

CITY OF SMITHS STATION
BUSINESS LICENSE APPLICATION

(CONFIDENTIAL)

LICENSE NUMBER:

Complete and Mail or Fax to:	Applicant Complete This Box
CITY OF SMITHS STATION CITY CLERK P.O. BOX 250 SMITHS STATION, AL 36877 (334) 297-8771 Fax. (334) 448-8422	FEIN: ST of Ala Tax# FORM OF OWNERSHIP (CHECK ONE) Sole prop. () Partnership () Corporation () Professional Assn. () LLC (...) Other ()

PLEASE PRINT OR TYPE

APPLICATION TYPE (*circle one*): RENEW NEW 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	Mailing Address

Telephone Numbers

Business:	Fax:	E-Mail Address:
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Contact Name	Phone Number
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List Names of Owner (s), Partners, or Officers (Attach Separate Sheet if necessary)

Name	Address	SSN# :(if not publically traded)	Title
			Owner

THIS AREA FOR MUNICIPAL USE ONLY

ACCOUNT ID # _____	REVIEWED BY: _____		
PHYSICAL LOCATION: <input type="checkbox"/> INSIDE CITY <input type="checkbox"/> OUTSIDE CORP LIMITS			
ZONING CLASSIFICATION: _____ BUILDING APPROVAL: YES NO N/A FIRE CODE <input type="checkbox"/>			
Tax Types: <input type="checkbox"/> Rental <input type="checkbox"/> Alcohol <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 _____			
Late Fee _____	Gross Receipts: _____	Base Lic. Fees: _____	Total: _____

Date Business Activity Initiated or Proposed in Smiths Station: _____ No. of Employees in Smiths Station: _____
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.

Signature _____ Title _____ Date: _____ Receipt # _____

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BUSINESS LICENSE INFORMATION

NAICS Business Title	NAICS Code No.	License Fee Schedule	Gross Receipts Amount	Gross Receipts Deductible	Taxable Gross Receipts	Gross Receipts Fee	Base License Fee	Total License Fee
				\$10,000.00				

Total Gross Receipts Fees	
Total Base License Fees	
Issuance Fee	12.00
Grand Total Business License Fees	

*Please Note: License Fee Schedules can be found on our web site:
www.smithsstation.us