



Application may be emailed to ktidwell@cityofhaleyville.com or returned to 911 21st Street Haleyville, AL 35565.

BUSINESS LICENSE APPLICATION

License Year _____

Application Type: ___New Business___Renewal___Name Change___Owner Change___Location Change Date of Change _____

Business Information:

Legal Business Name: _____

Trade Name / DBA (If different from legal name): _____

Business Physical Address: Street _____

City _____ State _____ Zip _____

Business Mailing Address (if different from physical): Street _____

City _____ State _____ Zip _____

Telephone: _____ Website: _____

Physical Location: ___City Limits ___Police Jurisdiction

Type: ___Retail ___Wholesale ___Building Contractor ___Service ___Professional ___Manufacturer ___Rental ___Delivery Only

Describe the business you are conducting: _____

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

General Contact Information: Name _____ Title: _____

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): _____ or *Social Security Number: _____

*Note: Sole Proprietors must provide SSN.

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: _____