	VEAD 2022		
<b>Complete and Mail</b>	YEAR 2022	PLEASE PRINT OR TYPE	=
	\$45.00	SEE REVERSE SIDE FOR	
TOWN OF LYNN		INSTRUCTIONS AND FURTH	ER
P.O. Box 145	INSURANCE COMPANY PRICING	INFORMATION.	
LYNN, AL. 35575	ON REVERSE SIDE.	<u>INFORMATION</u>	
(205) 893-5250			
FAX (205) 893-2404			
		L	
APPLICATION TYPE: NEW RENEW	AL OWNER CHANGE NAME C	HANGE LOCATION CHANGE	
ST of Ala Tax #	or FEIN#		
FORM OF OWNERSHIP (CIRCLE ONE) Se	PROFESSIONAL ASSOC.	LLC PARTNERSHIP OTHER	
Legal Business Name:			
Trade Name: (If different from above)			
BUSINESS TYPE:(CIRCLE ALL THAT APPLY) R	ETAIL WHOLESALE BUILDING CO	ITRACTOR SERVICE PROFESS	
MANUFACTURER	RENTAL OTHER		
Business Activities: (Brief desc example. reta	il clothing sales, wholesale food sales, rental	f industrial equip., computer consulting,	etc)
Physical Address:			
(Street)	(City) (Site of the second sec	State) (Zip)	
Mailing Address:		N (7:)	
(Street)	(City) (State of the state of t	itate) (Zip)	
Telephone:			
(Business)	(Fax) (l	Iome Phone – In Case Of Emergency )	
Email:			
			7
Name/Phone # for Contact Person:	ş	( )	bq.
			5 mg
Name/Phone # for Contact Person:			
	TION	· · · · · · · · · · · · · · · · · · ·	
NAME OF PERSON COMPLETING APPLICA	TION		
NAME OF PERSON COMPLETING APPLICA Date Business Activity Initiated or Proposed in This application has been examined by me and	TION		
NAME OF PERSON COMPLETING APPLICA Date Business Activity Initiated or Proposed in This application has been examined by me and and person(s) listed.	TION	— mplete representation of the above name	
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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 ADDITONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

## **PRICES FOR INSURANCE COMPANIES ARE AS FOLLOWS:**

## 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.