

**CITY OF GADSDEN, ALABAMA BUSINESS LICENSE APPLICATION**

Phone: (256) 549-4559

Complete and Mail or Fax to:

CITY OF GADSDEN  
REVENUE DEPARTMENT  
P.O. BOX 267  
GADSDEN, AL 35902-0267  
FAX: (256) 549-4561

(CONFIDENTIAL)

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

Applicant Complete This Box

Fed ID# \_\_\_\_\_

Form of Ownership (Check One)

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership         |
| <input type="checkbox"/> Corporation     | <input type="checkbox"/> Professional Assoc. |
| <input type="checkbox"/> LLC             | <input type="checkbox"/> Other               |

APPLICATION TYPE:    NEW    RENEWAL    OWNER CHANGE    NAME CHANGE    LOCATION CHANGE

Legal Business Name: \_\_\_\_\_

Trade Name: (If different from above) \_\_\_\_\_

Business Activities: (Brief desc. - example. retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc)

Gross Receipts/\*Contract Amount: \_\_\_\_\_ \*Contractors license amount will be based on contract amount (with the exception of renewals).

Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Tax Dept Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_  
( Business) (Fax) (Home Phone – In Case Of Emergency ) (Cell Phone)

Email: \_\_\_\_\_ Alatax Acct#: \_\_\_\_\_ Alatax Taxpayer Name: \_\_\_\_\_

Name/Phone # for Contact Person: \_\_\_\_\_ ( ) \_\_\_\_\_

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

<u>Name</u>	<u>SSN/Drivers license #/Date of Birth</u>	<u>Title</u>
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Date Business Activity Initiated or Proposed in Gadsden: \_\_\_\_\_ # of Employees working in Gadsden \_\_\_\_\_  
Payroll Contact \_\_\_\_\_ Phone number \_\_\_\_\_

\*The City of Gadsden requires a 2% occupational license fee based on gross wages of employees\*

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 #: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

PHYSICAL LOCATION:    CITY    OUTSIDE CORPORATE LIMITS

ZONING CLASSIFICATION: \_\_\_\_\_ BUILDING APPROVAL:  YES    NO    N/A   FIRE CODE: \_\_\_\_\_

TAX TYPES:    BUSINESS LICENSE    OCCUPATIONAL    ALCOHOL    TOBACCO    GAS/MOTOR FUEL  
 SALES/SELLER'S USE    RENTAL    LODGINGS    CONSUMER USE

TAX FILING FREQUENCY:  MONTHLY    QUARTERLY    ANNUAL    OTHER: \_\_\_\_\_

BUSINESS TYPE:    RETAIL    WHOLESALE    BUILDING CONTRACTOR    SERVICE  
 PROFESSIONAL    MANUFACTURER    RENTAL    OTHER \_\_\_\_\_

PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE AREA FOR MUNICIPAL USE.

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.

THE ALATAX ACCOUNT NUMBER IS ONLY APPLICABLE FOR TAXPAYERS WITH A SALES, USE, RENTAL OR LODGINGS TAX ACCOUNT WITH ALATAX, INC.

IF YOU ARE A SOLE PROPRIETOR, PLEASE INCLUDE YOUR SOCIAL SECURITY NUMBER, DRIVER'S LICENSE NUMBER AND DATE OF BIRTH. IF YOU ARE NOT A SOLE PROPRIETOR, PLEASE INCLUDE YOUR FEDERAL ID NUMBER AND THE NAME OF THE PRESIDENT OF THE COMPANY.

THE DATE BUSINESS ACTIVITY INITIATED OR PROPOSED IN GADSDEN IS ONLY APPLICABLE TO NEW BUSINESSES AND CONTRACTORS.

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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.)

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.

ALL GENERAL CONTRACTORS ARE REQUIRED TO PROVIDE A SUBCONTRACTORS LIST TO THE REVENUE DEPT.

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ALL LICENSE RENEWALS ARE DUE **JANUARY 1ST** AND DELINQUENT AS OF **FEBRUARY 1ST**, WITH THE FOLLOWING EXCEPTION:

INSURANCE COMPANY LICENSES: DUE JANUARY 1ST, DELINQUENT AS OF MARCH 1ST

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.

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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.