

TOWN OF LYNN, ALABAMA BUSINESS LICENSE APPLICATION

Complete and Mail

TOWN OF LYNN
P.O. Box 145
LYNN, AL. 35575
(205) 893-5250
FAX (205) 893-2404

YEAR 2026

\$45.00

**INSURANCE COMPANY PRICING
ON REVERSE SIDE.**

**PLEASE PRINT OR TYPE
SEE REVERSE SIDE FOR
INSTRUCTIONS AND FURTHER
INFORMATION.**

APPLICATION TYPE: NEW RENEWAL OWNER CHANGE NAME CHANGE LOCATION CHANGE

ST of Ala Tax # _____ or FEIN# _____

FORM OF OWNERSHIP (CIRCLE ONE) SOLE PROPRIETOR CORPORATION
 PROFESSIONAL ASSOC. LLC OTHER PARTNERSHIP

Legal Business Name: _____

Trade Name: (If different from above) _____

BUSINESS TYPE:(CIRCLE ALL THAT APPLY) RETAIL WHOLESALE BUILDING CONTRACTOR SERVICE PROFESSIONAL
 MANUFACTURER RENTAL OTHER _____

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: _____

Name/Phone # for Contact Person: _____ () _____

NAME OF PERSON COMPLETING APPLICATION _____

Date Business Activity Initiated or Proposed in LYNN: _____

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

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.

PRICES FOR INSURANCE COMPANIES ARE AS FOLLOWS:

Premium Fire _____ @ 4% _____
Casualty _____ @ 1% + \$10.00 License Tax _____

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

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.