

CITY OF CLANTON, ALABAMA BUSINESS APPLICATION

The City Does Not Impose the Business License Tax in Its Police Jurisdiction



CITY OF CLANTON
POST OFFICE BOX 580
CLANTON, AL 35046
205-755-6840

Applicant FEIN: _____

Applicant ST OF AL TAX #: _____

Form of Ownership

- Sole Proprietorship Partnership Corporation
- Prof Assoc LLC Other: _____

Applicant Type:

- New Owner change Name Change Location Change

Applicant Information

Legal Business Name: _____

Trade Name: (if different from above) _____

Business Activities: (Brief Description-Retail Clothing Sales, Wholesale Food Sales, Rental of Industrial Equipment, ETC.)

Physical Address: _____

Mailing Address: _____

Telephone: _____

Contact Information

Contact Name: _____ Contact Telephone: _____

Contact Email: _____

List Following for Owner(s), Partners, or Officers (Attach Separate Sheet If Necessary)

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

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.

Signature: _____ Title: _____ Date: _____

Municipal Use Only

Account ID #: _____		Reviewed By: _____	
Physical Location: <input type="checkbox"/> City		<input type="checkbox"/> Police Jurisdiction	<input type="checkbox"/> Outside Corp Limits and PJ
Zoning Classification: _____		Building Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fire Code <input type="checkbox"/>	
Tax Types: <input type="checkbox"/> Sales/Seller's Use	<input type="checkbox"/> Consumer Use	<input type="checkbox"/> Lodgings	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Gas/Motor Fuel	<input type="checkbox"/> Business License	<input type="checkbox"/> Occupational
Tax Filing Frequency: <input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual
		<input type="checkbox"/> Other _____	
Business Type: <input type="checkbox"/> Retail		<input type="checkbox"/> Wholesale	<input type="checkbox"/> Building Contractor
<input type="checkbox"/> Manufacturer		<input type="checkbox"/> Rental	<input type="checkbox"/> Service
		<input type="checkbox"/> Professional	
		<input type="checkbox"/> Other _____	