

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

(CONFIDENTIAL)

<b>Complete and Mail/Fax/ To:</b>  <b>City of Albertville</b> <b>PO BOX 1248</b> <b>Albertville, AL 35950</b>  (256) 891-8200 Fax (256) 891-8299
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<b>Applicant Complete This Box</b>	
FEIN _____	_____
ST of ALA TAX # _____	_____
<b>FORM OF OWNERSHIP (Check One)</b>	
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 \_\_\_\_\_

**THIS AREA FOR MUNICIPAL USE ONLY**

ACCOUNT ID # \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

PHYSICAL LOCATION:  CITY  POLICE JURISDICTION  OUTSIDE CORP LIMITS & PJZONING CLASSIFICATION: \_\_\_\_\_ BUILDING APPROVAL:  YES  NO  N/A FIRE CODE Tax Types:  Sales/Seller's Use  Consumer Use  Rental  Lodgings  Alcohol  
 Occupational  Tobacco  Gas/Motor Fuel  Business LicenseTax Filing Frequency:  Monthly  Quarterly  Annual  Other \_\_\_\_\_Business Type:  Retail  Wholesale  Building Contractor  Service  Professional  
 Manufacturer  Rental  Other \_\_\_\_\_**PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM**

- PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE MUNICIPAL USE ONLY AREA.
- FORM SHOULD BE TYPED OR PRINTED LEGIBLY
- PLEASE INCLUDE A COPY OF AN OFFICIAL PICTURE ID
- FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS
- FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE MUNICIPALITY

⇒ IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE MUNICIPALITY PLEASE USE THAT ADDRESS ON THE FRONT OF THIS FORM. (Complete separate forms for each physical location in the city)

⇒ AFTER COMPLETING THIS FORM IT CAN BE MAILED, SENT BY FAX, OR HAND DELIVERED TO THE MUNICIPALITY.

⇒ UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31 (or February 15), WITH THE FOLLOWING EXCEPTIONS:

INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1

This form is intended as a simplified, standard mechanism for businesses to initiate contact with a municipality concerning their activities within that city. A business license will be required prior to engaging in business. If a business intends to maintain a physical location within the city, there are normally zoning and building code approvals required prior to the issuance of a license.

In certain instances, a business may simply be required to register with the city to create a mechanism for the reporting and payment of any tax liabilities. If that is the case, you will be provided the materials for that registration process.

The completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. Any prerequisites for a particular type and location of the business must be satisfied prior to licensing.

**SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM TO OBTAIN MORE DETAILED EXPLANATION.**