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

(CONFIDENTIAL)

Complete and Mail/Fax/Email To:

CITY OF EVERGREEN

PO BOX 229

EVERGREEN. AL 36401

Applicant Complete This Box						
FEIN						
ST of ALA TAX #						
FORM OF OWNERSHIP (Check One)						

Please Print or Type

SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

Application Type :	New (Owner Change	_ Name Change	Location C	change	
Legal Business Name :						
Trade Name: (If different						
Business Activities:(Brie	f description- Reta	ail clothing sales, wholes	sale food sales, rental c	of industrial equip., compu	ter consulting, etc)	
Physical Address:						
Mailing Address:	(Street)		(City)	(State)	(Zip)	
mannig / taul 000.	(Street)		(City)	(State)	(Zip)	
Telephone:	phone:(Business)		(Fax)	(Home F	(Home Phone)	
N 0 Bl # 6 0	·		, ,		,	
Name & Phone # for Cor Email address for contact				()		
		Officers (Attack concr	ate about if necessary	Α.		
List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary) Name Residence Address SSN (if not publicly traded co.) Title					Title	
Date Business Activity Initiated or Proposed in EVERGREEN:						
THIS AREA FOR MUNICIPAL USE ONLY						
ACCOUNT ID #				REVIEWED BY: _		
PHYSICAL LOCATION	I: CITY	□ POLICE	JURISDICTION		ORP LIMITS & PJ	
ZONING CLASSIFICA	ΓΙΟΝ:	BUILDING	APPROVAL: ? YES	6 ? NO ? N/A	FIRE CODE	
<u>Tax Types</u> : ☐ Sale	es/Seller's Use	☐ Consumer Us	e 🗆 Rental	□ Lodgings □	Alcohol	
□ Occ	cupational	□ Tobacco	☐ Gas/Motor	Fuel	Business License	
<u>Tax Filing Frequency</u> : ☐ Monthly ☐ Quarterly ☐ Annual ☐ Other						
Business Type:	Retail 🗆 \ Manufacturer		_	☐ Service ☐ ☐ ☐ 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 (or February 15), 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.