



Account No:		Calendar Year:	Classification:
Class Type:	Tax Type:	NAICS No:	

(ALL FIELDS MUST BE COMPLETED)

1. Business Phone:		E-mail Address:	
2. Previous Business Name:			
3. New Business Name:			
4. Previous Business Address:			
5. New Business Address:			
6. Contact Name:		Contact Phone:	
7. Owner's Name:			
8. Owners Home Address:			
9. Owner's Home Phone:		Owner's Cell Phone:	
10. Name of Additional Business Owner(s):		Additional Business Owner Phone:	

11. Do you have an Alcohol license Yes No If yes provide Alcohol Account Number _____

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 STATEMENTS.I FURTHER CERTIFY THAT ALL STATEMENTS AND OTHER INFORMATION PROVIDED ON AND WITH THIS RETURN ARE TRUE, CORRECT, AND COMPLETE.

Print Name _____ **Title** _____

Signature _____ **Date** _____