

CITY OF ABBEVILLE, ALABAMA BUSINESS LICENSE APPLICATION
 (The City of Abbeville Does Impose A Business License Tax in its Police Jurisdiction)

Complete and Mail/Fax/Email to:

City of Abbeville
 P O Box 427
 Abbeville, AL 36310-0427
[adankert@cityofabbeville.](mailto:adankert@cityofabbeville.com)
 Ofc: 334.585.6444 [org](http://www.cityofabbeville.com) Fax: 334.585.6982

(CONFIDENTIAL)

**PLEASE PRINT OR
TYPE**

(See page 2 for
Instructions)

APPLICANT COMPLETE THIS BOX

FEIN # _____
 Alabama Tax # _____
FORM OF OWNERSHIP (CHECK ONE)
 Sole Prop _____ Partnership _____
 Corp. _____ Prof Assoc _____
 LLC _____ Other _____

Application Type: New _____ Owner Change _____ Name Change _____ Location Change _____

Legal Business Name: _____

Trade Name: (If different from above) _____

Business Activities: (Brief description only) _____

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Business) (Fax) (Home Phone)

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

Email address for Contact Person: _____

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

<u>Name</u>	<u>Resident Address</u>	<u>SSN (if not publicly traded co.)</u>	<u>Title</u>

Date business activity initiated or proposed in Abbeville: _____ # of employees in Abbeville: _____

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 & POLICE JURISDICTION _____

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 _____
 _____ Rental _____ Other _____

- PLEASE COMPLETE ALL AREAS 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 BUSINESS
 - FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE MUNICIPALITY
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- 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.)
 - AFTER COMPLETING THIS FORM IT CAN BE MAILED, SENT BY FAX, OR WHERE POSSIBLE, SENT BY ELECTRONIC MAIL TO THE MUNICIPALITY.
 - UPON RECEIPT OF THIS COMPLETED FORM, THE MUNICIPALITY 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 AND DELINQUENT AFTER FEBRUARY 15TH WITH THE FOLLOWING EXCEPTIONS:
INSURANCE COMPANY LICENSES: DUE JANUARY 1 AND 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 PAGE ONE TO OBTAIN A MORE DETAILED EXPLANATION.