APPLICATION FOR CITY BUSINESS LICENSE & TAXES

(Name and address of application is Public Record)

SELECT THE TYPE OF BUSINESS:

☐ MANUFACTURER ☐ FINANCIAL, INSURANCE, REAL ESTATE ☐ HEALTH SERVICES
☐ WHOLESALER ☐ TRANSPORTATION ☐ PROFESSIONAL SERVICES
☐ RETAILER ☐ PUBLIC UTILITY ☐ RESTAURANT
☐ CONSTRUCTION ☐ INTERNET GAMING ☐ OTHER

DESCRIBE BUSINESS: ____________________________________________

Sales Representative: ☐ Yes ☐ No Delivery: ☐ Common Carrier ☐ Own Vehicle

DATE BUSINESS BEGAN IN HOOVER: _______________________________________

ESTIMATED ANNUAL GROSS RECEIPTS: __________________ FOR CALENDAR YEAR: ___________

SELECT THE TYPE OF ORGANIZATION:

☐ CORPORATION ☐ LIMITED LIABILITY COMPANY (LLC) ☐ PROFESSIONAL ASSOCIATION
☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ OTHER (Specify) ___________

LEGAL BUSINESS NAME: ___________________________________________________________________

TRADE NAME (D/B/A/) ______________________________________________________________________

LOCATION OF BUSINESS:

STREET NUMBER: _________________ NAME OF STREET, RD., etc. __________________________

SUITE NUMBER: __________ CITY: ____________________ STATE: __________ ZIP: __________

*Name of shopping center located in Hoover, if applicable: ____________________________________________

PHONE NUMBER (local) (____)__________________________ FAX NUMBER (____)______________________

CONTACT PERSON ______________________________ PHONE NUMBER (emergency) (____)_____________

EMAIL ADDRESS ___________________________________

MAILING ADDRESS (IF DIFFERENT):

STREET NUMBER: _________________ NAME OF STREET, RD., etc. __________________________

SUITE NUMBER: __________ CITY: ____________________ STATE: __________ ZIP: __________

GIVE INFORMATION BELOW, WHERE APPLICABLE:

SHELBY CO. HEALTH PERMIT #: ___________________ FEDERAL I.D. TAX #: ___________________

JEFFERSON CO HEALTH PERMIT #: ___________________ SOCIAL SECURITY #: ___________________

ELEC MASTER CARD #: _______________ PLUMBERS MASTER CARD #: _______________ HVAC CARD #: _______________

HOME BLDR CERT #: ___________________ STATE GENERAL CONTRACTOR #: ___________________

THE ISSUANCE OF THIS BUSINESS LICENSE SHOULD NOT BE CONSIDERED AS APPROVAL BY THE CITY OF THE LICENSEE’S LOCATION FOR ZONING PURPOSES.
ADDITIONAL INFORMATION:

NUMBER OF EMPLOYEES WORKING IN HOOVER ONLY:

A. NUMBER OF FULL-TIME EMPLOYEES: ________
B. NUMBER OF PART-TIME EMPLOYEES: ________

ESTIMATED ANNUAL PAYROLL IN HOOVER ONLY: _______________ FOR CALENDAR YEAR: ____________

INTERNET SALES: YES ☐ NO ☐
ESTIMATED GROSS RECEIPTS: ___________ FOR YEAR: _______

COMPLETE THE SECTION THAT APPLIES TO THE TYPE OF ORGANIZATION OF YOUR BUSINESS.

CORPORATION (Attach additional sheet if necessary)

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<th>NAME/ADDRESS OF ALL OFFICERS OF CORPORATION</th>
<th>TITLE</th>
<th>PHONE NO.</th>
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LOCATION DATE OF INCORPORATION: ____________________________________________
OF INCORPORATION: STATE: ________________________ COUNTY: ________________________

PARTNERSHIP OR LLC (Attach additional sheet if necessary)

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<th>NAME/ADDRESS OF ALL PARTNERS</th>
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DATE OF FORMATION OF PARTNERSHIP OR LLC: ____________________________________________

SOLE PROPRIETOR

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I hereby certify that all information is true and correct.

DRIVER’S LICENSE # ___________________ STATE WHERE DRIVER’S LICENSE IS HELD _____________________

______________________________ __________________________
SIGNATURE DATE

______________________________
TYPE OR PRINT NAME

Comments________________________

OFFICE USE ONLY

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