



REVENUE DEPARTMENT
 275 N. UNION AVENUE
 P.O. BOX 1987
 OZARK, ALABAMA 36361
 PHONE: (334) 774-5262
 FAX: (334) 445-1054

OFFICE USE ONLY
 TAX PAYER ID #: _____
 AGENT'S INITIALS: _____

BUSINESS LICENSE APPLICATION
(CONFIDENTIAL)

APPLICATION TYPE: NEW RENEWAL NAME CHANGE OWNER CHANGE LOCATION CHANGE

TYPE OF LICENSE: REGULAR LICENSE HOME OCCUPATION

BUSINESS ORGANIZATION: INDIVIDUAL PARTNERSHIP CORPORATION LLC PROF ASSOC OTHER

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

LEGAL BUSINESS NAME/DBA: _____

PHYSICAL ADDRESS: _____
(Street) (City) (County) (State) (Zip)

MAILING ADDRESS: _____
(Street) (City) (County) (State) (Zip)

TELEPHONE/EMAIL: _____
(Business) (Fax) (Emergency) (Email)

BUSINESS ACTIVITIES: (Example: Contractor/Sub or General, Retail/clothing sales, wholesale foods, Equip. rental, computer consulting, etc)

ALATAX ACCT # _____ ALATAX TAXPAYER NAME: _____

STATE CERTIFICATION #: _____ FED TAX ID #: _____ SALES TAX #: _____

* Required for: Automobile Dealer • Beautification • Electrician • General Contractor • Heating/AC Installer • Landscaper • Homebuilder/Remodeler • Pawn Shop • Pest Control

COMPETENCY CARD #: _____ HEALTH DEPT PERMIT#: _____

* Required for: Plumbers and Plumbing Contractors

* Required for: Food Services

EMERGENCY CONTACT: _____
(Name) (Phone) (Relationship)

LIST NAMES OF OWNER(S), PARTNER, OR OFFICERS – **COMPLETE ALL INFORMATION** (Attach separate sheet if necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN/DLN</u>	<u>Title</u>

Date Business Activity Initiated or Proposed in Ozark, AL: _____ # of Employees in Ozark, AL: _____

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 persons listed.

Date: _____ Person Submitting: _____ Title: _____

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

LICENSE CALCULATION		
CODE: _____	AMOUNT: _____	SUB-TOTAL: \$ _____
CODE: _____	AMOUNT: _____	ISSUE FEE: \$ _____ 10.00
CODE: _____	AMOUNT: _____	AMOUNT DUE: \$ _____

PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE SHADED AREA AT THE BOTTOM.

FORM SHOULD BE TYPED OR PRINTED LEGIBLY

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.)

***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, WITH THE FOLLOWING EXCEPTION:

INSURANCE COMPANY LICENSE: DUE MARCH 1, DELINQUENT AFTER MARCH 31

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 IS NORMALLY ZONING AND BUILDING CODE APPROVALS REQUIRED PRIOR TO THE ISSUANCE OF A LICENSE. **NOTE: It is the business owner's responsibility to check with Zoning Officials regarding restrictions at a possible business location.**

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.

THIS AREA FOR MUNICIPAL USE ONLY

TAXPAYER ID #: _____		REVIEWED BY: _____	
PHYSICAL LOCATION: <input type="checkbox"/> INSIDE CITY LIMITS		<input type="checkbox"/> POLICE JURISDICTION	<input type="checkbox"/> OUTSIDE CORP LIMITS & PJ
ZONING CLASSIFICATION: _____		BUILDING APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A FIRE CODE	
TAX TYPES: <input type="checkbox"/> SALES/SELLERS USE		<input type="checkbox"/> CONSUMER USE	<input type="checkbox"/> RENTAL <input type="checkbox"/> LODGING <input type="checkbox"/> ALCOHOL
<input type="checkbox"/> OCCUPATIONAL		<input type="checkbox"/> TOBACCO	<input type="checkbox"/> GAS/MOTOR FUEL <input type="checkbox"/> BUSINESS LICENSE
TAX FILING FREQUENCY: <input type="checkbox"/> MONTHLY		<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER _____
BUSINESS TYPE: <input type="checkbox"/> RETAIL		<input type="checkbox"/> WHOLESALE <input type="checkbox"/> BUILDING CONTRACTOR	<input type="checkbox"/> SERVICE <input type="checkbox"/> PROFESSIONAL
<input type="checkbox"/> MANUFACTURER		<input type="checkbox"/> RENTAL	<input type="checkbox"/> OTHER _____