

TEMPORARY FESTIVAL BUSINESS TAX APPLICATION
CITY OF SAVANNAH – REVENUE DEPARTMENT

305 Fahm St. Savannah GA 31401 | PO Box 1228, Savannah GA 31402-1228 | (912)651-6445

Please fill in all applicable information requested below. This business tax return must be completed and received by the City of Savannah with payment by March 1 to avoid penalty.

1. THIS RETURN IS FOR (Check One) NEW RENEWAL AMENDED FINAL RETURN 2. DATE RETURN FILED _____

3. BUSINESS LOCATION _____ (Temporary Address)

5. APPLICANT'S NAME(S) _____

7. APPLICANT'S HOME ADDRESS IF DIFFERENT THAN BUSINESS _____

8. APPLICANT'S HOME PHONE _____ APPLICANT'S CELL PHONE _____

9. ENTER THE ESTIMATED GROSS RECEIPTS BRACKET REPRESENTING GROSS INCOME DURING THE PRECEEDING CALENDAR YEAR _____

11. BUSINESS TAX FROM SCHEDULE \$ _____

ADD THE GREATER OF \$25.00 OR 10% IF RENEWED AFTER MARCH 1 \$ _____

ADD 1% INTEREST PER MONTH IF PAID AFTER MARCH 1 \$ _____

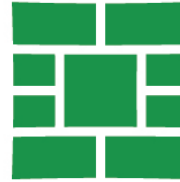
TOTAL PAID _____

12. DESCRIBE YOUR DOMINANT ACTIVITY:

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

Print: _____ Date: _____

Signature: _____ Title: _____



Private Employer E-Verify Affidavit

**** THIS FORM IS REQUIRED BY STATE LAW ****

Account #: _____

By executing this affidavit under oath, as an applicant for a(n) _____
[*business license, occupational tax certificate, or other document required to operate a business*] as
referenced in O.C.G.A. § 36-60-6, from the CITY OF SAVANNAH, the undersigned applicant representing the
private employer known as _____ [printed name of private
employer – individual, firm or corporation] verifies one of the following with respect to my application for the
above mentioned business document:

The individual, firm, or corporation employs the following number of employees: (Select A or B)

(A) _____ **11 or more employees**
You must provide the following information in order to receive a 2013 occupational
tax certificate.

_____ Federal Work Authorization User Identification Number _____ Date of Authorization

(B) _____ **10 or fewer employees – automatically exempt from participation in E-Verify
program.**

Furthermore, I, as the applicant, affirmatively state that 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.

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
_____, 20__ 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 ____ 20__.

NOTARY PUBLIC

My Commission Expires: _____

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

(Please sign the document only in the presence of the Notary Public)

By executing this affidavit under oath, as an applicant for a City of Savannah, Georgia Business Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Savannah, GA

(Check one) **Business Tax Certificate**, **Alcohol License**, or **other Public Benefit** for

_____ (Print name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

_____ I am a United States citizen **OR**

_____ I am a legal permanent resident 18 years or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration Act 18 years of age or older and lawfully present in the United States.*

_____ Alien Registration number for non-citizens

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (i-688B)
5. Refugee Travel Document (I-571)

In making the above representation under oath, I understand that any person who knowingly and willingly 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.

SUBSCRIBED AND SWORN BEFORE ME ON THIS
 THE ____ DAY OF _____, 20__

 Notary Public

My Commission Expires: ____ / ____ / ____

_____ Seal

 Printed Name of Applicant

 Signature of Applicant Date

 Title

*Note: O.C.G.A. 50-36-1(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.