

\*SEE REVERSE SIDE FOR INSTRUCTIONS AND FUTURE INFORMATION.

(PLEASE TYPE OR PRINT)

Complete and Mail

Eity of Fairhope
P.O. F tcy gt 429
Fairhope, AL 36533
(251) 928-2136

Applicant Complete This Box

FEIN
ST of Ala Tax #
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: (Brief desc. - example. retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc)

Physical Address: \_\_\_\_\_ (Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_ (Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ ( Business) (Fax) (Home Phone - In Case Of Emergency)

Email: \_\_\_\_\_ AlaTax Taxpayer Name: \_\_\_\_\_

Name/Phone # for Contact Person: \_\_\_\_\_ ( ) \_\_\_\_\_

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

Name Residence Address SSN Title

Date Business Activity Initiated or Proposed in Fairhope: \_\_\_\_\_ # of Employees in Fairhope \_\_\_\_\_

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 [ ] 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 \_\_\_\_\_

Please read the following information concerning the completion of this form.

>Please complete all areas on Page 1 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 company.

>Form will initiate the process for registering your business with the City of Fairhope.

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==> If your business will have a physical location within the City, please use that address as the physical address on Page 1 of this form. (Complete separate forms for each physical location in the City.)

**1 1 2** Upon receipt of the completed form, the City will provide any additional forms and information regarding other specific requirements to you in order to complete the licensing process.

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All license renewals are due January 1, delinquent after January 31, with the following exception:

Insurance Company License: due January 1, delinquent after March 1

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This form is intended as a simplified, standard mechanism for business 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.

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Should there be any questions concerning the completion of this form or the licensing and/or registration process, please call the number on Page 1 of this form to obtain a more detailed explanation.