

**CITY OF SARALAND, ALABAMA BUSINESS APPLICATION**  
**The City Does Impose the Business License Tax in its Police Jurisdiction**

(CONFIDENTIAL)

<b>Complete and Mail/Fax/Email To:</b>  City of Saraland 943 Saraland Boulevard, S. Saraland, AL 36571 businesslicense@saraland.org  (251) 675-5103      Fax (251) 679-5560
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<b>Applicant Complete This Box</b>  FEIN _____ ST of ALA TAX # _____  <b>FORM OF OWNERSHIP (Check One)</b>  Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corp. <input type="checkbox"/> Prof Assoc <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>  ESTIMATED GROSS REVENUES \$ _____
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*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- Retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc)

**Physical Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**Mailing Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**Telephone:** \_\_\_\_\_  
 (Business) (Fax) (Home Phone)

**Name & Phone # for Contact Person** \_\_\_\_\_ ( ) \_\_\_\_\_

**Email address for contact:** \_\_\_\_\_

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

Name	Residence Address	SSN (if not publicly traded co.)	Title

**Date Business Activity Initiated or Proposed in Saraland:** \_\_\_\_\_ **# of Employees in Saraland** \_\_\_\_\_

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** \_\_\_\_\_

THIS AREA FOR MUNICIPAL USE ONLY			
<b>ACCOUNT ID #</b> _____	<b>LICENSE AMOUNT \$</b> _____	<b>REVIEWED BY:</b> _____	
<b>PHYSICAL LOCATION:</b> <input type="checkbox"/> CITY	<input type="checkbox"/> POLICE JURISDICTION	<input type="checkbox"/> OUTSIDE CORP LIMITS & PJ	
<b>ZONING CLASSIFICATION:</b> _____	<b>BUILDING APPROVAL:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<b>FIRE CODE</b> <input type="checkbox"/>	
<b>Tax Types:</b> <input type="checkbox"/> Sales/Seller's Use	<input type="checkbox"/> Consumer Use	<input type="checkbox"/> Rental	<input type="checkbox"/> Lodgings
<input type="checkbox"/> Occupational	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Gas/Motor Fuel	<input type="checkbox"/> Business License
<b>Tax Filing Frequency:</b> <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual	<input type="checkbox"/> Other _____
<b>Business Type:</b> <input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Building Contractor	<input type="checkbox"/> Service
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Rental	<input type="checkbox"/> Other _____	