

**CITY OF PELL CITY, ALABAMA BUSINESS LICENSE/TAX APPLICATION**

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

**Complete and Mail/Fax/Email To:****CITY OF PELL CITY REVENUE  
DEPT.****1905 First Ave., No.  
Pell City, Alabama 35125  
(205) 338-2244****revenue-clerks@cityofpellcity.net****(CONFIDENTIAL)*****Please Print or Type*****Application Type: (check one)****New \_\_\_\_\_ Update \_\_\_\_\_****Applicant Complete This Box****SSN OR FEIN # \_\_\_\_\_****ST of ALA TAX # \_\_\_\_\_****FORM OF OWNERSHIP (Check One)****Sole Prop. \_\_\_\_\_ Partnership \_\_\_\_\_****Corp. \_\_\_\_\_ Prof Assoc. \_\_\_\_\_****LLC \_\_\_\_\_ Other \_\_\_\_\_****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)

(Cell Phone)

**Name & Phone # for Emergency Contact:** \_\_\_\_\_**Email Address for Business or Owner:** \_\_\_\_\_**List Names of Owner(s), Partners, or Officers (Attach a separate sheet if necessary)**NameTitleResidence AddressPhone Number**Information and/or documentation required:** Driver's 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, property lease (if applicable), 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 strictly 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: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title \_\_\_\_\_****THIS AREA IS FOR MUNICIPAL USE ONLY****Account ID #: \_\_\_\_\_ NAICS Classification: \_\_\_\_\_ Reviewed By: \_\_\_\_\_****Zoning Approval: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Zoning of Physical Location: \_\_\_\_\_ Zoning Official: \_\_\_\_\_****If applicable, Planning Commission Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Conditions: \_\_\_\_\_ Date \_\_\_\_\_****Building Code Approval: \_\_\_\_\_ Fire Code Approval: \_\_\_\_\_****City Clerk Approval: \_\_\_\_\_****Sales/Seller's Use: \_\_\_\_\_ Consumer Use \_\_\_\_\_ Rental \_\_\_\_\_ Lodging \_\_\_\_\_ Alcohol \_\_\_\_\_****Tax Types: \_\_\_\_\_ Occupational \_\_\_\_\_ Tobacco \_\_\_\_\_ Gas/Motor Fuel \_\_\_\_\_ Business License \_\_\_\_\_****Tax Filing Frequency: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annual \_\_\_\_\_ Other \_\_\_\_\_****Business Type: \_\_\_\_\_ Retail \_\_\_\_\_ Wholesale \_\_\_\_\_ Service \_\_\_\_\_ Professional \_\_\_\_\_****\_\_\_\_\_ Manufacturer \_\_\_\_\_ Rental \_\_\_\_\_ Other \_\_\_\_\_****\_\_\_\_\_ Contractor **Contract Amt:** \_\_\_\_\_ **Job Location:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_****PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM****Received By (Clerk): \_\_\_\_\_****Date Received: \_\_\_\_\_**

- Please complete all areas of the form except where noted.
  - Please type or print legibly.
  - The Owner, Partner, or Officer of the Business MUST sign the form where indicated.
  - Please allow at least 48 hours for processing your business license application.
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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 under “Physical Location”. (Complete separate forms for each physical location in the city)*
  - ⇒ *If your business is located at your residence, you must complete a Conditional Home Use Occupation Application and Appear before the Planning Commission.*
  - ⇒ *If you are a “Lessor of Commercial/Residential Property” or a “Property Manager of Commercial/Residential Property” you must provide a list of all properties that you lease and/or manage.*
  - ⇒ *After completing this form, you can mail, e-mail ([revenue-clerks@cityofpellcity.net](mailto:revenue-clerks@cityofpellcity.net)), or bring it to City Hall in person.*
  - ⇒ *Upon receipt of the completed forms, the municipality will provide any additional forms and information regarding other specific requirements to you in order to complete the licensing process.*
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**ALL LICENSE RENEWALS ARE DUE JANUARY 1<sup>st</sup> AND DELINQUENT AFTER JANUARY 31<sup>st</sup> (or February 15), WITH THE FOLLOWING EXCEPTIONS:**

**INSURANCE COMPANY LICENSE: DUE JANUARY 1<sup>st</sup> AND DELINQUENT AFTER MARCH 1<sup>st</sup>**

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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 license.

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**Should you have any questions concerning the completion of this form or the licensing and/or tax registration process, please call 205-338-2244 ext 110, 109, or 111.**

Received By (Clerk): \_\_\_\_\_

Date Received: \_\_\_\_\_

## **DECLARATION OF U.S. CITIZENSHIP AND/OR LAWFUL PRESENCE OF AN ALIEN**

This declaration must be completed and submitted by the applicant(s) to the City of Pell City prior to the issuance of any Benefits, which declaration shall be incorporated into and become a part of and a condition of any Benefits authorized by the City of Pell City. A violation of the Act may disqualify the recipient from the Benefits issued by the City of Pell City.

Further, the Act provides that any person who knowingly makes a false, fictitious, or fraudulent statement or representation as a part of this declaration shall be guilty of perjury in the second degree pursuant to § 13A-10-102, Ala. Code 1975. Each time a person receives a Benefit based on such statement or representation shall constitute a separate violation.

### **SECTION I - APPLICATION FOR BENEFITS**

Applicant's Legal Name(s): \_\_\_\_\_

Doing Business As (if applicable): \_\_\_\_\_

Type of Ownership (check one):

- ☐ Individual or Sole Proprietorship (complete Form A or B)
- ☐ Partnership (each partner to complete Form A or B)
- ☐ Limited Partnership
- ☐ Limited Liability Partnership (LLP)
- ☐ Limited Liability Company (LLC) (Single Member)
- ☐ Limited Liability Company (LLC) (Multi-Member)
- ☐ Corporation
- ☐ Other (please explain): \_\_\_\_\_

Current Taxpayer Identification Number (if available): \_\_\_\_\_

Business Location: \_\_\_\_\_  
(Address) (City) (State) (Zip)

Type of Benefit Applied For (check one):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> License   | <input type="checkbox"/> Services                               |
| <input type="checkbox"/> Permit    | <input type="checkbox"/> Employment                             |
| <input type="checkbox"/> Contract  | <input type="checkbox"/> Assistance                             |
| <input type="checkbox"/> Grant     | <input type="checkbox"/> Other Benefits (please explain): _____ |
| <input type="checkbox"/> Incentive | _____   |
| <input type="checkbox"/> Bid       | _____   |

**EACH INDIVIDUAL, SOLE PROPRIETOR, OR EACH PARTNER IN A PARTNERSHIP IF AN INDIVIDUAL, SHALL COMPLETE THE FOLLOWING:**

### **SECTION II - U.S. CITIZENSHIP OR NATIONAL STATUS**

Are you a citizen or national of the United States (check one)? ☐ Yes ☐ No

**If you checked YES:** Complete the Proof of Citizenship Demonstration and Declaration - **Form A**.

**If you checked NO:** Complete the Verification, Demonstration and Declaration of Lawfully Present Alien - **Form B**.

Citizenship status confirmed by \_\_\_\_\_, date \_\_\_\_\_.

### Proof of Citizenship Demonstration and Declaration

In order for an individual, including an individual who is a sole proprietor or a partner in a partnership, who is a U.S. Citizen to receive a public benefit or conduct a business transaction with the City of Pell City, each such individual/citizen must declare his or her U.S. citizenship by executing the declaration at the bottom of this form, and must demonstrate his or her U.S. citizenship by presenting a legible copy of one of the following items.

Note that if the presented item does not include picture identification, please also provide a copy of a valid form of picture identification, and if the presented item does not show the person's current legal name, please also provide a copy of a supporting document to verify the legal name change. Please check which of the listed items has been provided:

- ☐ **Driver's license or non-driver's identification card** (issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or non-driver's identification card that the person has provided satisfactory proof of United States citizenship).
- ☐ **Birth certificate** (that verifies United States citizenship).
- ☐ **Pertinent pages of a United States valid or expired passport** (identifying the applicant and the applicant's passport number), or **presentation of the U.S. Passport**
- ☐ **United States naturalization documents or the number of the certificate of naturalization.** (If only the number of the certificate of naturalization is provided, the applicant shall not be included in the registration rolls until the number of the certificate of naturalization is verified with the United States Bureau of Citizenship and Immigration Services, pursuant to 8 U.S.C. § 1373(c)).
- ☐ **Other documents or methods of proof of United States citizenship** (issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto).
- ☐ **Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.**
- ☐ **Consular report of birth abroad of a citizen of the United States of America.**
- ☐ **Certificate of citizenship** (issued by the United States Citizenship and Immigration Services).
- ☐ **Certification of report of birth** (issued by the United States Department of State).
- ☐ **American Indian card, with KIC classification,** (issued by the United States Department of Homeland Security).
- ☐ **Final adoption decree** (showing the applicant's name and United States birthplace).
- ☐ **Official United States military record of service** (showing the applicant's place of birth in the United States).
- ☐ **Extract from a United States hospital record of birth** (created at the time of the applicant's birth indicating the applicant's place of birth in the United States).

### CITIZENSHIP DECLARATION

*Under penalty of perjury, I, \_\_\_\_\_, (print name of undersigned) the undersigned do hereby declare that I am a citizen of the United States of America.*

\_\_\_\_\_  
(Declarant's Signature and Date)

**FRONT & BACK**

For official use only.

FORM B

Presumptive alien status confirmed by \_\_\_\_\_, date \_\_\_\_\_.

SAVE Verification received by \_\_\_\_\_, date \_\_\_\_\_.

### Verification, Demonstration, and Declaration of Lawfully Present Alien

A. **SAVE Verification.** In order for an individual, including an individual who is a sole proprietor or a partner in a partnership, who is a lawfully present alien to receive a public benefit or conduct a business transaction with the City/Town of \_\_\_\_\_, the City/Town must verify, using the Systematic Alien Verification of Entitlement (SAVE) Program, that such alien is lawfully present in the United States.

In order to obtain such verification, each such alien must provide: (1) **his or her Alien Registration Number**, which is as follows: \_\_\_\_\_; and (2) **a copy of non-citizen immigration documents**.

B. **Presumptive Lawful Presence.** In order for an individual, including an individual who is a sole proprietor or a partner in a partnership, who is a lawfully present alien to receive a public benefit or conduct a business transaction on a temporary basis pending final verification, each such alien must declare that he or she is a lawfully present alien, by executing the declaration at the bottom of this form, and must demonstrate presumptive lawful presence, by presenting a legible copy of one of the following items.

Note that if the presented item does not include picture identification, please also provide a valid form of picture identification, and if the presented item does not show the person's current legal name, please also provide a copy of a supporting document to verify the legal name change. Please check which of the listed items has been provided:

- ☐ **A valid, unexpired Alabama driver's license.**
- ☐ **A valid, unexpired Alabama non-driver identification card.**
- ☐ **A valid tribal enrollment card or other form of tribal identification** (bearing a photograph or other biometric identifier).
- ☐ **Any valid United States federal or state government issued identification document** (bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance).
- ☐ **A foreign passport with an unexpired United States Visa and a corresponding stamp or notation** (by the United States Department of Homeland Security indicating the bearer's admission to the United States).
- ☐ **A foreign passport issued by a visa waiver country** (with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States).

### DECLARATION OF LAWFULLY PRESENT ALIEN

*Under penalty of perjury, I, \_\_\_\_\_, (print name of undersigned) the undersigned do hereby declare that I am a lawfully present alien in the United States of America.*

\_\_\_\_\_  
(Declarant's Signature and Date)