Logo

Description automatically generated

Application may be emailed to [ktidwell@cityofhaleyville.com](mailto:ktidwell@cityofhaleyville.com) or returned to 911 21st Street Haleyville, AL 35565.

**BUSINESS LICENSE APPLICATION** License Year

ALL FIELDS MUST BE COMPLETED Account No.



Application Type:\_\_\_\_New Business \_\_\_\_Renewal \_\_\_\_Name Change \_\_\_\_Owner Change \_\_\_ Location Change Date of Change

Legal Business Name: Trade Name / DBA (If different from legal name): Business Mailing Address: (Street)

City State Zip

**General Contact Information:** Name Title:

Cell Phone: Alternate Phone: Email Address:

Start Date of Business: No. of Employees:

#### Ownership Information:

Form of Ownership (Check One): Sole Proprietorship\* Corporation LLC-Single Member LLC -Multi Member General Partnership



 LLP (Limited Liability Partnership) Governmental Agency Professional Association Other:

Federal Employer Identification Number (FEIN): \*Social Security Number:

\*Note: Sole Proprietors must provide SSN. All other businesses must provide either SSN or FEIN on application.

Owner(s), Partners, or Officers Information

1. Name: Title: SSN:

Address: Email : Phone:

1. Name: Title: SSN:

Address: Email : Phone:

**Business Description/Information**

Physical Street Address: City State Zip

Telephone: Website: Email:





Physical Location (choose one): \_ \_City Limits \_\_\_\_Police Jurisdiction

Type (choose one):\_\_\_\_Retail \_\_\_\_Wholesale \_\_\_\_Building Contractor \_\_\_\_Service \_\_\_\_Professional \_\_\_\_Manufacturer \_\_\_\_Rental \_\_\_\_Delivery Only

Describe the business you are conducting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total annual gross receipts (If new business, estimate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Contact Information for this location:

Name Title: Cell Phone:

Email Address: Alternate Phone:

Sworn Statement: This application has been examined and is, to the best of my knowledge, a true and complete representation of the above-named entity and person(s) listed. Failure to complete the application in full, sign, and date this application will make the application invalid.

Signature: Title: Date:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_