



OFFICE USE ONLY		
Sales Tax (MQA)	Y	N
Lease Rental	Y	N
Liquor Tax	Y	N
Location Code	_____	
Schedule #	_____	

**CITY OF ALABASTER, ALABAMA
REVENUE DEPARTMENT**

201 1st Street North
ALABASTER, AL 35007
Phone (205) 664-6844 ∞ Fax (205) 664-6974

APPLICATION FOR CITY BUSINESS LICENSE & TAXES

SELECT THE TYPE OF BUSINESS:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> MANUFACTURER | <input type="checkbox"/> FINANCIAL, INSURANCE, REAL ESTATE | <input type="checkbox"/> HEALTH SERVICES |
| <input type="checkbox"/> WHOLESALER | <input type="checkbox"/> TRANSPORTATION / DELIVERY | <input type="checkbox"/> PROFESSIONAL SERVICES |
| <input type="checkbox"/> RETAILER | <input type="checkbox"/> PUBLIC UTILITY | <input type="checkbox"/> RESTAURANT |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> COMMUNICATIONS | <input type="checkbox"/> OTHER |

DESCRIBE BUSINESS: _____

Sales Representative: Yes No Delivery of goods is by: Common Carrier Own Vehicle

DATE BUSINESS BEGAN IN ALABASTER: _____

ESTIMATED ANNUAL GROSS RECEIPTS: _____ FOR CALENDAR YEAR: _____

SELECT THE TYPE OF ORGANIZATION:

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

LEGAL BUSINESS NAME: _____

TRADE NAME (D/B/A) : _____

LOCATION OF BUSINESS:

STREET: _____

CITY _____ STATE: _____ ZIP _____

*Name of shopping center located in Alabaster, if applicable: _____

PHONE NUMBER (LOCAL): (_____) _____ FAX NUMBER:(_____) _____

CONTACT PERSON _____ EMERGENCY PHONE NUMBER (_____) _____

MAILING ADDRESS (IF DIFFERENT):

STREET: _____

CITY _____ STATE _____ ZIP _____

ADDITIONAL INFORMATION:

OCCUPANCY LEVEL (N/A if not applicable): _____

INTERNET SALES: YES NO

ESTIMATED GROSS RECEIPTS FOR INTERNET SALES: _____ FOR CALENDAR YEAR _____

GIVE INFORMATION BELOW AND PROVIDE COPIES OF EACH, WHERE APPLICABLE:

ALABAMA SALES AND USE TAX #: _____ FEDERAL TAX I.D. # _____

SHELBY CO. HEALTH PERMIT #: _____ ABC LICENSE #: _____

MASTER ELECTRICAL CARD #: _____ MASTER PLUMBERS CARD # _____

HVAC CARD #: _____ RESIDENTIAL HOME BLDR. CARD #: _____

ALABAMA STATE GENERAL CONTRACTOR #: _____

COMPLETE THE SECTION THAT APPLIES TO THE TYPE OF ORGANIZATION OF YOUR BUSINESS AND PROVIDE A COPY OF THE APPROPRIATE LEGAL DOCUMENTS.

CORPORATION (attach additional sheets if necessary):

Name/Address of all officers of Corporation Title Phone # Social Security #

Name/Address of all officers of Corporation	Title	Phone #	Social Security #

DATE OF INCORPORATION: _____

LOCATION OF INCORPORATION: STATE: _____ COUNTY: _____

PARTNERSHIP (attach additional sheets if necessary):

Name/Address of all officers of Corporation Title Phone # Social Security #

Name/Address of all officers of Corporation	Title	Phone #	Social Security #

DATE OF FORMATION OF PARTNERSHIP: _____

SOLE PROPRIETOR

Name/Address of all officers of Corporation Title Phone # Social Security #

Name/Address of all officers of Corporation	Title	Phone #	Social Security #

I hereby certify that all information given is true and correct.

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____

SIGNATURE

DATE

TYPE OR PRINT NAME

THE ISSUANCE OF THIS BUSINESS LICENSE SHOULD NOT BE CONSIDERED AS APPROVAL, BY THE CITY, OF THE LICENSEE'S LOCATION FOR ZONING PURPOSES.