The City of Pell City, AL Does Not Impose the Business License Tax in its Police Jurisdiction

ID#_____

CITY OF PELL CITY, ALABAMA BUSINESS LICENSE/TAX APPLICATION

Complete and Mail/Fax/Email To:

CITY OF PELL CITY REVENUE DEPT.
1905 First Ave., No.
Pell City, Alabama 35125
yvettemurray@epell.net
lauriebrasher@epell.net
raquelclark@epell.net
karensailors@epell.net
tracylewis@epell.net

(205) 338-2244 Fax (205) 884-4917

(CONFIDENTIAL)

Applicant Complete This Box

SSN OR 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__ Update__

Legal Business Name : _____

Trade Name or D/B/A: (If different from above) _____

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

_____

Date Business Activity Initiated or Proposed in Pell City, AL:_____ **# of Employees in Pell City, AL:** _____

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

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

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

Name & Phone # for Emergency Contact:_____ (___)_____

Email address for Business or Owner: _____@_____

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

Name Residence Address Title

_____

Information and/or documentation required: Drivers License or other picture identification (Visa, Passport, and Employment Authorization Card); State License and/or Board Certification when applicable; Corporate certification from the Alabama Secretary of State, and any other documentation as may be requested by the City of Pell City Revenue Department. This information is used solely for the purpose of determining the correct license classification and is retained as strict confidential information. 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:** _____

NAICS CLASSIFICATION: _____

BUILDING APPROVAL: YES__ NO __ **FIRE CODE APPROVAL: YES__ NO__**

X_____, BUILDING INSPECTOR X_____, FIRE CHIEF

Tax Types: Sales/Seller's Use Consumer Use Rental Lodging 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_____

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 MUNICIPALITY**

⇒ ***IF YOUR BUSINESS WILL HZ.VE 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 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 LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31 (or 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 reporting following the registration process. The form can be emailed to you, if you desire, to be available for printing for each period. Be sure to provide your email address on the application.

The completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. Any prerequisites and/or documents required 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 TAX REGISTRATION PROCESS, PLEASE CALL 205-338-2244, ext. 107,110, or 111 TO OBTAIN MORE DETAILS OR FOR FURTHER EXPLANATION.