

# 2025 Business License Application

## CITY OF SARALAND

### DIRECT PAY

COMPLETE AND EMAIL TO:  
[BUSINESSLICENSE@SARALAND.ORG](mailto:BUSINESSLICENSE@SARALAND.ORG)

OR MAIL TO:  
 CITY OF SARALAND  
 LICENSE DEPARTMENT  
 943 SARALAND BLVD. S.  
 SARALAND, AL 36571

City of Saraland Account No. \_\_\_\_\_

APPLICATION TYPE NEW OWNER CHANGE NAME CHANGE LOCATION CHANGE

- All municipalities are required to obtain a copy of individual/entities board certifications/permits prior to issuance of a business license.
- To determine license fees due, see full schedule at Saraland.org/Business License/License Rate Schedule

Federal Employer Identification No. (FEIN): \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Describe Business Conducted: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

(If different from legal name)

Trade Name / DBA: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

(No PO Box Allowed)

Telephone Numbers: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Owners, Partners, or Officers Information**

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Contact Information for this Location Name \_\_\_\_\_ Title \_\_\_\_\_ Cell Phone \_\_\_\_\_

| Column A                               | Column B        | Column C       | Column D     | Column E      | Column F                                   | Column G        |
|--|-----------------|----------------|--------------|---------------|--|-----------------|
| Report all types of business conducted |                 |                |              |               |  |                 |
| Schedule No. # Code                    | Type of License | Gross Receipts | Schedule Fee | Flat/Base Fee | Additional Amount Due Based on Calculation | License Fee Due |
|  |                 |                |              |               |  | \$              |
|  |                 |                |              |               |  | \$              |
|  |                 |                |              |               |  | \$              |

|  |         |
|--|---------|
| <b>Penalty Information:</b>                |         |
| <b>Calculate Penalty (if applicable):</b>  | \$      |
| <b>Calculate Interest (if applicable):</b> | \$      |
| <b>Issuance Fee:</b>                       | \$14.00 |
| <b>Total Due:</b>                          | \$      |

**Make Check payable to: City of Saraland**

**Sworn Statement:** I hereby swear that the amount of capital invested or value of goods, stocks, furniture and fixtures or amount of sales or receipts as required for disclosure in order to obtain a business license has been examined by me and to the best of my knowledge is true, correct, and complete. I understand issuance of license does not permit business operation unless business is properly zoned, and/or in compliance with all applicable laws/rules.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_