



The following approvals/documentations are required and must accompany the Business Tax Return for the application to be processed in a timely manner. **All approvals may not pertain to your business.**  
**Please allow approximately fourteen (14) business days for application processing.**

**REQUIRED FOR ALL BUSINESSES:**

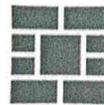
- Planning & Urban Design (912) 525-2783:** Required for ALL new and existing physical locations inside the City of Savannah limits. Located at 20 Interchange Court. Visit [www.savannahga.gov/businessapprovals](http://www.savannahga.gov/businessapprovals) or contact the Planning & Urban Design Department to apply for Business Location Approval (BLA).
- Proof of Owner's Identity:** For sole ownership or partnerships, government issued photo identification is required for each owner. For corporations, certificate of organization, list of officers and government issued photo identification of one officer.
- Proof of Business Location:** Copy of current lease agreement/mortgage deed issued in the name of the business or owner. Peddlers must provide proof of residence.
- Federal Tax ID Number (800) 829-4933:** EIN Number is required for ALL businesses operating within State of Georgia. IRS office is located at 9 Park of Commerce Blvd. [www.irs.gov](http://www.irs.gov)
- Affidavits (2, included with application):** Signed and notarized.

**APPROVAL NEEDED:**

- Savannah Police Dept. (912) 651-6990:** Current criminal background check required. Criminal History Unit is located at 602 E. Lathrop Avenue, Savannah GA 31415
- Office of Special Events, Film & Tourism (912) 351-3837:** Approval required if operating any type of motorized or non-motorized tour services such as trolleys, horse drawn carriages, quadricycles and walking tours only.
- Mobility & Parking Services Transportation Unit (912) 651-6468:** Approval required if operating any type of wrecker, carriage, pedicabs, and all non-emergency transportation and shuttle services.
- GA Office of Regulatory Services (404) 657-5700:** Required if operating any type of nursing, personal care, or group home. Childcare Operation must contact Bright from the Start (404) 656-5957 or (888)442-7735
- Georgia Dept. of Agriculture (404) 485-1411 or (855) 424-5423:** Inspection and approval required for selling packaged food, seafood & for bakeries. Contact number listed to arrange inspection appointment or email: [www.gdalicensing@agr.georgia.gov](mailto:www.gdalicensing@agr.georgia.gov)
- Chatham County Health Department (912) 356-2160:** Food Service permit required if serving and /or preparing food including food trucks, mobile carts and stationary stands.
- Certificate of Incorporation and/or LLC:** GA Secretary of State ([www.sos.georgia.gov](http://www.sos.georgia.gov))

**DOCUMENTATION NEEDED:**

- Georgia License (478) 207-2440:** GA Secretary of State – copy of current state license or certification required. ([www.sos.georgia.gov](http://www.sos.georgia.gov))
- GA Sales/Use Tax Number (912) 748-5199:** Required when selling any type of goods or products. GA Dept. of Revenue is located at 1000 Towne Center Blvd. Bldg. 900, Pooler GA
- Non-Profit Status (912) 651-1430:** 501(C)3 letter confirming non-profit status in name of the business. [www.irs.gov/nonprofit](http://www.irs.gov/nonprofit)
- Veterans Exemption (912) 652-7265:** Veterans requesting tax exempt status must submit Certificate of Exemption from Chatham County Probate Court. 133 Montgomery Street.
- Department of Homeland Security (888) 464-4218:** e-Verify number required if operating with more than 10 employees. Visit [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) to obtain an e-Verify number.



**NEW BUSINESS TAX RETURN**

**Account No.** \_\_\_\_\_ **NAICS No.** \_\_\_\_\_  
**Tax Class** \_\_\_\_\_ **Classification** \_\_\_\_\_ **PIN** \_\_\_\_\_

*Application must be fully completed before processing. Certificate will be delivered within 10 business days. Please Type or Print with Ballpoint Pen. All tax certificates expire on December 31<sup>st</sup> 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. Date Started New Business \_\_\_\_\_
3. Corporation Name \_\_\_\_\_ 4. Business Address (Physical location, Apt, Ste., Etc.) \_\_\_\_\_
5. Trade Name if Different Than Line 3 (DBA) \_\_\_\_\_ 6. Mailing Address \_\_\_\_\_
7. Business Telephone No. \_\_\_\_\_ Contact No. \_\_\_\_\_ Cell No. \_\_\_\_\_
8. Contact Person: \_\_\_\_\_ 9. E-Mail Address: \_\_\_\_\_

10. Owner(s) Personal Information:
- Name \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last Four of Social Sec. No. \_\_\_\_\_
- Name \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last Four of Social Sec. No. \_\_\_\_\_

11. Dominant Business: \_\_\_\_\_  
Other Business Activities Performed: \_\_\_\_\_

12. Federal Tax ID# \_\_\_\_\_ State Tax ID # \_\_\_\_\_  
*\*If required. Application will be returned if not provided\**      *\*If required. Application will be returned if not provided\**

13. E-Verify # \_\_\_\_\_ (Required; Must be 4-6 Digits Only!)

14. Estimated Gross Revenue from Start Date of New Business to December 31<sup>st</sup>. \_\_\_\_\_

15. Business Tax from Schedule \$ \_\_\_\_\_  
Add Regulatory fee (if any) \_\_\_\_\_  
Total Due \_\_\_\_\_

Confidential

*\*Interest & Penalty will apply for n businesses operating over 30 days*

16. Describe how you determined the gross receipts bracket entered on line 14. \_\_\_\_\_
17. Certain PRACTITIONERS OF PROFESSIONS may elect to pay \$400.00 per practitioner in lieu of reporting and paying a tax on gross receipts. Check the list of professions on the back of this form to determine eligibility for this option. If you are eligible, and if you and all members of your firm elect to pay the flat per practitioner tax this year, check below and Submit your payment of \$400 per practitioner with this return. See instructions on back.  
 I ELECT TO PAY A \$400 FLAT TAX IN LIEU OF REPORTING GROSS RECEIPTS BRACKET AND PAYING A TAX BASED ON GROSS RECEIPTS.

**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 ALL STATEMENTS AND OTHER INFORMATION PROVIDED ON AND WITH THIS RETURN ARE TRUE, CORRECT, AND COMPLETE**

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

**MAKE CHECKS PAYABLE TO CITY OF SAVANNAH**  
305 Fahm Street, P O Box 1228 Savannah, GA 31402-1228 | (912) 651-6445

EACH PERSON ENGAGED IN ANY BUSINESS, OCCUPATION, OR PROFESSION IN THE CITY OF SAVANNAH, GEORGIA, WHETHER FROM A FIXED LOCATION IN THE CITY OR AS AN OUT-OF-STATE BUSINESS WITH NO LOCATION IN GEORGIA BUT WHICH EXERTS SUBSTANTIAL EFFORTS WITHIN THE STATE AND IN THE CITY OF SAVANNAH, SHALL PAY TO THE CITY A BUSINESS TAX ACCORDING TO THE PROVISIONS OF GEORGIA LAW (O.C.G.A. 48-13-3 THROUGH 48-13-26) AND THE CITY REVENUE ORDINANCE (ARTICLE Y). THE BUSINESS TAX IS FOR REVENUE PURPOSES AND IS BASED ON GROSS RECEIPTS IN THE CONJUNCTION WITH NATIONAL AVERAGES OF PROFITABILITY BY BUSINESS CLASS.

### LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE BUSINESS TAX RETURN FORM

1. Check whether you have operated a business within the City of Savannah.
2. Enter the date you complete this return for sending to the City along with your business tax payment
3. Enter corporation name
4. Enter the street address where your business is physically located. The definition of "business address" does not include a temporary work site which serves a single customer or project. A temporary work site which serves multiple customers is included in this location.
5. If your business name is different from that listed on line 3, enter Trade or DBA name.
6. Enter the name of the person or company to which mail correspondence should be addressed.
7. Enter the business telephone, contact number and cell number.
8. Enter the name of a contact person.
9. Enter business email address (if applicable)
10. Enter all business owner(s) name, address, city, state, zip, date of birth and last four of social security number in this section.
11. Enter the dominant activity of the business. The dominant business activity is defined as the activity which is the major source of income of a business that conducts multiple activities. Such dominant business activity represents that largest percentage of business revenues but may not represent a majority of revenues. Your business will be classified according to dominant business activity.
12. Enter your Federal Tax Identification number. Enter Georgia Sales and Use Taxpayers Identification number (if applicable).
13. Enter your E-Verify number. Visit the U.S. Citizenship and Immigration Services website at <http://www.uscis.gov/e-verify>.
14. Your business gross income for the previous year is the basis for this year's business tax estimate, to be adjusted if necessary when you file your return next year. **For new businesses applying for a business tax certificate, the gross receipts entered should represent an estimated gross receipts figure for the remainder of the current calendar year. BY LAW THE CITY MUST KEEP GROSS RECEIPTS CONFIDENTIAL.**
15. Refer to the business tax schedule for your tax class and enter the tax amount for the gross receipts identified in Line 14 above. If your business is subject to a regulatory fee, we will advise you of the amount to enter. If your business has operated longer than 30 days, add a late fee of 10 percent whichever is greater of the tax amount due. An additional 1.5 percent per month interest penalty must be added to the tax amount after 30 days. Pay the total of Line 14 with your tax return.
16. Describe in this space, using additional sheet if necessary, the method you used to determine the gross receipts entered on Line 14.
17. Under State Law, each person engaged in the practice of a profession as described in O.C.G.A. 48-13-9(c)(1) through (18) may elect to pay a flat fee per practitioner in lieu of reporting and paying tax on gross receipts. Such professional practitioners are as follows: attorney; physician; osteopath; chiropractor; podiatrist; dentist; optometrist; psychologist; veterinarian; landscape architect; land surveyor; physiotherapist; public accountant; embalmer; funeral director; civil, mechanical, hydraulic, or electrical engineer; architect; marriage and family therapist, social worker, and professional counselor. If you are a professional practitioner who is eligible for this option, and if you and all members of your firm elect to pay the flat per-practitioner tax this year, check the line and submit your \$400 tax payment. If this option is taken, each practicing professional in your firm must also submit a business tax return and pay the per-practitioner fee OR your firm may file one return, attach a list of practicing professionals, and pay a tax totaling \$400 per professional. If you and your firm elect to pay a business tax based on gross receipts, your firm must list all practitioners and attach the list to a single business tax return for the firm.

Signature of applicant; date; title.

**IMPORTANT NOTICE:** A CERTIFICATE OF OCCUPANCY ISSUED BY THE DEVELOPMENT DEPARTMENT IS REQUIRED BEFORE A BUSINESS MAY OPERATE AT ANY LOCATION WITHIN THE CITY OF SAVANNAH. APPLICATIONS FOR BUSINESS TAX CERTIFICATE ARE SUBJECT TO REVIEW FOR CERTIFICATE OF OCCUPANCY, BUILDING CODE, ZONING COMPLIANCE, AND TO REVIEW FOR COMPLIANCE WITH OTHER REQUIREMENTS OF STATE LAW AND CITY ORDINANCE. APPLY FOR AND SECURE A CERTIFICATE OF OCCUPANCY FIRST.



## BUSINESS TAX SCHEDULE BY PROFITABILITY CLASS

GROSS RECEIPTS BRACKET		A	B	C	D	E	F
Base Rate		*0.00069*	*0.00079*	*0.00089*	*0.00099*	*0.00109*	*0.00119*
Bracket	Range in Dollars						
1	\$0 – 30,000 *	\$85	\$87	\$88	\$90	\$91	\$93
2	30,001 – 100,000 *	119	125	131	137	144	150
3	100,001 – 200,000 *	172	186	200	215	229	243
4	200,001 – 300,000 *	232	255	277	300	323	346
5	300,001 – 500,000 *	318	353	388	423	459	494
6	500,001 – 750,000 *	442	495	548	601	654	707
7	750,001 – 1,000,000 *	570	642	715	785	857	929
8	1,000,001 – 2,000,000 *	893	1,011	1,130	1,248	1,367	1,485
9	2,000,001 – 3,000,000 *	1,386	1,576	1,766	1,956	2,146	2,336
10	3,000,001 – 4,000,000 *	1,838	2,093	2,349	2,604	2,860	3,115
11	4,000,001 – 5,000,000 *	2,249	2,564	2,879	3,194	3,509	3,824
12	5,000,001 – 6,000,000 *	2,618	2,986	3,355	3,723	4,092	4,460
13	6,000,001 – 8,000,000 *	3,166	3,614	4,062	4,510	4,958	5,406
14	8,000,001 – 10,000,000 *	3,863	4,412	4,961	5,510	6,059	6,608
15	10,000,001 – 15,000,000 *	4,991	5,704	6,416	7,129	7,841	8,554
16	15,000,001 – 20,000,000 *	6,400	7,402	8,330	9,257	10,185	11,112
17	20,000,001 – 25,000,000 *	7,607	8,785	9,887	10,990	12,092	13,195
18	25,000,001 – 30,000,000 *	8,539	9,851	11,089	12,326	13,564	14,801
19	30,000,001 – 40,000,000 *	9,902	11,412	12,847	14,282	15,717	17,152
20	40,000,001 – 50,000,000 *	11,489	13,229	14,894	16,559	18,224	19,889
21	50,000,001 – and over *	12,524	14,414	16,229	18,044	19,859	21,674

Revised Dec. 2019

**AFFIDAVIT VERIFYING STATUS FOR CITY  
PUBLIC BENEFIT APPLICATION**

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



Revenue  
Department

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**

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

I am a United States citizen **OR** (SEE ACCEPTABLE DOCUMENTS BELOW)

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.



**LISTS OF ACCEPTABLE DOCUMENTS**

All Documents must be unexpired

**LIST A**

Documents that Establish Both  
Identity and Employment  
Authorization

**LIST B**

Document that Establish  
Identity

**LIST C**

Document that Establish  
Employment Authorization

OR

AND

1. **U.S. Passport** or U.S. Passport Card
2. **Permanent Resident Card** or Alien Registration Receipt Card (Form I-551)
3. **Foreign passport** that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-reliable immigrant visa
4. **Employee Authorization Document** that contains a photograph (Form I-766)
5. **Passport from the Federated States of Micronesia (FSM) or the Republic of Marshall Island (RMI)** with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

1. **Drivers License or ID card** issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.
2. **ID card** issued by a federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.
3. **Voter's registration** card
4. **U.S. Military ID** card
5. **Military Dependant ID** card
6. **U.S. Coast Guard Merchant Mariner** card
7. **Native American** tribal document
8. **Driver's license** issued by a Canadian government authority

1. **Social Security Account Number** card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. **Certification of Birth Abroad** issued by the Department of State (Form FS-545)
3. **Certification of Report of Birth** issued by the Department of State (Form DS-1350)
4. **Original or certified copy of birth certificate** issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. **Native American** tribal document
6. **U.S. Citizen ID Card** (Form I-197)
7. **Identification Card** for Use of Resident Citizen in the United States (Form I-179)
8. **Employment Authorization document** issued by the Department of Homeland Security



**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

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_ 20\_\_.

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_