

**COMPLETION OF THIS BUSINESS LICENSE APPLICATION**  
**DOES NOT PERMIT IMMEDIATE SALES, WORK, ETC.**

**CITY/ TOWN OF SPANISH FORT, ALABAMA BUSINESS APPLICATION**  
**The City/Town Does/Does Not Impose the Business License Tax in its Police Jurisdiction**

<b>Complete and Mail or Return To:</b>
CITYSPANISH FORT 7361 SPANISH FORT BLVD. SPANISH FORT, ALABAMA 36527
Phone (251)626-4884 Fax (251)626-4880

(CONFIDENTIAL)

<b>Applicant Complete This Box</b>
FEIN _____
ST of ALA TAX # _____
<b><u>FORM OF OWNERSHIP (Check One)</u></b>
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)**

<u>Name</u>	<u>Residence Address</u>	<u>SSN (if no FEIN # available)</u>	<u>Title</u>
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**Date Business Activity Initiated or Proposed to Initiate:** \_\_\_\_\_

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**

**REVIEWED BY:** \_\_\_\_\_

**ZONING CLASSIFICATION:** \_\_\_\_\_ **BUILDING APPROVAL: ? YES ? NO ? N/A**

**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 \_\_\_\_\_

**BUSINESS LICENSE:**    **APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_

**Reason for Denial** \_\_\_\_\_