

BUSINESS LICENSE APPLICATION - CITY OF GARDENDALE, ALABAMA

Complete and Mail To:
City of Gardendale
P.O. Box 889
Gardendale AL 35071
(205) 631-8789 phone
(205) 631-1700 fax
www.cityofgardendale.com

GARDENDALE TAX PAYER ID: _____

THIS INFORMATION IS CONFIDENTIAL
PLEASE PRINT OR TYPE
***SEE BACK OF APPLICATION FOR FURTHER
INFORMATION***

APPLICATION TYPE: NEW RENEWAL OWNER CHANGE NAME CHANGE LOCATION CHANGE

SOLE PROPRIETOR CORPORATION LLC PARTNERSHIP PROFESSIONAL ASSOCIATION Other _____

Legal Business Name _____

Trade Name (if different from above) _____

Federal Tax ID# _____ Social Security# if sole proprietor (with no employees) _____

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

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

Telephone(s) _____
(Business) (Fax)

Business License Contact _____ Phone _____ Email _____

Estimated gross receipts: _____ Brief Description of Business Activity: ex: Retail Clothing Sales, Wholesale Food Sales, Rental of
Equip., Computer Consulting, etc.: _____

NAICS: _____ RDS tax account number: _____ Name you use to remit taxes to RDS: _____

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

List Names of Owner(s), Partners, or Officers (Attach Separate Sheet If Necessary)

Name _____ Title _____

Residence Address _____ SSN _____

Name _____ Title _____

Residence Address _____ SSN _____

If local property is leased-list owner _____ Address _____

Phone#(s) _____

If Business is leased-list owner: _____ Address: _____

Phone # _____

If Business is franchised-list franchisor: _____ Address: _____

Phone # _____

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 _____

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 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 A MORE DETAILED EXPLANATION.

THIS AREA FOR MUNICIPAL USE ONLY

REVIEWED BY: _____

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

BUILDING APPROVAL: YES NO N/A FIRE CODE _____

TAX TYPES: SALES/SELLER'S USE CONSUMER USE RENTAL LODGINGS ALCOHOL

OCCUPATIONAL TOBACCO GAS/MOTOR FUEL BUSINESS LICENSE

TAX FILING FREQUENCY: MONTHLY QUARTERLY ANNUAL OTHER _____

BUSINESS TYPE: RETAIL WHOLESALE BUILDING CONTRACTOR SERVICE PROFESSIONAL

MANUFACTURER RENTAL OTHER _____