

CITY OF ALBERTVILLE, ALABAMA BUSINESS APPLICATION
The City Of Albertville Does Impose the Business License Tax in its Police Jurisdiction

(CONFIDENTIAL)

Complete and Mail/Fax/ To:
City of Albertville PO BOX 1248 Albertville, AL 35950 (256) 891-8200 Fax (256) 891-8299

Applicant Complete This Box	
FEIN _____	_____
ST of ALA TAX # _____	_____
FORM OF OWNERSHIP (Check One)	
Sole Prop. _____	Partnership _____
Corp. _____	Prof Assoc _____
LLC _____	Other _____

Please Print or Type

SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

Application Type : New _____ Owner Change _____ Name Change _____ Location Change _____ Renewal _____

Legal Business Name : _____

Trade Name: (If different from above) _____

Business Activities:(Brief description- Retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc)

Physical Address: _____
 (Street) (City) (State) (Zip)

Mailing Address: _____
 (Street) (City) (State) (Zip)

Telephone: _____
 (Business) (Fax) (Home Phone)

Name & Phone # for Contact Person _____ () _____

Email address for contact: _____

List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name	Residence Address	SSN (if not publicly traded co.)	Title
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Date Business Activity Initiated or Proposed in Albertville: _____ **# of Employees in Albertville:** _____

Number of Real Estate Agents/Brokers _____ **Number of Gasoline Pumps** _____ **Number of Operators Barber/Beauty/Nail Shop** _____

Number & Type of Vending Machines _____ **Nursing/Healthcare Facilities Number of Beds** _____

Number of Physicians/Attorneys _____ **Hotels/Motels Number of Rooms** _____

Rental Property Number of Houses/Units/Apartments/Mobile Homes _____

Gross Receipts from Oct. 1 to Sept. 30 _____

ATTN: Contractors, Home builders, Plumbers & Gas Fitters, Heating and Air Conditioning, Food Services, Electricians, Security/Alarm Installers, Swimming Pool contractors, Pest Control and Architects, alcohol sales, etc.- NO license shall be issued without a copy of ALL REQUIRED CURRENT STATE CARDS OR LICENSES. As required by Act 2006-586 by the Alabama Legislature and signed into law on April 26, 2006.

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named entity, and person(s) listed.

Date _____ **Signature** _____ **Title** _____