires on March 19th of the year issued. Report any change of location/ mailing address promptly to Business Tax Department.

1. Have you ever operated a Business in the City of Savannah? Yes No 2. Today's Date _____

3. Corporation Name _____ 4. Business Address (Physical location) _____

5. Trade Name if Different Than Line 3 (DBA) _____ 6. Mailing Address _____

7. Business Telephone No. _____ Contact No. _____ Cell No. _____

8. E-Mail Address: _____

9. Owner - Personal Information:
Name _____ Address: _____
City _____ State _____ Zip Code _____
Phone # _____ Date of Birth _____ Social Sec. No. _____

10. Dominant Business: _____

11. Federal Tax ID# _____ State Tax ID _____
If required. Application will be returned if not provided **If required. Application will be returned if not provided**

12. Estimated Gross Revenue from Start Date of New Business to March 17-19th.
\$ _____

13. License Fee _____
Per Day Fee _____
Regulatory Fee _____
Total Due\$ _____

14. I HEREBY REGISTER THE HEREIN NAME BUSINESS TO OPERATE WITHIN THE CITY OF SAVANANH, AND CERTIFY THAT I AM THE PERSON AUTHORIZED BY THIS BUSINESS TO FILE THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS. I FURTHER CERTIFY THAT ALL STATEMENTS AND OTHER INFORMATION PROVIDED ON AND WITH THIS RETURN ARE TRUE, CORRECT, AND COMPLETE.

Signature: _____ Date _____ Title _____

2016 SAINT PATRICK'S DAY INFORMATION NON-FOOD FIXED LOCATION VENDORS

A fixed location vendor operates a booth, stand or cart from one designated area. These vendors are issued a business tax certificate to a designated area and are only permitted to operate from that particular area.

REQUIREMENTS FOR FIXED LOCATION VENDORS ARE AS FOLLOWS:

1- PRIVATE PROPERTY LETTER OF CONSENT

A LETTER OF CONSENT ON BUSINESS LETTERHEAD MUST BE OBTAINED FROM THE PROPERTY OWNER GRANTING PERMISSION TO OPERATE FROM THEIR PRIVATE PROPERTY LOCATION. VENDING SITE MUST BE LOCATED ON PRIVATE PROPERTY. PUBLIC STREETS, SIDEWALKS AND WALKWAYS ARE NOT PERMITTED USE.

2- ZONING APPROVAL

ALL FIXED LOCATION VENDORS MUST BE APPROVED BY THE CITY OF SAVANNAH ZONING/INSPECTIONS DEPARTMENT TO OPERATE AS A VENDOR FROM ANY PRIVATE PROPERTY LOCATION.
ONCE A LOCATION HAS BEEN APPROVED BY ZONING, THEY WILL PROVIDE A NOTICE OF APPROVAL. THE ZONING DEPARTMENT CAN BE CONTACTED AT (912)651-6530 OR 5515 ABERCORN STREET.

3- BUSINESS TAX RETURN

A BUSINESS TAX RETURN MUST BE SUBMITTED, **ALONG WITH A GOVERNMENT ISSUED PICTURE I.D.**, IN ADDITION TO THE ABOVE MENTIONED DOCUMENTS TO THE CITY OF SAVANNAH-REVENUE DEPARTMENT. TAX CERTIFICATES WILL BE ISSUED ON WEDNESDAY, MARCH 16, 2016.
AN ADDITIONAL \$100.00 REGULATORY FEE WILL BE CHARGED TO ALL VENDORS WHO ARE NOT A CHATHAM COUNTY RESIDENT.

Vendor's Operating Date and Time:

Thursday, March 17, 2016	10:00 A.M. – 12 MIDNIGHT
Friday, March 18, 2016	10:00 A.M. – 12 MIDNIGHT
Saturday, March 19, 2016	10:00 A.M. – 12 MIDNIGHT