

# City of Oneonta, AL

202 3rd Avenue East

Oneonta AL 35121

205-274-2135 Revenue office

205-274-2156 FAX

For Office Use Only

Taxpayer ID# \_\_\_\_\_

Date processed \_\_\_\_\_

Processed by \_\_\_\_\_

City \_\_\_\_\_ PJ \_\_\_\_\_

Zoning Classification \_\_\_\_\_

Building Approval \_\_YES\_\_NO\_\_N/A

## CITY BUSINESS LICENSE APPLICATION

Please read back page before completing this form

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(Confidential)

Select the Type of Business

\_\_\_\_ Corporation    \_\_\_\_ Limited Liability Company    \_\_\_\_ Sole Proprietorship    \_\_\_\_ Other

Federal Tax ID or Social Security Number: \_\_\_\_\_

Legal business name: \_\_\_\_\_

Trade Name (D/B/A): \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

Location of Business:

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (local) \_\_\_\_\_ Fax# \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Phone # \_\_\_\_\_

**Describe type of Business:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If renting business location inside City limits....Name of leaser \_\_\_\_\_

**Check the taxes (if any) in which you are liable:**

\_\_\_\_ Sales Tax    \_\_\_\_ Alcohol Tax    \_\_\_\_ Tobacco Tax    \_\_\_\_ Fuel Tax    \_\_\_\_ Use Tax    \_\_\_\_ Lodging Tax

Tax Filing Frequency: \_\_\_\_ Monthly    \_\_\_\_ Quarterly    \_\_\_\_ Annually

ATTN: Contractors, Sub-Contractors and all professions that require a State certification.

**NO License shall be issued without a copy of ALL REQUIRED CURRENT STATE CARDS OR LICENSE.**

As required by the Alabama Legislature and signed into law on April 26, 2006.

1<sup>st</sup> Contract amount in the City(including materials) \$ \_\_\_\_\_

Date Business Initiated or Proposed in Oneonta: \_\_\_\_\_ # of employees working in Oneonta only \_\_\_\_\_

**This Business License is calendar year. Renewals are due each January without penalty.**

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 \_\_\_\_\_

**PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM**

- **PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT THE SHADED AREA AT THE TOP**
- **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**

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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 form for each physical location in the city)**

**AFTER COMPLETING THIS FORM, IT CAN BE MAILED OR FAXED 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**

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**ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31, WITH THE FOLLOWING EXCEPTION:**

**INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1**

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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 the 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 normal zoning and building code approvals required 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 of subsequent issuance of a license to do business. Any prerequisites for a particular type and location of business must be satisfied prior to licensing.**

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**SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM TO OBTAIN MORE DETAILED EXPLANATION.**