



**BUSINESS REGISTRATION CERTIFICATION**

FOR THE YEAR: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GA SALES TAX NUMBER OR FEDERAL I.D. NUMBER: \_\_\_\_\_

E-VERIFY NUMBER: \_\_\_\_\_

DESCRIPTION OF BUSINESS CONDUCTED: Insurance

BUSINESS OWNER OR MANAGER: \_\_\_\_\_



I CERTIFY THE ABOVE INFORMATION IS CORRECT

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_



1-5 INSURANCE COMPANIES: LIFE, FLAT RATE LICENSE	\$40.00
1-6 FIRE, BONDING, CASUALTY, INDUSTRIAL BOILER LIABILITY, ACCIDENT, SURETY, CREDIT, BURGLARY	\$50.00
1-7 HEALTH, HOSPILIZATION AND MEDICAL INSURANCE	\$50.00
1-9 INSURANCE AGENCY	\$100.00

**REMINDER ALL LICENSE RENEWAL DUE BY APRIL 1<sup>ST</sup> OF EACH YEAR.**

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