

City of Springfield
130 S. Laurel Street
PO Box 1
Springfield, GA 31329

912-754-6666

BUSINESS NAME AND MAILING ADDRESS

BUSINESS NAME: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY, ST & ZIP: _____

PHONE: _____

BUSINESS DESC: _____

LOCATION: _____

OWNER/MGR: _____

PERS. PHONE: _____

EMERGENCY CONTACT NAME AND ADDRESS

NAME: _____

STREET ADDRESS: _____

CITY, STATE ,ZIP _____

PHONE: _____

OFFICE USE ONLY:

CODE:

RENEW:

FAL:

____ NEW BUSINESS _____ EXISTING BUSINESS

NUMBER OF EMPLOYEES (INCLUDING YOURSELF): _____

Signature

Title

Date

<i>Employees</i>	<i>Tax Liability (After June 30 prorated - 1/2)</i>
0-3	\$90.00
4-9	\$120.00
10-19	\$220.00
20-29	\$320.00
30-39	\$420.00
40 PLUS	\$520.00

PLEASE NOTE:

Please include emergency contact.