

PO Box 830900
Birmingham, AL 35283-0900



Toll Free Phone: (800) 556-7274
Toll Free Fax: (844) 528-6529

Notice for 2019 Powder Springs Insurance Renewal Notice

Email: businesslicensesupport@avenuinsights.com
Website: www.avenuinsights.com

Business License Renewal
PO Box 830900
Birmingham, AL 35283-0900

Internal jur code: 1562

Dear Sir or Madam:

Powder Springs has partnered with Avenu Insights & Analytics for assistance in the collection of its insurance license fees. The Insurance Business License is valid January 1 through December 31 and must be renewed annually. Online filing is coming soon. Please include your account number on your payment remittance and corresponding documentation if filing by paper return.

Questions? All questions regarding the payment of your business occupational tax should be directed to Avenu.

No Policies Sold Within Powder Springs During the Previous Year? You must complete Section A on the reverse side of this notice and return it to Avenu.

Business Closed or No Longer Conducting Business in Powder Springs? You must complete Section B on the reverse side of this notice and return it to Avenu.

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com.

License Fee	# of Locations	\$ Amount Per Location	License Fee Due
Annual license fee for each insurer regulated by O.C.G.A §33-3-5 doing business within the City of Powder Springs <small>Internal code 524126.00</small>		\$75.00	\$
Each business location insuring certain risks <small>Internal code 524126.01</small>		\$26.25	\$
Agency/Broker fee not regulated by O.C.G.A. §33-3-5 <small>Internal code 524126.02</small>		\$50.00	\$
Total License Fee Due			\$
<small>Make Check Payable to "Tax Trust Account"</small>			

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Please provide the following information regarding this application:

Primary Contact _____ NAICS# _____ E-Verify # _____

Phone Number _____ Email Address _____ Tax ID/EIN # _____

SWORN STATEMENT

I hereby make application for a renewal of an Insurance Tax Certificate for the City of Powder Springs. I, as a duly authorized agent of the company, do hereby swear or affirm the information provided herein is true, complete and accurate to the best of my knowledge. I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I understand that the City of Powder Springs reserves the right to enforce any and all ordinances regardless of payment of fee and further that it is my/our responsibility to conform to said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I acknowledge that additional information may be required to verify the total gross receipts shown on the renewal application. I certify that I will maintain adequate and accurate records for audit purposes and acknowledge that audits may be performed at any time by personnel from the Community Development Department. Renewal forms should be submitted with the annual license fee in person or by mail to the Community Development office no later than January first of each calendar year.

Signature of Taxpayer or Duly Authorized Agent _____ Date Signed _____ Phone No. _____

Printed Name _____ Email _____ FEIN _____

