

CITY OF BOAZ, ALABAMA BUSINESS APPLICATION
The City of Boaz Does Impose the Business License Tax in its Police Jurisdiction

Complete and Mail/Fax/Email To: CITY OF BOAZ PO BOX 537 BOAZ, AL 35957 (256) 593-0241 Fax (256) 593-9527
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CONFIDENTIAL

Please Print or Type
 SEE SHEET 2 FOR INSTRUCTIONS AND
 FURTHER INFORMATION

Applicant Complete This Box FEIN _____ ST of ALA TAX # _____ FORM OF OWNERSHIP (Check One) Sole Prop. _____ Partnership _____ Corp. _____ Prof Assoc _____ LLC _____ Other _____

APPLICATION TYPE: NEW RENEWAL OWNER CHANGE NAME CHANGE LOCATION CHANGE

Legal Business Name: _____

Trade Name: (If different from above) _____

Business Activities: (Brief desc. - example. retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc)

Physical Address:

Mailing Address: (Street) (City) (State) (Zip)

Telephone: (Street) (City) (State) (Zip)

 (Business) (Fax) (Home Phone – In Case Of Emergency)

Email: AlaTax Acct. #: AlaTax Taxpayer Name:

Name/Phone # for Contact Person: _____ (_____)

List Names of Owner(s), Partners, or Officers (Attach separate sheet if necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN</u>	<u>Title</u>
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Date Business Activity Initiated or Proposed in Boaz: _____ # of Employees in Boaz _____

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 _____

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)

==>UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETETHE LICENSING PROCESS.

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

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 A MORE DETAILED EXPLANATION.

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
