CITY OF FORT PAYNE, ALABAMA BUSINESS LICENSE APPLICATION The City Does Not Impose the Business License Tax in its Police Jurisdiction

Complete and Mail-Fax-Email To:

CITY OF FORT PAYNE 100 ALABAMA AVENUE N.W. FORT PAYNE, ALABAMA 35967

aparker@fortpayne.org

Ph (256) 996-5102

Fax (256) 845-2987

(CONFIDENTIAL)

Applicant Complete This Box FEIN or SSN _____ 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 Cha	nge Loc	cation Change	e	
Legal Business Name :							
Trade Name: (If different f	rom above)						
Business Activities:(Brie	f description- R	etail clothing sales, who	lesale food sales, rer	ntal of industrial equip	o., computer cons	sulting, etc)	
Physical Address:							
Mailing Address:	(Street)		(City)	(City)		(Zip)	
Telephone:	(Stree	t)	(City)		(State)	(Zip)	
	(Busin	ess)	(Fax)		(Home Phone)		
Name & Phone # for Con	itact Person _			(_)		
Email address for contact	ct:						
List Following for Owner	r(s), Partners, o	or Officers (Attach sep	parate sheet if neces	ssary)			
<u>Name</u>	Residence Address		SSN (if not pu	SSN (if not publicly traded co.)		<u>Title</u>	
Date Business Activity Initiated or Proposed in Fort Payne: # of Employees in Fort Payne							
This application has been exalisted.	amined by me and	l is, to the best of my know	ledge, a true and compl	lete representation of th	ne above named en	tity, and person(s)	
Date	SignatureTitle						
THIS AREA FOR MUNICIPAL USE ONLY							
ACCOUNT ID #	OUNT ID # N		DDE: REVI		EWED BY:		
PHYSICAL LOCATION: CITY POLICE JURISDICTION OUTSIDE CORP LIMITS & PJ							
ZONING CLASSIFICATION: BUILDING APPROVAL: ☐ YES ☐ NO ☐ N/A FIRE CODE ☐							
Business Type:							
APPROVAL BY:		Building:					

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 OF PAGE 1.
- 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
- ⇒ 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.

ALL LICENSE RENEWALS ARE DUE JANUARY 1st AND DELINQUENT AFTER JANUARY 31st, WITH THE FOLLOWING EXCEPTIONS:

INSURANCE COMPANY LICENSE: DUE JANUARY 1st, DELINQUENT AFTER MARCH 1st

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.

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.