CITY OF BRUNDIDGE, ALABAMA BUSINESS APPLICATION 2020

PLEASE RETURN WITH RENEWAL FEES

(CONFIDENTIAL)

Complete and Mail or Fax to:

CITY OF BRUNDIDGE
BUSINESS LICENSE DEPARTMENT
P. O. BOX 638
BRUNDIDGE, AL 36010
judith@troycable.net
(334) 735-2385 Fax: (334) 735-5180

Applicant Complete This Box

FEIN _____
ST of Ala Tax #_____

Form of Ownership (Check One

Sole Prop Partnership
Corporation Professional Assoc.
LLC Other _____

Please Print or Type
SEE REVERSE SIDE FOR
INSTRUCTIONS AND FURTHER INFORMATION

APPLICATION TYPE: NEW RENEW OWNER CHANGE NAME CHANGE LOCATION CHANGE

Legal Business Name: _____

Trade Name: (If different from above) _____
Business Activities (Brief descr. – example, retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting etc.)

_____
_____
_____

Physical Address: _____

Mailing Address: _____

Telephone: _____

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

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

Name	Residence Address	Title

Date Business Activity Initiated or Proposed in Brundidge: _____ **# of Employees in Brundidge**_____
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 _____