



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 Name Change Owner Change Location Change Date of Change _____

Business Information:

Legal Business 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): _____ Start Date of Business: _____

General Contact Information: Name _____ Title: _____

Phone: _____ Alternate Phone: _____ Email Address: _____

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: _____