CITY OF ONEONTA, ALABAMA BUSINESS APPLICATION

(CONFIDENTIAL)

Complete and Mail or Fax To:
CITY OF ONEONTA 202 3rd Ave. East Oneonta, AL 35121 Phone (205) 274-2135 Fax (205) 625-0135

Applicant Complete This Box
FEIN _____ ST of ALA Tax # _____ FORM OF OWNERSHIP (Check One) ☐ Sole Prop ☐ Partnership ☐ Corporation ☐ 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 - i.e., retail clothing sales, wholesale food sales, rental of industrial equipment, computer consulting, etc.)

_____

_____

_____

_____

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

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

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

Name/Phone # for Contact Person _____ (____) _____

for after hours emergency: _____ (____) _____

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

Name	Residence Address	SSN	Title

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

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 _____ Siganature _____ Title _____

THIS AREA FOR MUNICIPAL USE ONLY

ACCOUNT ID # _____ **REVIEWED BY:** _____

PHYSICAL LOCATION: ☐ CITY ☐ POLICE JURISDICTION ☐ OUTSIDE CORP LIMITS & PJ

ZONING CLASSIFICATION: _____ **BUILDING APPROVAL:** ☐ Yes ☐ No ☐ N/A

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

Tax Filing Frequency: ☐ Monthly ☐ Quarterly ☐ Annual ☐ Other _____

Business Type: ☐ Retail ☐ Wholesale ☐ Building Contractor ☐ Service ☐ Professional
☐ Manufacturer ☐ Rental ☐ Other _____