TOWN OF CEDAR BLUFF, ALABAMA BUSINESS APPLICATION The Town Imposes the Business License Tax @ 50% in its Police Jurisdiction

Complete and Mail/Fax/Email To:

TOWN OF CEDAR BLUFF PO BOX 38 CEDAR BLUFF, AL 35959 townclrk@tds.net

(256) 779-6121 Fax (256) 779-6148

(CONFIDENTIAL)

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

Please Print or Type

(Street) (City) (State) (Zip) Mailing Address: (Street) (City) (State) (Zip) Telephone: (Business) (Fax) (Home Phone) Name & Phone # for Contact Person	SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION									
Trade Name: (If different from above)	Application Type:	New	Owner Cha	nge	Name Change	eLoca	ation Chan	ge		
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 Phone) Name & Phone # for Contact Person	Legal Business Name:									
Physical Address: (Street) (City) (State) (Zip) Mailing Address: (Street) (City) (State) (Zip) Telephone: (Business) (Fax) (Home Phone) Name & Phone # for Contact Person	Trade Name: (If different	from above) _								
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City City	Mailing Adduses.	(Sti	reet)	(City)		(State)	(Zip)		
Name & Phone # for Contact Person	walling Address:	(Str	reet)	(City)		(State)	(Zip)		
Name & Phone # for Contact Person	Telephone:									
Email address for contact: List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary) Name Residence Address SSN (if not publicly traded co.) Title Date Business Activity Initiated or Proposed in Cedar Bluff: # of Employees in Cedar 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 person(s) listed. Date Signature THIS AREA FOR MUNICIPAL USE ONLY ACCOUNT ID # REVIEWED BY: PHYSICAL LOCATION: CITY		(Business)			(Fax) (Home Phone)					
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Tax Filing Frequency:	<u>Tax Types</u> : ☐ Sa	les/Seller's l	Jse 🗆 Consi	umer Use	Rental	□ Lodgings	☐ Alco	hol		
Business Type: ☐ Retail ☐ Wholesale ☐ Building Contractor ☐ Service ☐ Professional		cupational	☐ Tobac	ссо	☐ Gas/Motor	Fuel	☐ Busi	ness License		
	Tax Filing Frequency	:	nthly 🗆 (Quarterly	☐ Annua	al 🗆 Oth	ner			
	Business Type:			☐ Building	g Contractor					

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.