

CITY OF ANNISTON, ALABAMA BUSINESS LICENSE APPLICATION

Send Completed Return To:
City of Anniston
P.O. Box 2168
Anniston, AL 36202
(256) 231-7726 (Phone)
(256) 231-7664 (Fax)
E-mail: mmotely@anniston.al.gov

(CONFIDENTIAL)



Please Print or Type

Applicant Complete This Box

Federal Tax ID # _____

NAICS Code _____

Form of Ownership (Check One)

Sole Proprietor Partnership

Corporation Professional Assoc.

LLC Other _____

APPLICATION TYPE: NEW RENEWAL OWNER CHANGE NAME CHANGE LOCATION CHANGE

Legal Business Name: _____

Trade Name: (If different from above) _____

Business Activities: (Describe Business Activities in Anniston – ex. retail clothing sales, wholesale food sales, rental of industrial equip., etc.)

Physical Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Mailing Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Telephone: _____ (Business) _____ (Fax) _____ (Home Phone – In Case Of Emergency)

Email: _____ Web Address: _____

If your business has no physical presence in Anniston and only delivers into Anniston via owned, leased, or contracted vehicles and your company's gross receipts are under \$100,000 you may elect to purchase a Delivery License pursuant to State and City Code in the amount of \$100.00. If you qualify for this option and wish to exercise it please indicate by writing DELIVERY in the box:

Is your company registered with Alabama Dept. of Revenue? Y or N If so, Taxpayer ID# _____

Name/Phone # for Contact Person: _____ () _____

List Names of Owner(s), Partners, or Officers (Attach separate sheet if necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN</u>	<u>Title</u>	<u>DL#</u>	<u>ST</u>

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

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 FOR MUNICIPAL USE ONLY

ACCOUNT ID # _____	REVIEWED BY: _____
PHYSICAL LOCATION: <input type="checkbox"/> CITY <input type="checkbox"/> POLICE JURISDICTION <input type="checkbox"/> OUTSIDE CORP LIMITS & PJ	
ZONING CLASSIFICATION/USE: _____	BUILDING APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A FIRE CODE _____
ELECTRICAL CODE _____	PLUMBING CODE _____ HEALTH DEPT. # _____ OTHER _____
BUSINESS TYPE: <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> RENTAL <input type="checkbox"/> DELIVERY <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> OTHER _____	
<input type="checkbox"/> MANUFACTURER <input type="checkbox"/> CONTRACTOR (TYPE & STATE BOARD CERT. # IF REQUIRED) _____	