

**TOWN OF THOMASTON, ALABAMA  
BUSINESS APPLICATION**

**PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM.**

PLEASE COMPLETE ALL AREAS OF THIS FORM EXCEPT FOR THE SHADED AREA.

FORM SHOULD BE TYPED OR PRINTED LEGIBLY.

FORM SHOULD BE SIGNED BY OWNER, PARTNER, OR OFFICER OF THE BUSINESS.

AFTER COMPLETING THIS FORM IT CAN BE MAILED, FAXED OR EMAILED TO:

**TOWN OF THOMASTON  
P.O. BOX 276  
THOMASTON, ALABAMA 36783  
FAX - 334-627-3650  
[thomastontot@frontiernet.net](mailto:thomastontot@frontiernet.net)**

ALL LICENSE RENEWALS ARE DUE JANUARY 1ST . A BUSINESS LICENSE WILL BE REQUIRED PRIOR TO ENGAGING IN BUSINESS.  
SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM PLEASE CALL 334-627-3434.

APPLICANT MUST PROVIDE A COPY OF DRIVERS LICENSE OR ID CARD.  
APPLICANT MUST PROVIDE A COPY OF STATE CONTRACTORS CARD OR LICENSE.

**TOWN OF THOMASTON, ALABAMA  
BUSINESS APPLICATION**

TOWN DOES IMPOSE THE BUSINESS LICENSE TAX IN ITS POLICE JURISDICTION.

**COMPLETE AND MAIL/FAX/EMAIL TO:**

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P.O. BOX 276  
THOMASTON, AL 36783  
[thomastontot@frontiernet.net](mailto:thomastontot@frontiernet.net)  
Fax(334)627-3650

SCHEDULE #	
FEE:	
ISSUANCE FEE:	\$12.00
TOTAL	

LEGAL BUSINESS NAME: \_\_\_\_\_

BUSINESS ACTIVITIES: (BRIEF DESCRIPTION) \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FEIN: \_\_\_\_\_ OR SSN: \_\_\_\_\_

STATE OF AL TAX # \_\_\_\_\_

FORM OF OWNERSHIP:    CORP   
                                  LLC   
                                  OTHER

PARTNERSHIP   
PROF ASSOC   
SOLE PROP.

START DATE: \_\_\_\_\_

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS APPLICATION FOR LICENSE HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT, ACCURATE AND COMPLETE STATEMENT. I HEREBY DECLARE UNDER THE PENALTIES OF PERJURY THAT I AM A LEGAL RESIDENT OR CITIZEN OF THE UNITED STATES OF AMERICA.

DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

LOCATION OF JOB SITE IN THOMASTON, AL. \_\_\_\_\_

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