

CITY OF COLLINSVILLE, ALABAMA BUSINESS APPLICATION

The city does impose the business license tax in its police jurisdiction

(CONFIDENTIAL)

Applicant complete this box

Complete and mail/fax/email to:

CITY OF COLLINSVILLE
PO BOX 390
COLLINSVILLE, AL 39561
CITYCLERK@COLLINSVILLEALABAMA.NET
(256) 524-2135 fax (256) 524-9577

*Please print of type
SEE PAGE 2 FOR
INSTRUCTRIONS AND
FURTHER
INFORMATION*

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

APPLICATION TYPE: New ___ Owner Change ___ Name Change ___ Location Change ___

Legal Business Name: _____

Trade Name: _____

Business Activities: (Brief description- Retail clothing sales, wholesale food sales, rental properties, contractors, industrial equipment, computer consulting, gasoline distributors, etc.)

Physical Address: _____

Mailing Address: _____

Telephone: _____
(business) (Fax) (home)

Name & phone # for contact person: _____ ()

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
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Date Business Activity initiated or Proposed in Collinsville: _____ # of Employees in Collinsville: _____

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 _____ Title _____

THIS AREA IS FOR MUNICIPAL USE ONLY

ACCOUNT ID # _____ REVIEWED BY: _____

PHYSICAL LOCATION: CITY _____ POLICE JURISDICTION _____ OUTSIDE CORP LIMITS & PJ _____

ZONING CLASS. _____ BUILDING APPROVAL: YES NO N/A _____ FIRE CODE _____

TAX TYPES: Sales/Sellers's use Consumer Use Rental Lodging Alcohol Occupational
Tobacco Gas/Motor fuel Business License

Tax filing frequency: MONTHLY QUARTLY ANNUAL OTHER _____

Business Type: Retail Wholesale Building contractor Service Professional Manufacturer Rental

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 CITY CLERK OF CITY OF COLLINSVILLE.

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 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.