

CITY OF ADAMSVILLE, ALABAMA BUSINESS APPLICATION

(CONFIDENTIAL)

Complete and Mail/Fax To:
CITY OF ADAMSVILLE, AL
PO BOX 309
ADAMSVILLE, AL 35005-0309
(205) 674-5671 Fax (205) 674-6430

Applicant Complete This Box
FEIN
ST of ALA TAX #
FORM OF OWNERSHIP (Check One)
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

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

Date Business Activity Initiated or Proposed in Adamsville: # of Employees in Adamsville

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 & PJ

ZONING 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 License

Tax 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 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**
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⇒ **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 WHERE POSSIBLE, SENT BY ELECTRONIC MAIL 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.**

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**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**

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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.

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**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.**