

# CITY OF SPRINGVILLE, ALABAMA BUSINESS APPLICATION

(CONFIDENTIAL)

**Complete and Mail/Fax/Email To:**

**CITY OF SPRINGVILLE**  
**PO BOX 919**  
**SPRINGVILLE, ALABAMA 35146**

(205) 467-6133 Fax (205) 467-6136

**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 : \_\_\_\_\_ NAICS Code: \_\_\_\_\_

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)

AFTER HOURS EMERGENCY CONTACT: \_\_\_\_\_ ( ) \_\_\_\_\_  
(For businesses with physical buildings in City) Name phone  
\_\_\_\_\_ ( ) \_\_\_\_\_  
Name 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
------	-------------------	----------------------------------	-------

Last year gross receipts total in Springville, Alabama was \$ \_\_\_\_\_.

Date Business Activity Initiated or Proposed in Anywhere: \_\_\_\_\_ # of Employees in Anywhere \_\_\_\_\_

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**

- ⇒ **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 1 AND DELINQUENT AFTER JANUARY 31, WITH THE FOLLOWING EXCEPTIONS:**

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

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.*

<b>For office use only below this line</b>			
License Schedule Number	Date Issued	Total Gross Receipts	Total Due
Issued By			Receipt # Payment form    Cash    Ck #
<b>New businesses physically located within the City Limits will require approval from the Building Inspector and Fire Department before fees are collected and license issued.</b>			
Building Inspector Signature	Comments		
Fire Department Signature	Comments		