## **CITY OF SYLACAUGA, ALABAMA BUSINESS APPLICATION**

## **Complete Form & Mail To:**

City of Sylacauga P.O. Box 390 Sylacauga AL 35150 (256) 401-2401 (256) 401-2522 Fax

E-mail: estewart@sylacaugaal.gov



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

(CONFIDENTIAL)

Applicant Con	ipiete This Box
FEIN (or SSN)	
Form of Owners	hip (Check One)
Sole Proprietor	Partnership
Corporation	Professional Assoc
LLC	Other

APPLICATION TYPE	E: NEW	RENEWAL	OWNER CHANG	E NAME CHANGE	LOCATION CHANGE	
Legal Business N	ame:					
Trade Name/DB/	A: (if different f	rom above)				
Business Activities	: (Brief descriptio	n – example: reta	il, wholesale, rental o	f equipment, computer cor	nsulting, lawn service, roofer, etc)	
Physical Address:	(Street)		(City)	(State)	(Zip)	
Mailing Address:						
Telephone:	(Street)		(City)	(State)	(Zip)	
(	(Business)		(Fax)	•	Cell — In Case Of Emergency)	
Emaii:						
Name & Phone #	for Contact Pe	rson:		(	)	
List Names of Owner(s), Partners, or Officers (Attach separate sheet if necessary)  Name Residence Address Title						
I have examined th	nis application, ar	d the information	contained herein is,	to the best of my knowledg	ge, a true and complete representation of	
Date	Sig	nature			Title	
FOR MUNICIPAL USE ONLY						
ACCOUNT ID # _			REVIEWED BY:			
PHYSICAL LOCAT	TION:	CITY	POLICE JURI	SDICTION	OUTSIDE CL & PJ	
ZONING CLASSII	FICATION:		BUILDING APP	ROVAL: YES NO	□ N/A FIRE CODE	
TAX TYPES:	SALES/SELLER	S USE CO	ONSUMER USE	RENTAL LODG	INGS ALCOHOL	
	OCCUPATIONA	то	DBACCO	GAS/MOTOR FUEL	BUSINESS LICENSE	
TAX FILING FRE	QUENCY: MO	NTHLY Q	JARTERLY [	ANNUAL OTHER_		
BUSINESS TYPE:	_	_	LE BUILDING	<del>_</del>	RVICE PROFESSIONAL	
	MANUFAC	CTURER [	RENTAL	OTHER		

## PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE "MUNICIPAL USE ONLY" BOX AT THE BOTTOM OF THE FIRST PAGE.

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 IN ORDER TO COMPLETE THE LICENSING PROCESS.

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

INSURANCE COMPANIES: DUE JANUARY 1; DELINQUENT AFTER MARCH 1

THIS FORM IS INTENDED AS A SIMPLIFIED, STANDARDARDIZED MECHANISM FOR BUSINESSES TO INITIATE CONTACT WITH A MUNICIPALITY CONCERNING THEIR ACTIVITIES WITHIN THAT CITY. A BUSINESS LICENSE IS REQUIRED PRIOR TO ENGAGING IN ANY BUSINESS WITHIN THE MUNICIPALITY. IF A BUSINESS INTENDS TO ESTABLISH A PHYSICAL LOCATION WITHIN THE CITY, ZONING AND BUILDING CODE APPROVALS MAY BE REQUIRED PRIOR TO THE ISSUANCE OF A LICENSE.

IN SOME INSTANCES, A BUSINESS MAY SIMPLY BE REQUIRED TO REGISTER WITH THE CITY IN ORDER 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 IN THE MUNICIPALITY. ANY PREREQUISITES FOR A PARTICULAR TYPE AND LOCATION OF THE BUSINESS MUST BE SATISFIED PRIOR TO LICENSING.

ALL INFORMATION CONTAINED IN THIS FORM WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR LICENSING AND/OR TAX COLLECTION PURPOSES BY THE REVENUE DEPARTMENT OF THE CITY OF SYLACAUGA.

IF YOU HAVE ANY QUESTIONS OR NEED HELP COMPLETING THE FORM, PLEASE CALL 256-401-2400, EXT. 2401.