

CITY OF TUSCUMBIA, ALABAMA

TREASURER'S DEPARTMENT

116 EAST 6TH STREET • P.O. Box 29
Tuscumbia, Alabama 35674
Phone (256) 383-5463 • Fax (256) 383-3313
www.cityoftuscumbia.org

APPLICATION FOR CITY BUSINESS LICENSE & TAXES (CONFIDENTIAL)

SELECT THE TYPE OF BUSINESS:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> MANUFACTURER | <input type="checkbox"/> FINANCIAL, INSURANCE | <input type="checkbox"/> SERVICE |
| <input type="checkbox"/> WHOLESALER | <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> PROFESSIONAL SERVICES |
| <input type="checkbox"/> RETAILER | <input type="checkbox"/> PUBLIC UTILITY | <input type="checkbox"/> RESTAURANT |
| <input type="checkbox"/> CONTRACTORS | <input type="checkbox"/> RENTAL | <input type="checkbox"/> OTHER |

APPLICATION TYPE: NEW OWNERS CHANGE NAME CHANGE LOCATION CHANGE

DESCRIBE BUSINESS: _____

Sales Representative: Yes No

Delivery: Common Carrier Own Vehicle

SELECT THE TYPE OF ORGANIZATION:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) | <input type="checkbox"/> PROFESSIONAL ASSOCIATION |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> OTHER (Specify) _____ |

LEGAL BUSINESS NAME: _____

TRADE NAME (D/B/A) _____

DATE BUSINESS BEGAN IN TUSCUMBIA: _____ # OF EMPLOYEES _____

ESTIMATED ANNUAL GROSS RECEIPTS: _____ FOR CALENDAR YEAR: _____

LOCATION OF BUSINESS:

STREET NUMBER: _____ NAME OF STREET, RD., etc. _____

SUITE NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER (local) (____) _____ FAX NUMBER(____) _____

CONTACT PERSON _____ PHONE NUMBER (emergency) () _____

EMAIL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT):

STREET NUMBER: _____ NAME OF STREET, RD., etc. _____

SUITE NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____

(over)

REQUIRED INFORMATION WHERE APPLICABLE:

COLBERT CO. HEALTH PERMIT #: _____ FEDERAL TAX ID # _____

SOCIAL SECURITY #: _____ ELEC MASTER CARD#: _____ PLUMBERS

MASTER CARD#: _____ HVAC CARD#: _____ HOME BLDR. CERT# _____

STATE GENERAL CONTRACTOR #: _____ ALABAMA TAX # _____

DRIVER'S LIC # _____ EXP DATE _____ (Attach Copy)

ADDITIONAL INFORMATION:

INTERNET SALES: YES NO EST. GROSS RECEIPTS: _____ FOR YEAR: _____

NAME/ADDRESS OF OWNER:

PHONE NO. () _____ SOCIAL SECURITY NO. _____

I declare under the penalties of perjury that this application for business license has been examined by me and to the best of my knowledge and belief is a true, correct, accurate and complete statement. I hereby declare under the penalties of perjury that I am a legal resident or citizen of the United States

SIGNATURE

DATE

TYPE OR PRINT NAME

COMMENTS

THIS FORM IS INTENDED AS A SIMPLIFIED, STANDARD MECHANISM FOR BUSINESSES TO INITIATE CONTACT WITH THE CITY OF TUSCUMBIA REGARDING ACTIIVITES WITHIN THE CITY. A BUSINESS LICENSE WILL BE REQUIRED PRIOR TO ENGAGING IN BUSINESS. IF A BUSINESS INTENDS TO MAINTAIN A PHYSICAL LOCATION WITHIN TUSCUMBIA, THEY ARE REQUIRED TO CONTACT THE BUILDING OFFICIAL PRIOR TO OBTAINING A LICENSE.

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.

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 A MORE DETAILED EXPLANATION.