



# CITY OF FLORENCE, ALABAMA BUSINESS APPLICATION

### Complete and Mail

City of Florence  
City Clerk's Office  
P.O. Box 98  
Florence, AL 35631  
Phone: (256) 760-6681

**(CONFIDENTIAL)**

**Please Print or Type**  
SEE REVERSE SIDE FOR  
INSTRUCTIONS AND  
FURTHER INFORMATION

### Applicant Complete This Box

TIN \_\_\_\_\_

ST of Ala Tax # \_\_\_\_\_

#### Form of Ownership (Check One)

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership         |
| <input type="checkbox"/> Corporation     | <input type="checkbox"/> Professional Assoc. |
| <input type="checkbox"/> LLC             | <input type="checkbox"/> 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: \_\_\_\_\_

(Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_

(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)

Name	Residence Address	SSN	Title
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Date Business Activity Initiated or Proposed in \_\_\_\_\_

This application has been examined by me and is, to the best of 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 \_\_\_\_\_

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PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

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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

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➔ 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 THAN SPECIFIC REQUIRMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

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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

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THIS FORM IS INTENDED AS A SIMPLIFIED, STANDARD MECHANISM FOR BUSINESSES TO INITIATE CONTACT WITH A MUNICIPALITY CONCERNING THEIR ACTIVITIES WITH IN THAT CITY. A BUSINESS LICENSE WILL BE REQUIRED PRIOR TO ENGAGING IN BUSINESS. IF A BUSINESS INTENDS TO MAINTAIN A PHYSICAL LOCATION WITH IN 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.

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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.