

CITY OF HOKES BLUFF, ALABAMA BUSINESS APPLICATION
 The City Does Not Impose the Business License Tax in its Police Jurisdiction

(CONFIDENTIAL)

Applicant Complete This Box

Complete and Mail/Fax/Email To:
CITY OF HOKES BLUFF
 P.O. BOX 2338
 EAST GADSDEN, AL 35903-2338
 (256) 492-2414 Fax (256) 492-2416
 E-Mail: hbcity@bellsouth.net

Gross Receipts for Hokes
 Bluff for Previous Year
 was _____

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

Please Print or Type

APPLICATION TYPE: **SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION**

() NEW () RENEWAL () OWNER CHANGE () NAME CHANGE () LOCATION CHANGE

Legal Business Name: _____

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)

Name/Phone for Contact Person: _____ () _____

E-Mail address for Contact: _____

List Following for Owner(s), Partners, or Officers (Attach separate sheet If necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN (if not publicly traded co):</u>
_____	_____	_____
_____	_____	_____

Date Business Activity Initiated or Proposed in Hokes Bluff: _____ # of Employees in Hokes Bluff _____

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 persons listed.

Date _____ Signature _____ Title _____

THIS AREA FOR MUNICIPAL USE ONLY

ACCOUNT ID# _____ REVIEWED BY: _____

PHYSICAL LOCATION: CITY

ZONING CLASSIFICATION: _____ BUILDING APPROVAL: _____ Y _____ N _____ n/a

BUSINESS TYPE: (Circle One)	<u>Building Contractor</u>	<u>Specialty Contractor</u>
	<u>Retail</u> <u>Service</u>	
NAICS: _____	<u>Rental</u> <u>Manufacturer</u>	<u>Professional</u>
		<u>Other</u>

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
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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)
 - ⇒ 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.
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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.

**REQUIRED BY THE STATE OF ALABAMA IMMIGRATION ACT
Act No. 2011-535**

"Under penalty of perjury, I _____
PRINT NAME

the undersigned do hereby declare that I am a United States Citizen or that I am a lawfully

present alien of the United States of America.

DECLARANT'S SIGNATURE

DATE