

CITY OF ASHLAND, ALABAMA BUSINESS APPLICATION

The City of Ashland Imposes the Business License Tax in its Police Jurisdiction

Confidential

Complete and Mail/Fax/Email To:	Applicant Complete This Box
CITY OF ASHLAND P.O. BOX 849 ASHLAND, AL 36251-0849 Email coa@acs-isp.com 256.354.2121 Fax 256.354.2589	FEIN _____ State of AL Tax # _____ <u>FORM OF OWNERSHIP (Check One)</u> Sole Prop _____ Partnership _____ Corp _____ Prof Assoc _____ LLC _____ Other _____

Please Print or Type
SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

Application Type: (please circle one) **New** **Owner Change** **Name Change** **Location Change** **Renewal**

Legal Business Name: _____

Trade Name: (If different from above) _____

Business Activities: (Brief description - example. Retail clothing sales, wholesale food sales, rental of industrial equipment, 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 _____

Email address for contact: _____

List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN(if not publicly traded co.)</u>	<u>Title</u>
_____	_____	_____	_____

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

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: 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 _____ Tobacco			
_____ Gas/Motor Fuel _____ Business License			
Tax Filing Frequency: _____ Monthly _____ Quarterly _____ 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 OR SENT BY FAX TO THE MUNICIPALITY 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.

\$ PLEASE CONTACT THE MUNICIPAL OFFICE WITH CHANGES SUCH AS: BUSINESS CLOSING, CHANGE OF OWNER, CHANGE OF LOCATION, ETC.

ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31, WITH THE FOLLOWING EXCEPTION:

INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1

LATE PAYMENTS ARE SUBJECT TO A MINIMUM PENALTY OF 15% UP TO A MAXIMUM OF 30%

Renewal notices will be mailed in December of each year. This will serve as an invoice. Invoice amounts are set by Ordinance.

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 approvals required prior to the issuance of a license.

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 PROCESS, PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM TO OBTAIN MORE DETAILED INFORMATION.