

CITYOF EUFAULA, ALABAMA BUSINESS APPLICATION
The City Does Not Impose the Business License Tax in its Police Jurisdiction

(CONFIDENTIAL)

Complete and Mail/Fax/To: CITY OF EUFAULA PO BOX 219 EUFAULA, AL 36027-0219 (334)688-2007 Fax (334) 688-2016
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Applicant Complete This Box	
FEIN	_____
ST of ALA TAX #	_____
FORM OF OWNERSHIP (Check One)	
Sole Prop. _____	Partnership _____
Corp. _____	Prof Assoc _____
LLC _____	Other _____

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

Application Type : New Owner Change Name Change Location Change

Legal Business Name : _____

Trade Name: (If different from above) _____

Business Activities: (Brief description- 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)

Name & Phone # for Contact Person _____ () _____

Email address for contact: _____

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

Name	Residence Address	Last 4 digits SSN	Title
_____	_____	_____	_____
_____	_____	_____	_____

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

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 # _____ **DATE:** _____ **REVIEWED BY:** _____
 BUILDING OFFICIAL/CODE ENFORCEMENT OFFICER

PHYSICAL LOCATION: ___ **CITY** ___ **OUTSIDE CITY LIMITS** **LICENSE CODE:** _____

ZONING CLASSIFICATION: _____ **BUILDING APPROVAL:** ___ **YES** ___ **NO** ___ **N/A** **FIRE CODE**

Tax Types: **Sales/Seller's Use** **Consumer Use** **Rental** **Lodgings** **Alcohol**
 Tobacco **Gas/Motor Fuel** **Business License**

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 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 CITY

⇒ IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE CITY 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 OR SENT BY FAX TO THE CITY.

⇒ UPON RECEIPT OF THE COMPLETED FORM, THE CITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER FEBRUARY 15, WITH THE FOLLOWING EXCEPTIONS:

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 MORE DETAILED EXPLANATION.

For Contractor's Use Only
All contractors must complete the following:

State General Contractor's # _____	Home Builders # _____
Plumbers State License # _____	Electricians License # _____
HVAC State License # _____	

If bonded, please attach a copy to this application. Insurance Company: _____
 Is this a one-time job? ___Yes ___No If yes, location? _____
 Do you give the City of Eufaula permission to release your name, address, and contact information to individuals and/or companies requesting information on Contractors working within the City of Eufaula? ___Yes ___No Initials _____
 Please list any additional conditions: _____

If you are a General Contractor, remember that the General Contractor is responsible for ALL Sub-Contractors, scheduled to work on a project site, to be licensed before power is turned on at said project site.