



**REVENUE DEPARTMENT**  
 275 N. UNION AVENUE  
 P.O. BOX 1987  
 OZARK, ALABAMA 36361  
 PHONE: (334) 774-5262  
 FAX: (334) 445-1054

**OFFICE USE ONLY**

TAX PAYER ID #: \_\_\_\_\_  
 AGENT'S INITIALS: \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**  
**(CONFIDENTIAL)**

**APPLICATION TYPE:**  NEW  RENEWAL  NAME CHANGE  OWNER CHANGE  LOCATION CHANGE

**TYPE OF LICENSE:**  REGULAR LICENSE  HOME OCCUPATION

**BUSINESS ORGANIZATION:**  INDIVIDUAL  PARTNERSHIP  CORPORATION  LLC  PROF ASSOC  OTHER

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY**

LEGAL BUSINESS NAME/DBA: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

MAILING ADDRESS: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

TELEPHONE/EMAIL: \_\_\_\_\_  
(Business) (Fax) (Emergency) (Email)

BUSINESS ACTIVITIES: (Example: Contractor/Sub or General, Retail/clothing sales, wholesale foods, Equip. rental, computer consulting, etc)

ALATAX ACCT # \_\_\_\_\_ ALATAX TAXPAYER NAME: \_\_\_\_\_

STATE CERTIFICATION #: \_\_\_\_\_ FED TAX ID #: \_\_\_\_\_ SALES TAX #: \_\_\_\_\_

\* Required for: Automobile Dealer • Beautification • Electrician • General Contractor • Heating/AC Installer • Landscaper • Homebuilder/Remodeler • Pawn Shop • Pest Control

COMPETENCY CARD #: \_\_\_\_\_ HEALTH DEPT PERMIT#: \_\_\_\_\_

\* Required for: Plumbers and Plumbing Contractors

\* Required for: Food Services

EMERGENCY CONTACT: \_\_\_\_\_  
(Name) (Phone) (Relationship)

LIST NAMES OF OWNER(S), PARTNER, OR OFFICERS – **COMPLETE ALL INFORMATION** (Attach separate sheet if necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN/DLN</u>	<u>Title</u>

Date Business Activity Initiated or Proposed in Ozark, AL: \_\_\_\_\_ # of Employees in Ozark, AL: \_\_\_\_\_

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: \_\_\_\_\_ Person Submitting: \_\_\_\_\_ Title: \_\_\_\_\_

SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER ON THIS FORM TO OBTAIN A MORE DETAILED EXPLANATION.

<b>LICENSE CALCULATION</b>		
CODE: _____	AMOUNT: _____	SUB-TOTAL: \$ _____
CODE: _____	AMOUNT: _____	ISSUE FEE: \$ _____ 10.00
CODE: _____	AMOUNT: _____	AMOUNT DUE: \$ _____

**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 COMPLETE THE LICENSING PROCESS.

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

INSURANCE COMPANY LICENSE: DUE MARCH 1, DELINQUENT AFTER MARCH 31

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 IS NORMALLY ZONING AND BUILDING CODE APPROVALS REQUIRED PRIOR TO THE ISSUANCE OF A LICENSE. **NOTE: It is the business owner's responsibility to check with Zoning Officials regarding restrictions at a possible business location.**

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.

**THIS AREA FOR MUNICIPAL USE ONLY**

<b>TAXPAYER ID #:</b> _____		<b>REVIEWED BY:</b> _____	
PHYSICAL LOCATION: <input type="checkbox"/> INSIDE CITY LIMITS		<input type="checkbox"/> POLICE JURISDICTION	<input type="checkbox"/> OUTSIDE CORP LIMITS & PJ
ZONING CLASSIFICATION: _____		BUILDING APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A FIRE CODE	
TAX TYPES: <input type="checkbox"/> SALES/SELLERS USE <input type="checkbox"/> CONSUMER USE		<input type="checkbox"/> RENTAL	<input type="checkbox"/> LODGING <input type="checkbox"/> ALCOHOL
<input type="checkbox"/> OCCUPATIONAL <input type="checkbox"/> TOBACCO		<input type="checkbox"/> GAS/MOTOR FUEL	<input type="checkbox"/> BUSINESS LICENSE
TAX FILING FREQUENCY: <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY		<input type="checkbox"/> ANNUAL	<input type="checkbox"/> OTHER _____
BUSINESS TYPE: <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> BUILDING CONTRACTOR		<input type="checkbox"/> SERVICE	<input type="checkbox"/> PROFESSIONAL
<input type="checkbox"/> MANUFACTURER <input type="checkbox"/> RENTAL		<input type="checkbox"/> OTHER _____	