

2025 Business License Application

CITY OF SARALAND

DIRECT PAY

COMPLETE AND EMAIL TO:
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
						\$
						\$
						\$

Penalty Information:	
Calculate Penalty (if applicable):	\$
Calculate Interest (if applicable):	\$
Issuance Fee:	\$14.00
Total Due:	\$

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: _____